Import Settings:

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Information Field: Complexity

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Highest Answer Letter: D

Multiple Keywords in Same Paragraph: No

**Chapter: Neonatal Care - Neonatal Care - TBNK**

**Multiple Choice**

1. All of the following are antepartum risk factors that increase the potential that a newborn may require resuscitation, EXCEPT:

A) preeclampsia.

B) prolapsed cord.

C) polyhydramnios.

D) multiple gestations.

Ans: B

Complexity: Moderate

Ahead: General Pathophysiology and Assessment

Subject: Neonatal Care

Page: 2071

Feedback: General Pathophysiology and Assessment, page 2071

2. The risk of newborn complications is HIGHEST if the amniotic sac:

A) encases the baby's face at birth.

B) is still intact at the time of birth.

C) contains thin, brown amniotic fluid.

D) ruptured more than 18 hours before birth.

Ans: D

Complexity: Moderate

Ahead: General Pathophysiology and Assessment

Subject: Neonatal Care

Page: 2071

Feedback: General Pathophysiology and Assessment, page 2071

3. Which of the following events is a critical part of fetal transition?

A) Diversion of blood flow to the fetus's lungs

B) An acute increase in intrapulmonary pressure

C) Fetal lung expansion within 5 minutes after birth

D) Blood flow diversion across the ductus arteriosus

Ans: A

Complexity: Easy

Ahead: General Pathophysiology and Assessment

Subject: Neonatal Care

Page: 2071

Feedback: General Pathophysiology and Assessment, page 2071

4. Causes of delayed fetal transition include all of the following, EXCEPT:

A) acidosis.

B) hypothermia.

C) birth at 41 weeks.

D) meconium aspiration.

Ans: C

Complexity: Easy

Ahead: General Pathophysiology and Assessment

Subject: Neonatal Care

Page: 2072

Feedback: General Pathophysiology and Assessment, page 2072

5. A newborn born between \_\_\_ and \_\_\_ weeks of gestation is described as term.

A) 36, 38

B) 38, 42

C) 40, 42

D) 42, 44

Ans: B

Complexity: Easy

Ahead: General Pathophysiology and Assessment

Subject: Neonatal Care

Page: 2071

Feedback: General Pathophysiology and Assessment, page 2071

6. A delay in clamping the umbilical cord and keeping the baby below the level of the placenta can result in fetal:

A) anemia.

B) hypovolemia.

C) exsanguination.

D) polycythemia.

Ans: D

Complexity: Moderate

Ahead: General Pathophysiology and Assessment

Subject: Neonatal Care

Page: 2074

Feedback: General Pathophysiology and Assessment, page 2074

7. While preparing equipment for newborn resuscitation, which of the following items is/are NOT considered optional?

A) Pulse oximeter

B) Cardiac monitor

C) Endotracheal tubes

D) Laryngeal mask airway

Ans: C

Complexity: Moderate

Ahead: General Pathophysiology and Assessment

Subject: Neonatal Care

Page: 2073

Feedback: General Pathophysiology and Assessment, page 2073

8. Which of the following statements regarding the Apgar score is correct?

A) If resuscitation is necessary, the Apgar score is completed to determine the result of the resuscitation.

B) The Apgar score is determined on the basis of the newborn's condition at 2 and 10 minutes after birth.

C) If resuscitation is needed, it should commence immediately after you obtain the 1-minute Apgar score.

D) A newborn with a heart rate of greater than 80 beats/min would be assigned a score of 2 on the Apgar score.

Ans: A

Complexity: Moderate

Ahead: General Pathophysiology and Assessment

Subject: Neonatal Care

Page: 2075

Feedback: General Pathophysiology and Assessment, page 2075

9. According to the Apgar score, a newborn with a heart rate of 80 beats/min and slow, irregular breathing should receive a combined score of:

A) 2.

B) 3.

C) 4.

D) 5.

Ans: A

Complexity: Moderate

Ahead: General Pathophysiology and Assessment

Subject: Neonatal Care

Page: 2075

Feedback: General Pathophysiology and Assessment, page 2075

10. An infant born with a pink body and blue extremities, a pulse rate of 90 beats/min, a strong cry, and active movement should be assigned an initial Apgar score of:

A) 5.

B) 6.

C) 7.

D) 8.

Ans: D

Complexity: Moderate

Ahead: General Pathophysiology and Assessment

Subject: Neonatal Care

Page: 2075

Feedback: General Pathophysiology and Assessment, page 2075

11. If a newborn does not respond to the initial steps of resuscitation, the need for further intervention is based upon:

A) pulse rate, activity, and appearance.

B) respiratory effort, pulse rate, and color.

C) appearance, skin color, and muscle tone.

D) respirations, appearance, and muscle tone.

Ans: B

Complexity: Moderate

Ahead: General Pathophysiology and Assessment

Subject: Neonatal Care

Page: 2076

Feedback: General Pathophysiology and Assessment, page 2076

12. The initial steps of newborn resuscitation include:

A) free-flow oxygen.

B) proper positioning.

C) assessment of pulse rate.

D) positive pressure ventilation.

Ans: B

Complexity: Moderate

Ahead: General Pathophysiology and Assessment

Subject: Neonatal Care

Pages: 2075–2076

Feedback: General Pathophysiology and Assessment, pages 2075–2076

13. If you feel 13 pulsations in a 6-second time frame, the newborn's heart rate is approximately:

A) 30 beats/min.

B) 60 beats/min.

C) 90 beats/min.

D) 130 beats/min.

Ans: D

Complexity: Moderate

Ahead: General Pathophysiology and Assessment

Subject: Neonatal Care

Page: 2076

Feedback: General Pathophysiology and Assessment, page 2076

14. The MOST common etiology for bradycardia in a newborn is:

A) severe hypoxia.

B) untreated acidosis.

C) occult hypovolemia.

D) increased vagal tone.

Ans: A

Complexity: Easy

Ahead: General Pathophysiology and Assessment

Subject: Neonatal Care

Page: 2077

Feedback: General Pathophysiology and Assessment, page 2077

15. A newborn with central cyanosis, adequate respirations, and a heart rate of 120 beats/min should initially be treated with:

A) continued observation only.

B) high-flow oxygen via mask.

C) free-flow oxygen at 5 L/min.

D) positive pressure ventilation.

Ans: C

Complexity: Moderate

Ahead: Specific Interventions and Resuscitation Steps

Subject: Neonatal Care

Page: 2078

Feedback: Specific Interventions and Resuscitation Steps, page 2078

16. Choanal atresia is defined as a:

A) small chin that causes a posteriorly positioned tongue.

B) condition in which high-flow oxygen causes blindness.

C) bony or membranous obstruction of the back of the nose.

D) condition in which the occipital skull is abnormally large.

Ans: C

Complexity: Easy

Ahead: Specific Interventions and Resuscitation Steps

Subject: Neonatal Care

Pages: 2078–2079

Feedback: Specific Interventions and Resuscitation Steps, pages 2078–2079

17. An oropharyngeal airway would MOST likely be indicated for a newborn with:

A) gasping respirations.

B) Pierre Robin sequence.

C) a diaphragmatic hernia.

D) prolonged periods of apnea.

Ans: B

Complexity: Moderate

Ahead: Specific Interventions and Resuscitation Steps

Subject: Neonatal Care

Pages: 2078–2079

Feedback: Specific Interventions and Resuscitation Steps, pages 2078–2079

18. A newborn with a pulse rate of 80 beats/min:

A) requires ventilations and chest compressions.

B) should be treated with 0.02 mg/kg of atropine.

C) is likely under the influence of maternal opiates.

D) requires immediate positive pressure ventilation.

Ans: D

Complexity: Moderate

Ahead: Specific Interventions and Resuscitation Steps

Subject: Neonatal Care

Page: 2079

Feedback: Specific Interventions and Resuscitation Steps, page 2079

19. The MOST common device used to provide positive pressure ventilation to a newborn in the prehospital setting is a:

A) T-piece resuscitator.

B) self-inflating bag-mask device.

C) flow-inflating bag-mask device.

D) manually triggered ventilator.

Ans: B

Complexity: Easy

Ahead: Specific Interventions and Resuscitation Steps

Subject: Neonatal Care

Page: 2079

Feedback: Specific Interventions and Resuscitation Steps, page 2079

20. Common causes of respiratory distress in the newborn include:

A) mucous obstruction of the nose.

B) unrecognized metabolic alkalosis.

C) persistent pulmonary hypotension.

D) maternal use of a narcotic analgesic.

Ans: A

Complexity: Moderate

Ahead: Specific Interventions and Resuscitation Steps

Subject: Neonatal Care

Page: 2079

Feedback: Specific Interventions and Resuscitation Steps, page 2079

21. Compared to subsequent breaths, the first few positive pressure breaths delivered to a distressed newborn:

A) should provide a volume equal to 40 to 45 mm Hg.

B) should make the chest rise significantly.

C) may necessitate manual disabling of the pop-off valve.

D) generally require a significantly lower volume of air.

Ans: C

Complexity: Moderate

Ahead: Specific Interventions and Resuscitation Steps

Subject: Neonatal Care

Pages: 2079–2080

Feedback: Specific Interventions and Resuscitation Steps, pages 2079–2080

22. The correct positive pressure ventilation rate for an apneic newborn is:

A) 12 to 20 breaths/min.

B) 20 to 30 breaths/min.

C) 30 to 40 breaths/min.

D) 40 to 60 breaths/min.

Ans: D

Complexity: Moderate

Ahead: Specific Interventions and Resuscitation Steps

Subject: Neonatal Care

Page: 2080

Feedback: Specific Interventions and Resuscitation Steps, page 2080

23. The MOST common reasons for ineffective bag-mask ventilations in the newborn are:

A) equipment malfunction and a ventilation rate that is too rapid.

B) inadequate mask-to-face seal and incorrect head position.

C) hyperflexion of the newborn's head and thick mucous plugs.

D) pneumothorax and a face mask that is too large for the infant.

Ans: B

Complexity: Moderate

Ahead: Specific Interventions and Resuscitation Steps

Subject: Neonatal Care

Page: 2080

Feedback: Specific Interventions and Resuscitation Steps, page 2080

24. Endotracheal intubation is clearly indicated in the newborn if:

A) its heart rate is improving, but only because of adequate ventilations and chest compressions.

B) meconium is present in the amniotic fluid and the newborn is limp and has a heart rate of 70 beats/min.

C) central cyanosis is persistent despite the administration of free-flow oxygen for 30 to 45 seconds.

D) a small, 27-gauge IV line is present and epinephrine is required to treat refractory bradycardia.

Ans: B

Complexity: Moderate

Ahead: Specific Interventions and Resuscitation Steps

Subject: Neonatal Care

Pages: 2080–2081

Feedback: Specific Interventions and Resuscitation Steps, pages 2080–2081

25. What size and type of laryngoscope blade is recommended for use in a full-term newborn?

A) No. 1, straight

B) No. 2, straight

C) No. 1, curved

D) No. 2, curved

Ans: A

Complexity: Moderate

Ahead: Specific Interventions and Resuscitation Steps

Subject: Neonatal Care

Page: 2081

Feedback: Specific Interventions and Resuscitation Steps, page 2081

26. When suctioning the newborn's oropharynx to clear secretions prior to intubation, it is MOST important to:

A) limit suctioning to 15 seconds.

B) use a flexible suction catheter.

C) monitor the newborn's heart rate.

D) assess pulse oximetry and capnography.

Ans: C

Complexity: Moderate

Ahead: Specific Interventions and Resuscitation Steps

Subject: Neonatal Care

Page: 2082

Feedback: Specific Interventions and Resuscitation Steps, page 2082

27. Signs of a diaphragmatic hernia include all of the following, EXCEPT:

A) a scaphoid or concave abdomen.

B) bilaterally absent breath sounds.

C) noted increased work of breathing.

D) audible bowel sounds in the chest.

Ans: B

Complexity: Moderate

Ahead: Specific Interventions and Resuscitation Steps

Subject: Neonatal Care

Page: 2081

Feedback: Specific Interventions and Resuscitation Steps, page 2081

28. After inserting an orogastric tube in a newborn, you should:

A) leave the 20-mL syringe attached.

B) perform intubation within 2 minutes.

C) connect the tube to continuous suction.

D) leave the tube open to allow air to vent.

Ans: D

Complexity: Moderate

Ahead: Specific Interventions and Resuscitation Steps

Subject: Neonatal Care

Page: 2083

Feedback: Specific Interventions and Resuscitation Steps, page 2083

29. Chest compressions are indicated in the newborn if its heart rate remains less than \_\_\_\_ beats/min despite effective positive pressure ventilations for \_\_\_\_ seconds.

A) 80, 30

B) 60, 30

C) 60, 60

D) 80, 60

Ans: B

Complexity: Moderate

Ahead: Specific Interventions and Resuscitation Steps

Subject: Neonatal Care

Page: 2083

Feedback: Specific Interventions and Resuscitation Steps, page 2083

30. When performing chest compressions on a newborn, you should:

A) compress the chest one-third the anteroposterior depth of the chest.

B) use the two-finger compression technique if two rescuers are present.

C) reassess the newborn's heart rate after every 60 seconds of compressions.

D) deliver 120 compressions and 40 ventilations during any 60-second period.

Ans: A

Complexity: Moderate

Ahead: Specific Interventions and Resuscitation Steps

Subject: Neonatal Care

Page: 2083

Feedback: Specific Interventions and Resuscitation Steps, page 2083

31. If a newborn requires epinephrine and peripheral venous access is unsuccessful, you should:

A) cannulate the umbilical vein.

B) defer drug therapy and transport.

C) perform intubation immediately.

D) inject the drug directly into a vein.

Ans: A

Complexity: Moderate

Ahead: Specific Interventions and Resuscitation Steps

Subject: Neonatal Care

Pages: 2084–2085

Feedback: Specific Interventions and Resuscitation Steps, pages 2084–2085

32. Epinephrine is indicated during newborn resuscitation if:

A) the heart rate does not increase above 80 beats/min after 30 to 60 seconds of effective positive pressure ventilation.

B) the newborn is bradycardic and thick secretions are hindering your ability to provide effective positive pressure ventilations.

C) the heart rate remains below 60 beats/min after 30 seconds of effective ventilation and an additional 30 seconds of chest compressions.

D) profound central cyanosis persists despite 30 seconds of effective positive pressure ventilation with 100% supplemental oxygen.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Conditions

Subject: Neonatal Care

Page: 2087

Feedback: Pathophysiology, Assessment, and Management of Specific Conditions, page 2087

33. To assess a newborn’s preductal oxygen saturation, you should place the pulse oximeter probe on the:

A) left hand.

B) right foot.

C) left foot.

D) right hand.

Ans: D

Complexity: Easy

Ahead: General Pathophysiology and Assessment

Subject: Neonatal Care

Page: 2076

Feedback: General Pathophysiology and Assessment, page 2076

34. Signs of hypovolemia in the newborn include all of the following, EXCEPT:

A) persistent pallor.

B) weak central pulses.

C) persistent acrocyanosis.

D) persistent bradycardia.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Conditions

Subject: Neonatal Care

Pages: 2088–2089

Feedback: Pathophysiology, Assessment, and Management of Specific Conditions, pages 2088–2089

35. If hypovolemia is suspected or confirmed, you should administer \_\_\_\_ mL of normal saline to a 6-pound newborn over a period of \_\_\_\_.

A) 18, 10 to 20 minutes

B) 27, 5 to 10 minutes

C) 33, 10 to 20 minutes

D) 55, 5 to 10 minutes

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Conditions

Subject: Neonatal Care

Page: 2089

Feedback: Pathophysiology, Assessment, and Management of Specific Conditions, page 2089

36. Naloxone may be indicated for a newborn with respiratory depression if:

A) the mother is not a chronic narcotic user.

B) the newborn’s heart rate is less than 120/min.

C) there is evidence that the mother abuses narcotics.

D) transport time to the hospital is longer than 10 minutes.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Conditions

Subject: Neonatal Care

Page: 2090

Feedback: Pathophysiology, Assessment, and Management of Specific Conditions, page 2090

37. Naloxone is NOT indicated for use in newborns:

A) who weigh less than 5.5 lbs.

B) who are born to narcotic-addicted mothers.

C) unless the umbilical vein has been cannulated.

D) with shallow breathing and persistent bradycardia.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Conditions

Subject: Neonatal Care

Page: 2090

Feedback: Pathophysiology, Assessment, and Management of Specific Conditions, page 2090

38. A shift of heart tones and severe respiratory distress despite positive pressure ventilations is indicative of:

A) a pneumothorax.

B) a diaphragmatic hernia.

C) Pierre Robin sequence.

D) a pericardial tamponade.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Conditions

Subject: Neonatal Care

Page: 2087

Feedback: Pathophysiology, Assessment, and Management of Specific Conditions, page 2087

39. A newborn is at GREATEST risk for meconium aspiration if he or she:

A) is large for his or her gestational age.

B) requires positive pressure ventilations.

C) has respiratory depression at the time of birth.

D) is born at more than 42 weeks' gestation.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Conditions

Subject: Neonatal Care

Page: 2088

Feedback: Pathophysiology, Assessment, and Management of Specific Conditions, page 2088

40. In contrast to primary apnea, secondary apnea:

A) is characterized by profound tachycardia.

B) commonly follows a brief period of hypoxia.

C) is usually unresponsive to stimulation alone.

D) necessitates immediate endotracheal intubation.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Conditions

Subject: Neonatal Care

Page: 2087

Feedback: Pathophysiology, Assessment, and Management of Specific Conditions, page 2087

41. Mortality and morbidity are high among infants who are delivered at 24 weeks' gestation, usually because of:

A) congenital heart defects.

B) infection and hypothermia.

C) respiratory and neurologic problems.

D) metabolic and immune deficiencies.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Conditions

Subject: Neonatal Care

Pages: 2090–2091

Feedback: Pathophysiology, Assessment, and Management of Specific Conditions, pages 2090–2091

42. Respiratory distress in a premature infant is MOST often the result of:

A) a pneumothorax.

B) surfactant deficiency.

C) pneumonia at birth.

D) intracranial hemorrhage.

Ans: B

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Specific Conditions

Subject: Neonatal Care

Page: 2091

Feedback: Pathophysiology, Assessment, and Management of Specific Conditions, page 2091

43. In which of the following situations would a newborn MOST likely experience a seizure?

A) Hyperglycemia

B) Post-term gestation

C) Maternal aspirin use

D) 33 weeks' gestation

Ans: D

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Specific Conditions

Subject: Neonatal Care

Page: 2091

Feedback: Pathophysiology, Assessment, and Management of Specific Conditions, page 2091

44. A subtle seizure in the newborn is characterized by:

A) eye deviations.

B) repetitive jerking.

C) flexion of the arms.

D) tonic limb extension.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Conditions

Subject: Neonatal Care

Page: 2092

Feedback: Pathophysiology, Assessment, and Management of Specific Conditions, page 2092

45. Which of the following is often observed in a newborn with jitteriness, but not with a seizure?

A) Deviation or fixation of the eyes

B) Autonomic phenomenon, such as tachycardia

C) Lack of a stimulus prior to the onset of the jitteriness

D) Resolution after application of gentle pressure to a limb

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Specific Conditions

Subject: Neonatal Care

Page: 2091

Feedback: Pathophysiology, Assessment, and Management of Specific Conditions, page 2091

46. The single MOST common cause of seizures in both term and preterm infants is:

A) intracranial hemorrhaging.

B) hypoxic-ischemic encephalopathy.

C) congenital or developmental defects.

D) a severe derangement in electrolytes.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Conditions

Subject: Neonatal Care

Page: 2092

Feedback: Pathophysiology, Assessment, and Management of Specific Conditions, page 2092

47. Which of the following anticonvulsant medications would MOST likely be administered to a newborn with seizures in the prehospital setting?

A) Dilantin

B) Depakote

C) Lorazepam

D) Phenobarbital

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Conditions

Subject: Neonatal Care

Page: 2093

Feedback: Pathophysiology, Assessment, and Management of Specific Conditions, page 2093

48. The primary source of heat production in the newborn is:

A) shivering.

B) hyperventilation.

C) peripheral vasoconstriction.

D) nonshivering thermogenesis.

Ans: D

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Conditions Related to Thermoregulation

Subject: Neonatal Care

Page: 2096

Feedback: Pathophysiology, Assessment, and Management of Conditions Related to Thermoregulation, page 2096

49. Which of the following statements regarding fever in the newborn is correct?

A) Fever in newborns is defined as a rectal temperature greater than 99.0°F.

B) The ability of the newborn to dissipate heat through sweating is prominent.

C) Fever may not always be a presenting feature in newborns with an infection.

D) Because of their active immune systems, newborns commonly experience fever.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Conditions Related to Thermoregulation

Subject: Neonatal Care

Pages: 2096–2097

Feedback: Pathophysiology, Assessment, and Management of Conditions Related to Thermoregulation, pages 2096–2097

50. When fever is suspected in the newborn, you should:

A) observe for the presence of a rash.

B) assist ventilations with a bag-mask device.

C) administer acetaminophen or ibuprofen.

D) quickly lower the newborn's body temperature.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Conditions Related to Thermoregulation

Subject: Neonatal Care

Page: 2097

Feedback: Pathophysiology, Assessment, and Management of Conditions Related to Thermoregulation, page 2097

51. Severely hypothermic newborns may present with sclerema, which is defined as:

A) a yellow or orange tint to the white portion of the eyes.

B) spontaneous bleeding due to blood-clotting abnormalities.

C) an inability to shiver due to an immature immune system.

D) hardening of the skin associated with reddening and edema.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Conditions Related to Thermoregulation

Subject: Neonatal Care

Page: 2098

Feedback: Pathophysiology, Assessment, and Management of Conditions Related to Thermoregulation, page 2098

52. The quickest way to prevent newborn hypothermia involves:

A) administering warmed IV fluids.

B) thoroughly drying the newborn after birth.

C) applying a hot water bottle to the groin area.

D) administering warmed, humidified oxygen.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Conditions Related to Thermoregulation

Subject: Neonatal Care

Page: 2098

Feedback: Pathophysiology, Assessment, and Management of Conditions Related to Thermoregulation, page 2098

53. Which of the following factors is associated with the HIGHEST risk of newborn hypoglycemia?

A) Neonatal polycythemia

B) Morbid obesity in the mother

C) The larger of discordant twins

D) 5-minute Apgar score of less than 7

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Conditions

Subject: Neonatal Care

Page: 2094

Feedback: Pathophysiology, Assessment, and Management of Specific Conditions, page 2094

54. Newborn hypoglycemia is defined as a blood glucose of \_\_\_ mg/dL or lower.

A) 45

B) 50

C) 55

D) 60

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Conditions

Subject: Neonatal Care

Page: 2093

Feedback: Pathophysiology, Assessment, and Management of Specific Conditions, page 2093

55. Which of the following disorders or conditions is related to decreased glycogen stores in the newborn?

A) Large for gestational age

B) Hypoxia or hypothermia

C) Small for gestational age

D) Maternal diabetes mellitus

Ans: C

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Specific Conditions

Subject: Neonatal Care

Page: 2093

Feedback: Pathophysiology, Assessment, and Management of Specific Conditions, page 2093

56. Most newborns with hypoglycemia remain asymptomatic until the glucose level falls below \_\_\_ mg/dL for a significant period of time.

A) 20

B) 30

C) 40

D) 45

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Specific Conditions

Subject: Neonatal Care

Page: 2093

Feedback: Pathophysiology, Assessment, and Management of Specific Conditions, page 2093

57. In addition to an IV dextrose bolus, the MOST important treatment for newborn hypoglycemia is:

A) IV fluid boluses.

B) assisted ventilation.

C) a 25% dextrose infusion.

D) proper thermal management.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Conditions

Subject: Neonatal Care

Page: 2094

Feedback: Pathophysiology, Assessment, and Management of Specific Conditions, page 2094

58. Erb palsy involves injury to what part of the spinal cord?

A) C1 and C2

B) C5 and C6

C) C8 to T1

D) T2 to T6

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Common Birth Injuries in the Newborn

Subject: Neonatal Care

Page: 2099

Feedback: Pathophysiology, Assessment, and Management of Common Birth Injuries in the Newborn, page 2099

59. Caput succedaneum is defined as:

A) bilateral temporal bone fractures caused by a delivery that includes the use of forceps.

B) temporary swelling of the soft tissue of the baby's scalp secondary to pressure from the dilating cervix.

C) an area of bleeding between the parietal bone and its covering periosteum that resolves in 1 to 2 months.

D) permanent cranial disfigurement caused by vaginal delivery in a woman with cephalopelvic disproportion.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Common Birth Injuries in the Newborn

Subject: Neonatal Care

Page: 2098

Feedback: Pathophysiology, Assessment, and Management of Common Birth Injuries in the Newborn, page 2098

60. During transport of a newborn, timely intervention of acute deterioration is MOST effectively achieved by:

A) ensuring placement of at least one IV line.

B) reassessing vital signs every 5 to 10 minutes.

C) cardiac monitoring and the use of capnography.

D) ongoing observation and frequent reassessment.

Ans: D

Complexity: Moderate

Ahead: Family and Transport Considerations

Subject: Neonatal Care

Page: 2086

Feedback: Family and Transport Considerations, page 2086

61. You are assisting in the delivery of a baby. After the baby's head emerges from the vagina, you should quickly assess for the presence of a nuchal cord and then:

A) assess for facial cyanosis.

B) administer free-flow oxygen.

C) suction its mouth and nose.

D) dry its face to stimulate breathing.

Ans: C

Complexity: Moderate

Ahead: General Pathophysiology and Assessment

Subject: Neonatal Care

Page: 2074

Feedback: General Pathophysiology and Assessment, page 2074

62. During your assessment of a 30-year-old woman in active labor, she admits to being a chronic heroin abuser and states that she last “shot up” about 6 hours ago. After the baby delivers, you will MOST likely need to:

A) give positive pressure ventilations.

B) administer 0.1 mg/kg of naloxone.

C) suction meconium from its airway.

D) administer free-flow oxygen by mask.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Conditons

Subject: Neonatal Care

Page: 2090

Feedback: Pathophysiology, Assessment, and Management of Specific Conditons, page 2090

63. You have just delivered a little boy who was born 4 weeks premature. There is no evidence of meconium in the amniotic fluid. After drying, warming, suctioning, positioning, and stimulating the infant, he remains acrocyanotic and is not crying. You should:

A) determine the newborn's Apgar score.

B) begin assisting his ventilations at once.

C) resuction his mouth for up to 10 seconds.

D) open his airway and assess respirations.

Ans: D

Complexity: Moderate

Ahead: General Pathophysiology and Assessment

Subject: Neonatal Care

Page: 2076

Feedback: General Pathophysiology and Assessment, page 2076

64. During your rapid assessment of a newborn's cardiopulmonary status, you note that its respirations are adequate, you feel 8 pulsations in a 6-second time frame, and the newborn is centrally pink but peripherally cyanotic. The MOST appropriate next action should be to:

A) provide 30 seconds of tactile stimulation.

B) administer positive pressure ventilations.

C) assess the newborn's blood glucose level.

D) give free-flow oxygen by mask at 5 L/min.

Ans: B

Complexity: Moderate

Ahead: General Pathophysiology and Assessment

Subject: Neonatal Care

Page: 2079

Feedback: General Pathophysiology and Assessment, page 2079

65. After performing the initial steps of resuscitation, you assess a newborn and note that its respirations are poor and its pulse rate is 50 beats/min. You should:

A) immediately begin positive pressure ventilations and chest compressions and then reassess the newborn's pulse rate in 30 seconds.

B) begin chest compressions if the heart rate remains below 60 beats/min after 30 seconds of effective positive pressure ventilation.

C) begin chest compressions, insert an endotracheal tube, and administer 0.1 to 0.3 mL/kg of epinephrine 1:10,000 down the endotracheal tube.

D) perform tactile stimulation for 30 seconds, reassess the infant's respirations and pulse rate, and begin positive pressure ventilations if there is no improvement.

Ans: B

Complexity: Moderate

Ahead: General Pathophysiology and Assessment

Subject: Neonatal Care

Page: 2083

Feedback: General Pathophysiology and Assessment, page 2083

66. You are transporting a newborn who requires ongoing ventilatory support and chest compressions for severe bradycardia. Your estimated time of arrival at the hospital is 45 minutes. Air medical transport was unavailable due to severe weather. A peripheral IV line has been established in the antecubital vein and you are in the process of attempting intubation. Approximately 10 seconds into your intubation attempt, the newborn's heart rate suddenly drops more. You should:

A) abort the intubation attempt and continue ventilations.

B) continue the intubation attempt and administer atropine.

C) administer 0.1 to 0.3 mL/kg of epinephrine rapid IV push.

D) ensure that chest compressions are of adequate rate and depth.

Ans: A

Complexity: Difficult

Ahead: General Pathophysiology and Assessment

Subject: Neonatal Care

Pages: 2080–2081

Feedback: General Pathophysiology and Assessment, pages 2080–2081

67. You have been providing bag-mask ventilation to a newborn with a sustained heart rate of 75 beats/min for approximately 5 minutes. The infant's abdomen is markedly distended. Although you are properly trained, your protocols do not allow you to intubate newborns. The MOST appropriate intervention involves:

A) intubating immediately.

B) suctioning the oropharynx.

C) inserting an orogastric tube.

D) manual gastric decompression.

Ans: C

Complexity: Moderate

Ahead: General Pathophysiology and Assessment

Subject: Neonatal Care

Page: 2081

Feedback: General Pathophysiology and Assessment, page 2081

68. You and your partner are caring for a 5-pound distressed newborn. After providing 30 seconds of effective bag-mask ventilations, the newborn's heart rate remains below 60 beats/min. You should:

A) cannulate the umbilical vein and give 0.5 mL of epinephrine.

B) try tactile stimulation as you continue bag-mask ventilations.

C) start a peripheral IV line and give 4 mEq of sodium bicarbonate.

D) continue bag-mask ventilations and initiate chest compressions.

Ans: D

Complexity: Moderate

Ahead: General Pathophysiology and Assessment

Subject: Neonatal Care

Page: 2083

Feedback: General Pathophysiology and Assessment, page 2083

69. During the delivery of a post-term baby, you note the presence of particulate meconium in the amniotic fluid. Your post-delivery assessment of the newborn reveals that it is active, has a strong cry, and has a heart rate of 110 beats/min. You should:

A) deliver free-flow oxygen at 5 L/min while performing deep oropharyngeal suctioning with a bulb syringe aspirator.

B) avoid any form of tactile stimulation, perform laryngoscopy, and suction meconium from the trachea with an ET tube.

C) preoxygenate the newborn with bag-mask ventilations for 30 seconds and then perform endotracheal intubation.

D) ensure that the infant is warm and dry, administer free-flow oxygen if needed, and provide continuous monitoring.

Ans: D

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Specific Conditions

Subject: Neonatal Care

Page: 2088

Feedback: General Pathophysiology and Assessment, page 2088

70. Your assessment of a depressed 7-pound newborn reveals tachypnea, pallor, weak peripheral pulses, a heart rate of 120 beats/min, and a blood glucose level of 58 mg/dL. Which of the following interventions will MOST likely cause improvement in this newborn's condition?

A) Naloxone

B) Normal saline

C) Dextrose

D) Epinephrine

Ans: B

Complexity: Moderate

Ahead: General Pathophysiology and Assessment

Subject: Neonatal Care

Pages: 2088–2089

Feedback: General Pathophysiology and Assessment, pages 2088–2089

71. An untreated patent ductus arteriosus may cause subsequent development of:

A) congestive heart failure.

B) ventricular septal defect.

C) pulmonary stenosis.

D) a patent foramen ovale.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Congenital Heart Disease

Subject: Neonatal Care

Page: 2101

Feedback: Pathophysiology, Assessment, and Management of Congenital Heart Disease, page 2101

72. When an atrial septal defect is present:

A) blood flow to the lungs is significantly decreased, which leads to severe hypoxemia.

B) the heart must push harder to force blood flow past a narrowed aorta, resulting in increased afterload.

C) deoxygenated blood is able to shift from one atrium to the other and mix with oxygen-rich blood.

D) blood is allowed to bypass the right ventricle and lungs due to the fetus's lungs being filled with fluid.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Congenital Heart Disease

Subject: Neonatal Care

Page: 2100

Feedback: Pathophysiology, Assessment, and Management of Congenital Heart Disease, page 2100

73. Tetralogy of Fallot is a combination of four heart defects, including:

A) atrial septal defect.

B) coarctation of the aorta.

C) tricuspid atresia.

D) right ventricular hypertrophy.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Congenital Heart Disease

Subject: Neonatal Care

Page: 2102

Feedback: Pathophysiology, Assessment, and Management of Congenital Heart Disease, page 2102

74. Which of the following congenital defects results in an undersized or absent right ventricle?

A) Tricuspid atresia

B) Pulmonary stenosis

C) Tetralogy of Fallot

D) Atrial septal defect

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Congenital Heart Disease

Subject: Neonatal Care

Page: 2102

Feedback: Pathophysiology, Assessment, and Management of Congenital Heart Disease, page 2102

75. Total anomalous pulmonary venous return is a rare congenital defect in which:

A) pressure in the lungs causes pulmonary hypertension.

B) the four pulmonary veins connect to the right atrium.

C) venous blood mixes with arterial blood in the heart.

D) blood returns to the lungs after being reoxygenated.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Congenital Heart Disease

Subject: Neonatal Care

Page: 2103

Feedback: Pathophysiology, Assessment, and Management of Congenital Heart Disease, page 2103