

NCC

C-NNIC
Neonatal Neuro-Intensive Care



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Question: 1

What is a contraindication to performing daily chlorhexidine baths on infants in the NICU?

- A. The common infant allergy to chlorhexidine
- B. Poor skin integrity in premature infants
- C. Increased risk of respiratory compromise from noxious fumes from the chlorhexidine

Answer: B

Explanation:

Daily chlorhexidine baths performed on infants in the NICU have been proven to reduce the incidence of many nosocomial infections. The primary concern with some infants is that the skin does not fully mature until the last quarter of gestation, so skin integrity may be a concern. The U.S. Food and Drug Administration has not approved the use of chlorhexidine in infants less than 2 months of age, but it is still used in most hospital settings as off-label usage.

Question: 2

When the nurse is assessing a newborn, what is the reflex that results in abduction and extension of the infant's arms as the hands open?

- A. Grasp reflex
- B. Moro reflex
- C. Asymmetrical tonic reflex

Answer: B

Explanation:

The Moro reflex is checked by quickly lowering the infant's head relative to the trunk and when present, results in the abduction and extension of the infant's arms as the hands open. This reflex is present as early as 32 weeks gestation. It is no longer present by the time the infant is 6-months-old. The grasp reflex is the reflexive action of bending the fingers around an object placed in the palm. The asymmetrical tonic reflex is also called the "fencing" reflex. When the infant's head is turned to one side, the arm and leg of the side at which the face is turned extend and the arm and leg on the opposite side flex.

Question: 3

According to the American Heart Association, when should chest compressions be started in the pediatric patient?

- A. If there is no detectable pulse
- B. If the pulse is less than 60 beats per minute or there are signs of poor perfusion
- C. If there is a normal pulse but signs of respiratory distress

Answer: B

Explanation:

According to the American Heart Association, chest compressions should be started on the pediatric patient if the pulse is less than 60 beats per minute or if there are signs of poor perfusion. If one person is performing CPR, the rate is 30 compressions followed by 2 breaths. If 2-person CPR is being performed, the cycle should be 15 compressions followed by 2 breaths.

Question: 4

A 4-week-old infant in the NICU is taking formula orally. The baby is crying very often and acts hungry, however, she projectile vomits after she eats even a small amount of formula

- a. The nurse notices a small lump in the infant's upper abdomen. What is another symptom that would most likely be present?
- A. A hard, rigid abdomen
 - B. Waves from peristalsis across the baby's abdomen
 - C. A high fever, usually >102 degrees

Answer: B

Explanation:

Pyloric stenosis is a condition in which the muscle tissue in the lower stomach, at the pylorus, becomes thickened and prevents food from passing into the small intestine. This is usually evident around 3-5 weeks of age and will cause an olive-shaped mass in the upper abdomen, peristaltic waves across the abdomen, projectile vomiting, and persistent crying because the infant is hungry. It is repairable with surgery, though the infant's fluid and electrolyte balance needs to be corrected.

Question: 5

A premature infant is in distress and has not responded to resuscitative measures. A volume expander is indicated at this time. What is the risk of giving this type of medication too quickly?

- A. Hypercoagulability resulting in pulmonary emboli
- B. Supraventricular tachycardia
- C. Intraventricular hemorrhage

Answer: C

Explanation:

Acute volume expansion in the neonate can be accomplished with an isotonic crystalloid solution, such as lactated Ringer's solution. This increases the pressure in the intravascular space, which causes water to move from the interstitial to intravascular spaces, increasing the circulating blood volume. Crystalloids have a half-life between 30 and 60 minutes and must be given in amounts three times the volume lost. If too much is given too quickly, however, fluid overload with intraventricular hemorrhage and pulmonary edema can result.

Question: 6

In what order should resuscitative efforts in the premature infant with hydrops fetalis and bilateral pleural effusions be performed?

- A. Cutting of the umbilical cord, resuscitative measures, then emergency thoracentesis
- B. Cutting of the umbilical cord, emergency thoracentesis, then resuscitative measures
- C. Emergency thoracentesis, cutting of the umbilical cord, then resuscitative measures

Answer: C

Explanation:

Hydrops fetalis is a potentially life-threatening condition in which accumulating fluid is present in at least two body cavities (abdomen, pleura, or pericardium). Traditionally, this has been treated through removal of the fluid after the umbilical cord has been cut and resuscitative measures started. It has recently been found that the prognosis is improved if the neonate remains attached to the placenta via the umbilical cord so they continue to receive oxygenated blood from the mother. The fluid can be drawn off and then the cord can be clamped before resuscitative measures are started.

Question: 7

How many calories does a preterm infant require per day?

- A. 50-100 kcal/kg/day
- B. 100-150 kcal/kg/day
- C. 150-200 kcal/kg/day

Answer: B

Explanation:

The preterm infant needs 100-150 kcal/kg/day in order to complete development and gain weight. A term infant generally needs 100-120 kcal/kg/day for normal growth and development. Adequate nutrition to meet the nutritional needs of the preterm infant can help to prevent poor outcomes and help to improve adequate nervous system development.

Question: 8

An infant with a known congenital diaphragmatic hernia is born at 38 weeks gestation. He requires resuscitation shortly after delivery due to the weakening of the diaphragm from the hernia. Generally speaking, how does the survival rate for this infant compare to another infant requiring resuscitation without a diaphragmatic hernia?

- A. Lower
- B. Higher
- C. Equal

Answer: A

Explanation:

The survival rate for this infant is lower than another infant requiring resuscitation without a diaphragmatic hernia. With a diaphragmatic hernia, the diaphragm becomes weakened and this can result in the stomach and other abdominal contents expending into the chest cavity. This, along with the weakened diaphragm, can result in a decreased ability to breathe. If detected in the prenatal period, assistance can standby during delivery to begin resuscitative measures promptly and improve the chances for survival.

Question: 9

The nurse is assessing an infant with renal disease. Over the past 4 hours, he has had 100 mL of urine output. He weighs 6 lbs., or 2.73 kg. What would the initial interpretation of this

- A. Severe polyuria
- B. Severe oliguria
- C. Normal urine output for weight of the infant

Answer: A

Explanation:

A urine output >8 mL/kg/hr is categorized as severe polyuria. If not already present, a urinary catheter is usually inserted at this point to obtain a more accurate reading of urinary output. If this is a new change in urine output for the infant, the neonatologist on call should be contacted.

Question: 10

Which of the following will have the greatest amount of insensible water loss?

- A. Normal size and full-term
- B. Small size and earlier gestational age
- C. Small size and full-term

Answer: B

Explanation:

Insensible water loss is that water that passes through the skin and evaporates and the water that evaporates through the respiratory tract. Newborns have a relatively large surface area through which there can be increased amounts of insensible water loss. This loss will be at its greatest in the small early gestational age infant.

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