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Question: 1

Which of the following are true regarding physiologic signs of pain in the neonate?

- I. Increased heart rate
- II. Increased oxygenation
- III. Changes in muscle tone
- IV. Different from those of adults
- V. Feeding difficulties

- A. I, II, IV
- B. I, II, III
- C. I, III, V

Answer: C

Explanation:

Physiologic signs of pain in the neonate are the same as they are in adults. Pain causes an increase in many metabolic processes including heart rate, blood pressure, ICP, and respiratory rate. It causes a decrease in oxygenation. It can manifest as hyper- or hypotonicity and can cause disturbances in sleeping and feeding patterns.

Question: 2

What nonpharmacologic methods can be effective in reducing pain in the neonate?

- I. Swaddling
- II. Placing neonate in tucked, flexed, side lying position for procedures
- III. Subdued lighting
- IV. Music
- V. Use of white noise

- A. I, III
- B. I, III, V
- C. I, II, III, IV, V

Answer: C

Explanation:

There are many nonpharmacologic interventions that can lessen the severity of pain in the neonate. Comfort measures play an important role in pain management and may prevent the intensification of pain in the neonate. Comfort measures are effective in the alleviation of mild pain but, alone, they may be inadequate in cases of moderate to severe pain. Controlling the neonate's environment to decrease sensory stimulation is a major component in providing effective comfort

measures.

Question: 3

What is the proper placement position of the neonate in kangaroo care?

- A. Swaddled tightly, cradled on caregiver's chest
- B. Unclothed (diaper is acceptable), placed vertically on caregiver's bare chest
- C. Unclothed, cradled on caregiver's lap

Answer: B

Explanation:

Kangaroo care is a method of providing noninvasive, non-painful touch that is not associated with caregiving activities. Its purpose is to promote social contact between caregiver and neonate by providing a positive touch experience. This can help prevent the neonate from developing touch aversion. In kangaroo care, the infant is naked (with or without diaper) and is placed vertically on the bare chest of the caregiver between his/her breasts. This provides skin-to-skin full body contact which can have marked calming effects of the neonate. It may also promote parent/ child bonding.

Question: 4

A 6-day-old boy was born at 36 weeks' gestation. He weighs 6 lbs. He just underwent circumcision. What is the most appropriate dose of acetaminophen for pain control?

- A. 1 cc pediatric acetaminophen liquid, orally every 6 hours
- B. % of a 120 mg acetaminophen suppository, per rectum every 8 hours
- C. 0.3 cc concentrated infant acetaminophen drops, orally every 6 hours

Answer: A

Explanation:

FDA guidelines recommend a dose of 10-15mg/kg of acetaminophen every 6 hours for neonates. For the infant in the given scenario, the dose range would be 27-41 mg. Using partial suppositories is not recommended because the exact dosing cannot be accurately determined. Though answer C used to be correct, the FDA has pulled the concentrated infant drops (80 mg/0.8 cc) off the market as of 2011. It is no longer available and has been replaced by pediatric-strength (160 mg/5 cc) liquid.

Question: 5

Which of the following characteristics are most common in the average infant abductor?

- I. Female
- II. Criminal record
- III. Visits the nursery prior to the abduction

- IV. Appears suspicious and paranoid
- V. Desires to replace a lost infant or is unable to conceive

- A. I, II, V
- B. I, III,
- C. I, III, V

Answer: C

Explanation:

Infant abductors are usually women around 30 years of age. They are often overweight with low self-esteem. Most have no prior criminal records. The majority of them exhibit normal behavior and will often visit the nursery prior to the abduction in order to learn about the security measures that are in place and to choose their target/targets. The motive for many of these abductors stems from wanting to either replace a child they've lost or because they are not able to conceive.

Question: 6

What is one of the purposes of HIPAA regulations?

- A. Ensure patient confidentiality
- B. Provide a safe working environment for hospital employees
- C. Regulate hospital policies and procedures

Answer: A

Explanation:

HIPAA is an acronym that stands for Health Insurance Portability and Accountability Act. It was established in 1996. Part I of the act protects the health care insurance coverage of workers and their families when they change job statuses. Part 2 of the act addresses many areas regarding the security and privacy of health information and data.

Question: 7

Which of the following factors have been linked to SIDS?

- I. Prematurity
- II. Sleeping in prone position
- III. Being born to an older (over 35 years) mother
- IV. Exposure to cigarette smoke while in the womb and after birth
- V. Hard mattresses

- A. I, II, IV
- B. I, II, III, V
- C. II, III, V

Answer: A

Explanation:

According to the American Academy of Pediatrics, there are several known precipitating or contributing factors which have been linked with sudden infant death syndrome (SIDS). In addition to the factors listed, others include being born to a teenage mother, living in poverty conditions, soft bedding/mattresses, multiple birth babies (twins, triplets, etc.), the absence of prenatal care, and sleeping in the same bed as parents. It is important for the neonatal nurse to not only know these factors, but also to teach these to new parents.

Question: 8

A couple expecting their first child seeks genetic counseling for a maternal family history of cystic fibrosis. The woman is a carrier of the cystic fibrosis gene but the man is not. What are the chances that their child will have cystic fibrosis disease?

- A. 1:2
- B. 25%
- C. 0%

Answer: C

Explanation:

Cystic fibrosis (CF) is an autosomal recessive disease. This means that both parents must have the CF gene in order to possibly pass it on to their children. If only one parent possesses the CF gene, the chance that their child will have the disease is 0. The chance that their child will be a carrier of the CF gene is 1:2. The chance that their child will be completely normal is also 1:2.

Question: 9

Which of the following symptoms are associated with an infant of a diabetic mother (IDM)?

- I. LGA
- II. Hyperglycemia
- III. Hypoglycemia
- IV. SGA
- V. Jaundice

- A. I, II, III
- B. I, III, V
- C. I, IV, V

Answer: B

Explanation:

The hallmark sign of an infant of a diabetic mother is that they are usually large for

gestational age (LGA). They are also at great risk for developing hypoglycemia so it is important to monitor all IDM for hypoglycemia regardless of whether they are exhibiting symptoms or not. Newborn jaundice is also a common complication of IDM.

Question: 10

An infant girl was born at 38 weeks by NSVD. Shortly after birth she presents with retractions and cyanosis at rest, but these symptoms resolve when she cries vigorously. She is also unable to nurse. What is a likely cause of this?

- A. Aspiration pneumonia
- B. Choanal atresia
- C. Respiratory distress syndrome

Answer: B

Explanation:

Choanal atresia is a congenital condition in which the nasal passages are extremely narrowed or completely blocked by tissue. Since babies are obligate nose-breathers, they will attempt breathing through their nose. When this is not possible, retractions and cyanosis will ensue as the baby attempts nose-breathing. Because of the size/configuration of the infant tongue and soft palate, the oral airway is easily obstructed when the infant is at rest. When the infant cries, the palate raises and the tongue moves enough to temporarily open the airway. Bilateral choanal atresia can be life-threatening. It can be corrected surgically through the insertion of nasal stints.

Question: 11

What are common risks associated with post-term infants?

- I. Meconium aspiration
- II. Cord compression
- III. Shoulder dystocia
- IV. Transient hypoglycemia
- V. Seizures

- A. I, III, IV
- B. I, II
- C. I, II, IV, V

Answer: C

Explanation:

Post-term infants (born at greater than 41 weeks' gestation) are at risk for developing a host of problems. First and foremost, they are at risk for meconium aspiration since a large number of post-term infants pass meconium in utero. Umbilical cord compression is a potentially serious problem as a result of oligohydramnios, which can occur post-term. Since most post-term babies are large, there is the possibility for macrosomia-related problems and subsequent birth injuries.

Other potential problems include hypoglycemia, seizures, and respiratory insufficiency.

Question: 12

What is the recommended dose of naloxone in neonates who are exhibiting moderate respiratory depression?

- A. 0.01 mg/kg
- B. 0.1 mg/kg
- C. 1 mg/kg

Answer: A

Explanation:

The usual dose of naloxone in an infant who is showing moderate respiratory depression from exposure to narcotic analgesics is 0.01 mg/kg given IM, IV, or SC. If the infant is in severe respiratory distress and requires mechanical ventilation from a narcotic overdose, a high dose of naloxone (0.1 mg/kg) is indicated.

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