

Nursing

LRN
Low Risk Neonatal Nurse Exam

Questions And Answers PDF Format:

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Question: 1

A neonate is at risk of developing congenital varicella syndrome if the mother became infected

- a. in the first 20 weeks of pregnancy
- b. after the first 20 weeks of pregnancy
- c. during the last week of pregnancy

Answer: A

Explanation:

A neonate is at risk of developing congenital varicella syndrome if the mother became infected in the first 20 weeks of pregnancy, especially from week 8 to week 20. Congenital varicella syndrome can cause a number of abnormalities of the skin, extremities, eyes, and central nervous system. Brain abnormalities may include microcephaly, hydrocephalus, cortical atrophy, enlargement of the ventricles, and damage to the sympathetic nervous system. The child may suffer intellectual disabilities and developmental delays.

Question: 2

Asymmetric intrauterine growth restriction is caused by problems that occur during the

- A. first trimester
- B. second trimester
- C. third trimester

Answer: C

Explanation:

Asymmetric intrauterine growth restriction is caused by problems that occur during the third trimester and typically result from problems with the function of the uterus and placenta and/or nutritional deficiency. Usually the brain and heart have normal development and the neonate has normal length but is in less than the 10th percentile for weight. The abdominal organs may be underdeveloped. The neonate will usually develop normally with adequate nutrition after birth.

Question: 3

A preterm neonate has persistent episodes of apnea lasting greater than 20 seconds resulting in heart rate of 76 bpm and pallor/cyanosis, suggesting apnea of prematurity. The drug of choice to stimulate respirations is

- A. indomethacin
- B. caffeine
- C. doxapram

Answer: B

Explanation:

If a preterm neonate has persistent episodes of apnea lasting greater than 20 seconds resulting in heart rate of 76 bpm and pallor/cyanosis, suggesting apnea of prematurity, the drug of choice to stimulate respirations is caffeine via IV or PO 10-20 mg/kg and then 5-10 mg/kg daily for maintenance. Adverse effects include gastrointestinal upset, vomiting, and bloody stools. An alternate drug is theophylline, but it may cause tachycardia and hyperglycemia. Doxapram results in decreased cerebral blood flow and is reserved for use if the other treatments are ineffective.

Question: 4

A nevus flammeus (port-wine stain) birthmark is characterized by

- A. blue-black discoloration on the buttocks and dorsal area
- B. raised demarcated dark red lesion
- C. unraised demarcated red-purple lesion

Answer: C

Explanation:

Nevus flammeus (port-wine stain) birthmark is an unraised demarcated red-purple lesion caused by capillaries below the epidermis. Nevus flammeus occurs most frequently on the face although it can also occur on other parts of the body. Nevus vasculosus (strawberry mark) is a capillary hemangioma and is a raised, demarcated dark red lesion. Mongolian spots are blue-black discolored areas on the buttocks and dorsal areas of dark-skinned infants, such as Asians and African Americans.

Question: 5

Before a heelstick to obtain a blood sample, the most appropriate method of pain control that can be utilized is

- A. oral acetaminophen
- B. a sucrose-dipped pacifier
- C. topical anesthetic

Answer: B

Explanation:

Before a heel stick to obtain a blood sample, a neonate can be provided a sucrose-dipped pacifier about 2 minutes before the procedure. The pacifier is dipped in 0.05 to 2.0 mL 12% to 24% sucrose solution (such as Sweet-Ease®): however, the pacifier must be re-dipped every two minutes. It can be dipped three additional times. Sucrose-dipped pacifiers are contraindicated for preterm infants of less than 32 weeks, severely ill neonates, and those already receiving sedation.

Question: 6

An indication for vacuum-assisted delivery of a fetus is

- A. extended second stage of labor
- B. advanced cranial molding
- C. uncertain fetal station

Answer: A

Explanation:

The most common indication for vacuum-assisted delivery of a fetus is an extended second stage of labor because longer duration correlates with increased maternal risk from trauma (hemorrhage, lacerations, chorioamnionitis). Vacuum-assisted delivery may also be utilized if the mother's health or state of exhaustion precludes normal delivery and if there is suspected fetal compromise. Contraindications include advanced cranial molding uncertain fetal station or position, and malpresentation. Relative contraindications include preterm fetus, overlapping cranial bones, cephalopelvic disproportion, and probable macrosomia.

Question: 7

An important advantage of interprofessional practice is

- A. clearer definition of roles
- B. decreased workload
- C. improved communication

Answer: C

Explanation:

An important advantage of interprofessional practice is improved communication, and this in turn leads to improved patient safety. In neonatal nursing, an interprofessional team may include physician, nurse, midwife, ultrasonographer, respiratory therapist, radiologist, pharmacist, nutritionist, and breastfeeding specialist. Each has a different but equally important role in patient care. Working together collaboratively to benefit the patient leads to a better understanding of the contributions each team member provides to the group.

Question: 8

A mother's smoking during pregnancy places the fetus at increased risk of

- A. low birth weight
- B. renal abnormalities
- C. bradycardia

Answer: A

Explanation:

A mother's smoking during pregnancy places the fetus at increased risk of low birth weight and preterm birth. In addition, miscarriages and stillbirths are more common, and the fetus may exhibit tachycardia, respiratory problems, and birth defects. After birth, the child of a smoker is at increased risk of sudden infant death syndrome. The more that a pregnant woman smokes, the greater the risk, so all pregnant women should be advised to stop smoking during pregnancy. Second-hand smoke after delivery continues to pose risks to the infant

Question: 9

If a pregnant woman has chlamydia, vaginal delivery of the neonate may result in

- A. skin infection
- B. eye and lung infections
- C. genitourinary infection

Answer: B

Explanation:

If a pregnant woman has chlamydia, vaginal delivery of the neonate may result in eye (ophthalmia neonatorum) and lung infections, such as pneumonia. The antibiotic prophylaxis used to prevent eye infections from gonorrhea is ineffective for chlamydia infections, which are usually treated with systemic erythromycin. If the pregnant woman is untreated, there is increased risk of premature rupture of the membranes, preterm labor, and low birth weight.

Question: 10

An umbilical vein catheter is more appropriate than an arterial vein catheter for infusions of

- A. drugs
- B. fluids
- C. packed red blood cells

Answer: C

Explanation:

An umbilical vein catheter is more appropriate than an arterial vein catheter for infusions of

packed red cells, which should never be administered per an arterial line. Arterial lines are usually preferred for most other purposes, such as administration of drugs and fluids, blood gas monitoring, and monitoring of arterial blood pressure. The umbilical vein is usually easier to catheterize than the umbilical arteries. Placement of an umbilical vein catheter should be verified by echocardiography as radiographs may not provide adequate visualization.

Question: 11

If a mother suffers from pregnancy-induced hypertension (preeclampsia) during pregnancy, the primary detrimental effect on the fetus is

- A. intrauterine growth restriction (IUGR)
- B. placental abruption
- C. spontaneous abortion

Answer: A

Explanation:

Preeclampsia is a disorder that develops in approximately 5% of all pregnancies. Its main feature is new onset elevated blood pressure that develops around 20 weeks of gestation, often accompanied by proteinuria though this is no longer considered a diagnostic feature. The main detrimental effect on the fetus occurs because of longstanding hypertension that leads to uteroplacental vascular insufficiency, which impairs the transfer of nutrients and oxygen to the fetus, resulting in intrauterine growth restriction (IUGR). The IUGR is usually asymmetric (fetal head size is normal for gestational age). Placental abruption also occurs more frequently.

Question: 12

When conducting a review of the literature as part of evidence-based research, the level of evidence that is based on a quasi-experimental study, such as a matched case-control study, would be categorized as

- A. level I
- B. level II
- C. level III

Answer: C

Explanation:

When conducting a review of the literature as part of evidence-based research, the level of evidence based on a quasi-experimental study, such as a matched case-control study, would be categorized as level III:

- Level I: Meta-analysis, randomized controlled studies.
- Level II: One or more well-designed study, may or not be randomized.
- Level III: As above.
- Level IV: Comparative non-experimental studies.

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- Level V: Case reports and clinical examples but without empirical evidence.

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