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NEW QUESTION: 1

The parents of a neonate are considering genetic testing for their son because the father was recently diagnosed with Huntington's disease. They ask the NP's opinion. The most appropriate response is

A. 'Testing the infant now may help relieve your anxiety, but will not change the outcome.'

B. "Testing is available for individuals older than ten years of age."

C. "The information can't be used for health purposes now, and your child may wantto make

Answer: (SHOW ANSWER)

The information derived from testing for Huntington's disease cannot be used for health promotion or disease prevention, so the parents should be counseled to wait until the child is at the age to make an informed decision about whether to have testing. This type of information can be devastating to young people who are not provided adequate support and counseling prior to testing. Some people with adult-onset diseases choose not to be tested, and childhood testing robs them of this choice.

NEW QUESTION: 2

When placing a temperature probe on a supine neonate to monitor thermoregulation, a good location for the probe is over the

A. mid-scapular region of the back

B. liver

C. mediastinum

Answer: (SHOW ANSWER)

A common probe placement for a supine infant is over the liver. The probe should not be placed over a bony area or an area with abundant brown adipose tissue, such as around the neck, the mid-scapular region of the back, the mediastinum, and organs in the thoracic cavity, kidneys, and adrenal glands. If the probe makes poor skin contact, it will indicate that the infant is cold, and the warmer will deliver increased amounts of heat, possibly causing hyperthermia. If the probe is underneath the infant, it may indicate an artificially warm temperature and decrease heat to the infant, causing hypothermia.

NEW QUESTION: 3

The parents of a newborn are asking the NP what PKU is and if it is really necessary to have this tested as part of the newborn screening process. The best response is

- A. the PKU screen is not a necessary test and can be eliminated from the tests to be performed
- B. PKU can be a fatal illness and it is highly recommended that this be performed
- C. the test can be postponed until the newborn is a few months old

Answer: ([SHOW ANSWER](#))

PKU, or phenylketonuria, is a metabolic disorder in which the body is not able to break down some of the amino acids in proteins. This leads to poor brain development and intellectual disabilities. It is highly recommended that this test be performed on all newborns so that treatment can be started and the devastating effects of this illness can be avoided.

NEW QUESTION: 4

The parents of a newborn with strabismus express concern about how this is going to be treated. The most appropriate response is

- A. the surgery is usually tolerated very well by children
- B. usually patching and eye glasses to strengthen the eye muscles are effective at resolving this condition
- C. there is no treatment and the condition will resolve on its own in a few months

Answer: ([SHOW ANSWER](#))

Strabismus is a misalignment of the eyes, usually from a weak or defective eye muscle. As the child becomes older, patching and eyeglasses can help with strengthening the weak muscle to help align the gaze of the eyes. If left untreated or in the rare cases that patching and eyeglasses are not effective, strabismus can become severe and result in a full cross-eyed appearance. Occasionally surgery will need to be performed to correct the misalignment.

NEW QUESTION: 5

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: ([SHOW ANSWER](#))

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.

Proteinuria is no longer a diagnostic requirement, but is a common feature accompanying the hypertension. The main detrimental effect on the fetus occurs because of longstanding hypertension that leads to utero-placental vascular insufficiency, which impairs the transfer of nutrients and oxygen to the fetus, resulting in intra-uterine growth restriction (IUGR). The IUGR is usually asymmetric (fetal head size is normal for gestational age). Placental abruption occurrence is also more common in fetuses exposed to longstanding hypertension, but not as common as IUGR.

NEW QUESTION: 6

A neonate who was exposed to maternal herpes virus should be treated with

- A. IV gentamicin
- B. IV acyclovir
- C. topical acyclovir

Answer: ([SHOW ANSWER](#))

Intravenous acyclovir is given to infants exposed to herpes virus. Most vertical transmissions occur when the neonate travels through a colonized birth canal. The transmission rate from women with a primary HSV infection is approximately 50%, while the transmission rate is 1-2% if the infection is a recurrence of HSV. Signs of a neonatal infection with HSV include:

*Skin, eye, and mucous membrane blistering at 10-12 days of life.

*Disseminated disease may spread to multiple organs, leading to pneumonitis, hepatitis, and intravascular coagulation.

*Encephalitis may be the only presentation, with signs of lethargy, irritability, poor feeding, and seizures.

NEW QUESTION: 7

A neonate born to an HIV-infected mother should receive the first dose of antiretroviral medication within

A. 6-12 hours after birth

B. 6-12 weeks after birth

C. 1 year after birth

Answer: ([SHOW ANSWER](#))

Antiretroviral medications should be given to the neonate for the first 6 weeks of life with the first dose given within the first 6-12 hours after delivery. The perinatal transmission rate is

30% in untreated HIV positive mothers, usually acquired during delivery; however, optimal treatment reduces perinatal transmission rate to as low as 1-2%. Preventive treatment includes:

*Antiviral therapy during pregnancy: A reduced viral load in the mother lessens the

*likelihood of prenatal transmission.

*Elective Cesarean before the amniotic membranes rupture.

*Avoidance of breastfeeding: The risk of HIV transmission with breastfeeding is 0.7% per month of breastfeeding.

NEW QUESTION: 8

What is a major risk factor for chorioamnionitis?

A. Premature rupture of the membranes

B. Maternal tobacco use during pregnancy

C. There are no known risk factors for chorioamnionitis

Answer: ([SHOW ANSWER](#))

Chorioamnionitis is an acute infection and inflammation of the membranes and is commonly caused by a premature rupture of the membranes.

This eliminates the protective barrier surrounding the fetus and increases the risk for pathogens to ascend into the uterus. Less commonly, chorioamnionitis can occur in the absence of membrane rupture. Long-term effects of this condition to the neonate include stillbirth, premature birth, sepsis, chronic lung disease, and brain injury or cerebral palsy. The mother can develop postpartum infections and sepsis.

NEW QUESTION: 9

To ingest 120 calories/kg/day, an infant breastfeeding or receiving unfortified formula needs to ingest

A. 3 ounces/kg/day

B. 6 ounces/kg/day

C. 8 ounces/kg/day

Answer: ([SHOW ANSWER](#))

Unfortified formulas (and most human milk) supply 20 calories per ounce. To ingest 120 cal/kg/day, an infant needs to ingest 6 ounces/kg/day of unfortified formula or human milk. The general requirements for adequate growth include:

*Full-term infants: 100-120 cal/kg/day

*Premature infants: 110-160 cal/kg/day

*Infants who are recovering from surgery or have a chronic illness, such as bronchopulmonary dysplasia (BPD): =180 cal/kg/day The caloric needs of a neonate (preterm or term) depend on postnatal age, activity, current weight, growth rate, thermal environment, and route of nutritional intake. Cold stress increases caloric requirements.

NEW QUESTION: 10

During the first few months of life, the newborn is only able to digest those proteins found in

A. cows milk or human milk

B. formula or human milk

C. formula, human milk, or cows milk

Answer: B ([LEAVE A REPLY](#))

The digestive system of the newborn begins maturing soon after birth. For the first few months, however, the only proteins it is able to digest are those found in formula or human milk.

That is why it is advised that cow's milk not be begin to babies within the first year of life. The GI tract has also not fully matured with the necessary microorganisms that aide in digestion.

Development and maturation of the GI tract continues for the first 2 years of life.

NEW QUESTION: 11

All of the following may be symptoms of hypopituitarism in the newborn EXCEPT

A. jaundice

B. hypoglycemia

C. increased thirst

Answer: ([SHOW ANSWER](#))

Of the choices listed, excessive thirst would be seen in an older child with hypopituitarism rather than an infant. The infant with an underfunctioning pituitary gland will exhibit jaundice, hypoglycemia, excessive amounts of urine, sluggishness, and a small penis in male newborns. Older children diagnosed with hypopituitarism will exhibit excessive urination, short stature with weight gain disproportionate to growth, delayed or absent puberty, and delayed tooth eruption.

NEW QUESTION: 12

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: ([SHOW ANSWER](#))

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, which increases 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.

NEW QUESTION: 13

A premature infant in the NICU has a nasogastric drain. The results of arterial blood gases are as follows:

*pH - 7.5

*HCO₃ - 29

*pCO₂ - 37

Based on these values, which acid-base disorder has this infant developed?

A. Respiratory alkalosis

B. Metabolic acidosis

C. Metabolic alkalosis

Answer: ([**SHOW ANSWER**](#)**)**

Metabolic alkalosis will cause the arterial blood pH and bicarbonate levels to increase.

Conversely, metabolic acidosis will cause arterial pH and bicarbonate levels to decrease.

Respiratory acidosis will increase the arterial carbon dioxide level while decreasing the pH, and respiratory alkalosis will have the opposite results with a decrease in carbon dioxide level and an increased pH.

NEW QUESTION: 14

A neonate born with the genetic disorder cystic fibrosis must be monitored carefully for

A. apnea

B. hypoglycemia

C. meconium ileus

Answer: ([**SHOW ANSWER**](#)**)**

Cystic fibrosis is a congenital disease associated with thick collection of mucous in the lungs and intestines. Up to a fifth of children born with cystic fibrosis have meconium ileus. Meconium ileus is obstruction of the ileum with inspissated (thick) mucilaginous meconium that clings to the side of the narrowed lumen of the intestine and forms hard pellets (usually the first clinical sign of cystic fibrosis). The mucus interferes with absorption of fat, protein, carbohydrates, and other nutrients, leading to malabsorption syndromes.

NEW QUESTION: 15

The lab abnormalities seen with HELLP syndrome are

A. no hemolysis, lower than normal liver enzymes, and elevated platelets

B. hemolysis, elevated liver enzymes, and low platelets

C. elevated white blood cell count, lower than normal liver enzymes, and low platelets

Answer: ([**SHOW ANSWER**](#)**)**

HELLP syndrome is a serious liver disorder that can occur in the last trimester in pregnancy.

It is characterized by hemolysis, elevated liver enzymes, and low platelets. Most women who develop HELLP syndrome also have preeclampsia, which is the greatest risk factor for developing this condition. The mother will have very high blood pressure, nausea, abdominal pain, and swelling. Treatment begins with delivery of the baby, even if it is premature. Symptomatic treatment with IV fluids, anti-hypertensives, and vasodilators are given to the mother. It can be fatal if it is not treated.

NEW QUESTION: 16

The NP has an order to give dobutamine intravenously. She knows that

- A. this should be given in oral form
- B. this should be given through a peripheral IV site
- C. this should be given through a central line

Answer: ([SHOW ANSWER](#))

Whenever possible, dobutamine should be given through a central line because it is caustic to the body's tissues. This medication is primarily used to improve the effectiveness of the heart to work as a pump and, to a lesser degree, can help with hypotension.

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NEW QUESTION: 17

The grief theory that identifies that grief is not a linear process, but rather, a more fluid and ever-changing process was outlined in

- A. Freud's Model of Bereavement
- B. Kubler-Ross Grief Cycle
- C. Bowlby's Attachment Theory

Answer: B ([LEAVE A REPLY](#))

Kubler-Ross identified 5 phases that a person will go through during the grieving process.

These are denial, anger, bargaining, depression, and acceptance. A person does not pass through these phases during the grieving process on a step-by-step basis. They may drift in and out of one phase and into another very fluidly. They may also go back to phases they experienced and go through them again.

NEW QUESTION: 18

A premature infant with apnea of prematurity (AOP) exhibits periods of apnea lasting seconds in which the child has no airflow or effort to breathe. This type of apnea is classified as

- A. central apnea
- B. normal neonatal breathing pattern
- C. obstructive apnea

Answer: ([SHOW ANSWER](#))

Premature infants (especially those <34 weeks) often exhibit apnea of prematurity (AOP).

AOP begins at birth and is believed caused by immaturity of the nervous system, improving as the brain matures. It may persist for 4-8 weeks.

There are 3 types of apnea:

*Central: no airflow or effort to breathe.

*Obstructive: no airflow, but effort to breathe.

Mixed: both central and obstructive elements (75% of AOP).

AOP symptoms include swallowing during apneic periods, apnea seconds, apnea <20 seconds with bradycardia 30 beats below normal, oxygen saturation <85% persisting 25 seconds, and cyanosis.

NEW QUESTION: 19

On examining the neonate, the NP notes 9 cafe au lait spots with a diameter greater than 5 mm and freckles on the axilla and inguinal area

a. The infant should be tested for

A. neurofibromatosis type 1

B. Sturge-Weber syndrome

C. Addison's disease

Answer: ([SHOW ANSWER](#))

Cafe au lait spots (CAL) are flat skin lesions with increased melanin content and regular or irregular borders. If the CAL spots are faint, one can use a Wood lamp to make them easier to see.

Fewer than 3 cafe au lait spots have no clinical significance. However, 6 or more cafe au lait spots with a diameter larger than 5 mm occur in 95% of patients with neurofibromatosis type 1 (NFI), a disorder of chromosome 17. Lisch nodules on the child's iris and Crowe's sign (freckles on the axilla and inguinal area) corroborate the diagnosis of NFI.

NEW QUESTION: 20

During pregnancy, a suspicious finding on ultrasound that may indicate an esophageal atresia is

A. large for gestational age fetus

B. polyhydramnios

C. oligohydramnios

Answer: ([SHOW ANSWER](#))

Polyhydramnios is an abnormal finding on ultrasound that may indicate the presence of esophageal atresia. During normal development, the esophagus and trachea form side by side. An abnormality in development in utero may result in the esophagus not fully developing all the way to the stomach. This results in a closed-ended esophagus. The fetus drinks amniotic fluid while in the womb, so if they are not able to do this, polyhydramnios, or an increased volume of amniotic fluid, can occur. Occasionally, a fistula may form between the esophagus and the trachea, resulting in any intake of liquids being bypassed directly into the trachea and lungs.

NEW QUESTION: 21

While assessing a newborn in the NICU, the NP notices that he has pitting edema on the right side of his scalp. The next step should be to

A. immediately contact the neonatologist on call and let them know of these findings

B. continue to monitor for any change in the symptoms

C. stop all IV fluids and monitor closely to see if the swelling decreases

Answer: ([SHOW ANSWER](#))

Pitting edema in the soft tissues of the scalp is not uncommon after birth, due to trauma on the baby's scalp while moving through the birth canal. This condition is called caput succedaneum and is most evident immediately after birth. It usually resolves rather quickly over the first 24-48 hours following birth and just needs to be monitored for any changes.

NEW QUESTION: 22

A neonate, 2 days after birth, develops a generalized rash with erythematous papules, vesicles, and some pustules everywhere but on the palms and soles of feet. The most likely diagnosis is

- A. erythema toxicum
- B. neonatal pustular melanosis
- C. cutis marmorata

Answer: (SHOW ANSWER)

Erythema toxicum is a skin eruption of erythematous papules, vesicles, and sometimes pustules. Erythema toxicum is essentially benign and occurs in 250% of newborns. It is a generalized rash everywhere except the palms and soles of the feet, usually occurring 2-3 days after birth. Neonatal pustular melanosis is a benign rash (vesicles and macules) but not associated with erythema. Cutis marmorata is a disorder in which the infant's skin mottles or marbles when exposed to cold, because the superficial blood vessels dilate and contract at the same time.

NEW QUESTION: 23

The four heart defects seen with Tetralogy of Fallot are

- A. a large ventricular septal defect, pulmonary stenosis, right ventricular hypertrophy, and an
- B. a patent ductus arteriosus, pulmonary hypertension, cor pulmonale, and aortic stenosis
- C. a thoracic aortic aneurysm, aortic stenosis, pulmonary stenosis, and a ventricular septal

Answer: (SHOW ANSWER)

Tetralogy of Fallot is a very serious congenital heart defect that includes a large ventricular septal defect, pulmonary stenosis, right ventricular hypertrophy, and an overriding aorta. Though this is a serious condition, it is treated surgically during infancy and most children with this condition will go on to live into adulthood.

NEW QUESTION: 24

The syndrome affecting almost half of the infants of diabetic mothers is

- A. cleft lip and palate
- B. hydrocephalus
- C. fetal macrosomia

Answer: (SHOW ANSWER)

Fetal macrosomia occurs in up to 45% of infants of diabetic mothers. They are large babies that weigh more than 4000 g at term birth. These infants are puffy, fat, ruddy, and often hypotonic.

These infants are also more likely to have periods of hypoglycemia shortly after birth and during the first few days of life.

NEW QUESTION: 25

The neural tube defect in which there is failure of the vertebral column to close, but no herniation through the opening is

- A. spina bifida cystica
- B. spina bifida occulta
- C. myelomeningocele

Answer: (SHOW ANSWER)

Spina bifida occulta is the failure of the vertebral column to close, but no herniation through the opening so the defect may not be obvious.

Spina bifida is a defect in which the vertebral column is not closed with varying degrees of herniation through the opening. Spina bifida cystica is a defect in closure with external sac-like protrusion with varying degrees of nerve involvement.

Meningocele is spina bifida cystica with meningeal sac filled with spinal fluid. Myelomeningocele is spina bifida cystica with meningeal sac containing spinal fluid and part of the spinal cord and nerves.

NEW QUESTION: 26

Which of the following conditions results from oligohydramnios?

- A. Galactosemia
- B. Amniotic band syndrome
- C. Potter syndrome

Answer: ([SHOW ANSWER](#))

Potter syndrome occurs due to oligohydramnios, or a reduced amount of amniotic fluid in utero. Any condition during development that results in decreased urine production by the fetus can result in a reduced amount of amniotic fluid being present. If the mother has prolonged rupture of the membranes, the amniotic fluid will be absent which could result in this condition. Amniotic fluid is essential for alveolar development in the lungs while in utero. If this is reduced or absent, the infant will suffer respiratory distress at birth.

NEW QUESTION: 27

Clinical symptoms of neonatal renal vein thrombosis include

- A. leukocytosis
- B. Bence-Jones protein in the urine
- C. thrombocytopenia

Answer: ([SHOW ANSWER](#))

Clinical symptoms of renal vein thrombosis in the newborn include thrombocytopenia, hypertension, hematuria, proteinuria, and renal insufficiency. This condition is rare, but can occur in infants born to mothers with a history of diabetes mellitus. This is not an infectious condition, so you would not expect to see leukocytosis. Bence-Jones proteins in the urine are specific to multiple myeloma.

NEW QUESTION: 28

Which of the following routes is NOT recommended when administering naloxone (Narcan) to infants?

- A. Intravenous
- B. Intramuscular
- C. Endotracheal

Answer: ([SHOW ANSWER](#))

When given, the preferred route for administering Narcan in the infant is IV or IM. It should not be given via endotracheal administration. Narcan is not used as a first line drug in the infant with respiratory depression. Normal color and pulse must first be present before it is considered. It may cause seizures if given to the infant of an opioid-addicted mother.

NEW QUESTION: 29

The initial treatment for patent ductus arteriosus (PDA) for a preterm neonate is usually

- A. prostaglandin
- B. surgical ligation
- C. indomethacin or ibuprofen lysine

Answer: ([SHOW ANSWER](#))

Patent ductus arteriosus (PDA) is failure of the ductus arteriosus that connects the pulmonary artery and aorta to close after birth, resulting in left to right shunting of blood from the aorta back to the pulmonary artery. This increases the blood flow to the lung and causes an increase in pulmonary hypertension that can result in damage to the lung tissue. Treatment for PDA:

*Indomethacin (Indocin®) or ibuprofen lysine given within 10 days of birth is successful in closing about 80% of defects.

*Surgical repair with ligation of the patent vessel if conservative treatment is unsuccessful.

NEW QUESTION: 30

A medical emergency that can lead to hypovolemic shock in the newborn is

- A. cephalohematoma
- B. subgaleal hemorrhage
- C. caput succedaneum

Answer: B (LEAVE A REPLY)

A subgaleal hemorrhage can be massive and may lead to hypovolemic shock. This condition occurs when there is bleeding in the loose connective tissue of the subgaleal space. The subgaleal space is composed of loose connective tissue that allows the scalp to slide easily on the cranium.

There is an increased risk of a subgaleal hemorrhage with vacuum and forceps use during delivery.

The trauma to the scalp results in rupture of the blood vessels in this space. This usually develops over several hours to several days with the first clinical sign being an increase in head circumference.

NEW QUESTION: 31

What method should be used to feed the preterm infant with a weak sucking reflex?

- A. Gavage feeding
- B. PEG tube
- C. Thickened liquids given orally

Answer: A (LEAVE A REPLY)

Gavage feeding is used to provide nutrition to the infant with a poor sucking reflex, tachypnea, respiratory distress, impaired swallowing, or apneic spells. A nasogastric tube is placed and formula or human milk is slowly fed through the tube with a syringe. Often, the baby will be soothed or gently touched during the feeding to promote positive reinforcement with sucking. The feeding should be stopped if the baby exhibits signs of gasping or choking.

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NEW QUESTION: 32

The mildest form of an intraventricular hemorrhage of the brain in a newborn is also called

- A. normal pressure hydrocephalus
- B. a germinal matrix hemorrhage

C. elevated pressure hydrocephalus

Answer: ([SHOW ANSWER](#))

An intraventricular hemorrhage in a newborn is classified into grades, depending upon the severity of the bleeding. Grade I, the mildest form, is also called a germinal matrix hemorrhage.

Those infants most at risk for developing an intraventricular hemorrhage are those who are premature, at least 10 weeks preterm. This occurs because the blood vessels in the brain are very weak in the premature infant and can easily rupture, causing a brain bleed. Less than half of infants with a mild bleed will have long-term effects from it. Up to one-third of those with severe bleeds may die.

NEW QUESTION: 33

A 6-day-old newborn develops signs of congestive heart failure with tachypnea, heart rate 175 at rest, fine pulmonary rales, and difficulty feeding. The most likely underlying cause is

A. hypoplastic left heart syndrome

B. coarctation of the aorta

C. patent ductus arteriosus

Answer: ([SHOW ANSWER](#))

Onset of symptoms varies with different structural defects, and symptoms of congestive heart failure within the first week may be caused by patent ductus arteriosus as well as transposition of the great vessels and total anomalous pulmonary return with pulmonary venous obstruction. Hypoplastic left heart syndrome is evident at birth. Coarctation of the aorta and pulmonary stenosis are usually evident between one and four weeks after birth.

NEW QUESTION: 34

Evidence that an infant is feeding appropriately for discharge includes

A. weight gain of 15-30 grams per day

B. feeds accomplished with minimal respiratory difficulty

C. primary caregiver feeding the infant correctly at least 90% of the time

Answer: ([SHOW ANSWER](#))

Current discharge requirements are based on physiological and functional readiness.

Requirements generally include:

*The infant is feeding appropriately, as evidenced by:

o Primary caregiver feeding the infant with the prescribed method (gavage, gastrostomy, or special positioning) consistently.

o Weight gain of 15-30 grams per day over several days.

o Feeds accomplished without any respiratory difficulty.

*All medical or surgical problems that require hospitalization are resolved.

*Temperature stability is maintained in an open crib.

*Parents are trained appropriately concerning administration of medications, CPR, and proper use of car seat.

*Infant has passed all pre-discharge tests.

*Age appropriate immunizations have been administered.

NEW QUESTION: 35

A woman who is known to have hepatitis B is delivering her first baby. Treatment of the infant should include

A. hepatitis B immunoglobulin within 6 hours of birth and the hepatitis B vaccine at 5 years of

B. hepatitis B vaccine given within the first year of life

C. hepatitis B vaccine and hepatitis B immunoglobulin given within 12 hours of birth

Answer: ([SHOW ANSWER](#))

It is imperative to administer the hepatitis B vaccine and hepatitis B immunoglobulin to these infants within 12 hours of birth. Hepatitis B is transmitted from the mother to the fetus during pregnancy. Approximately 40% of infants of hepatitis B positive women will develop the disease, and up to 25% of those will die from chronic liver disease. Routine vaccination of all infants is usually given within 24 hours of birth.

NEW QUESTION: 36

After a neonate is resuscitated using a bag and mask and stabilized, the infant then requires

A. mechanical ventilation

B. gastric suctioning

C. oxygen administration

Answer: ([SHOW ANSWER](#))

When an infant is resuscitated using a bag and mask, air is inadvertently pumped into the stomach as it is being pumped into the lungs, so gastric suctioning is necessary. Once respirations have been stabilized either spontaneously or with mechanical ventilation, the stomach should be aspirated to remove any air pumped into it. If the air is left in the abdomen, it causes an upward pressure on the lungs from the distended abdomen. This compromises lung capacity and breathing effort.

NEW QUESTION: 37

The major route in a full-term neonate for rapidly increasing body temperature in response to cold stress is

A. shivering

B. non-shivering thermogenesis

C. vasoconstriction

Answer: ([SHOW ANSWER](#))

Non-shivering thermogenesis (NST) is the major route of rapid increase of body temperature in response to cold stress in the term neonate. NST is the oxidation of brown fat to create heat.

Brown adipose tissue contains a high concentration of stored triglycerides, a rich capillary network, and is controlled by the sympathetic nervous system. When brown fat is metabolized, heat is created. When a cold body temperature is detected, the posterior hypothalamus responds by triggering the adrenal glands to release norepinephrine and the pituitary gland to release thyroxine. Both stimulate NST.

NEW QUESTION: 38

How is hypospadias diagnosed?

A. Testicular ultrasound

B. Pelvic MRI without contrast

C. Physical exam

Answer: ([SHOW ANSWER](#))

Hypospadias is a congenital condition in which the urethral opening is on the underside of the penis. It is diagnosed by physical exam and no diagnostic testing is necessary. This condition results in the urine being sprayed during urination and the penis may curve down slightly. Surgical correction may be necessary if the condition is bothersome.

NEW QUESTION: 39

If a patient's membranes rupture and meconium-stained amniotic fluid is noted, the next step should be

- A. fetal scalp blood sampling
- B. Cesarean
- C. increased fetal monitoring

Answer: C ([LEAVE A REPLY](#))

While previous standards advised for immediate Cesarean in the context of meconium-stained amniotic fluid, this is no longer advised. Instead, the fetus should be closely monitored for signs of distress and the appropriate team should be present at the birth of the neonate due to risks for respiratory distress secondary to aspiration. These neonates should not be routinely suctioned and/or intubated unless they are nonvigorous and do not respond to noninvasive interventions.

NEW QUESTION: 40

A neonate exhibits signs of hypoglycemia after birth and is treated only with a bolus of glucose. This treatment puts the infant at risk for

- A. bolus-associated hyperglycemia
- B. bolus-associated hypoglycemia
- C. hyperinsulinism

Answer: B ([LEAVE A REPLY](#))

A glucose bolus-associated occurrence of acute hypoglycemia can arise if a glucose bolus is given and not followed up with a continuous infusion because the body will produce more insulin to cover the bolus which will then start to use glucose stores as soon as the bolus stops. To prevent this, a steady infusion should be continued for a time period that is sufficient for the infant's insulin production to stabilize. Bedside tests for hypoglycemia with reagent sticks may overestimate hypoglycemia and should be confirmed with a serum level.

NEW QUESTION: 41

A neonate at 37 weeks gestation is born to a mother who has abused cocaine throughout pregnancy. The neonate exhibits persistent hypertonia, startles easily, and shows signs of distress at any disturbance. The most appropriate treatment is

- A. anticonvulsant
- B. sedative
- C. swaddling and reduction in external stimuli

Answer: C ([LEAVE A REPLY](#))

Swaddling a neonate exposed to cocaine and eliminating as much environmental noise and excessive light as possible can reduce stimulation and relieve symptoms. Medications are rarely required to control symptoms. Hypertonia may last 2 years. Head circumference may be smaller for the first 2 years as well although the infant usually attains normal weight and height by the end of the first year.

NEW QUESTION: 42

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: (SHOW ANSWER)

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.

NEW QUESTION: 43

A mother delivers a child with sickle cell disease, an autosomal recessive disorder. The recurrence risk for subsequent children being born with the disorder is

- A. 25% for each pregnancy and 50% chance the child will become a carrier
- B. 50% for each pregnancy and 25% chance the child will become a carrier
- C. 50% for each pregnancy and no carrier state

Answer: ([SHOW ANSWER](#))

Autosomal recessive: Recurrence is 25% for each pregnancy and 50% risk of the child becoming a carrier. Autosomal dominant: Recurrence risk is 50%, but there is no carrier state. X-linked recessive: Recurrence risk is 50% for affected sons and 50% risk of daughters becoming carriers. Affected sons do not pass the disorder to sons, but all daughters become carriers. X-linked dominant: Father passes the disorder to 100% of daughters but no sons. Mother passes the trait to 50% of sons and 50% of daughters, but daughters are usually unaffected.

NEW QUESTION: 44

If a pregnant woman contracts measles during pregnancy, the baby is at risk for developing

- A. congenital cataracts
- B. rubella (German measles)
- C. hearing loss

Answer: ([SHOW ANSWER](#))

Rubella, or German measles, in the mother can result in congenital cataracts in the newborn. Other infections that can contribute to cataracts developing in the newborn are toxoplasmosis, cytomegalovirus, or chickenpox. Genetic defects can also cause congenital cataracts. These can be severe enough to require surgical removal and lens replacement.

NEW QUESTION: 45

The following drug(s) should always be included with infant resuscitation equipment

- A. prostaglandin and epinephrine
- B. epinephrine and naloxone
- C. surfactant and naloxone

Answer: ([SHOW ANSWER](#))

Medications that should always be included as part of the minimum neonatal resuscitation equipment include epinephrine and naloxone. Epinephrine is the AHA recommended pharmacologic intervention in the case of ineffective CPR in neonatal resuscitation. Naloxone is indicated in the case of respiratory distress in infants with opioid withdraw after the administrations of opioids as pain control in the labor process. Surfactant (indicated in respiratory distress, particularly in preterm neonates) and prostaglandins (indicated for cyanotic congenital heart defects) are useful in specific cases, but are not part of the minimum resuscitation equipment.

NEW QUESTION: 46

A neonate develops tremors of the chin and extremities with the following observations:

*Lack of ocular deviations or other abnormalities.

- *Gentle restraint halts tremors.
- *Stimulation elicits tremors.
- *Clonic jerking has both fast and slow elements.
- *Autonomic changes involving the heart rate, respirations, and blood pressure are not present.
- *EEG is normal.

The most likely cause is

- A.** jitteriness
- B.** seizures
- C.** shivering

Answer: (SHOW ANSWER)

Jitteriness is distinct from shuddering, a 10-15 second period of fast tremors that may recur SIOO times daily. Both jitteriness and shuddering are benign findings. Seizures indicate that there is an abnormality of the central nervous system and are differentiated by their associated abnormal movements:

- *Subtle: Feet pedaling, chewing, apnea, eye movements, or blank stare.
- *Tonic: Tonic flexion or extension of the limbs, focal (one limb) or generalized.
- *Clonic: Slow, clonic movements (1-3 per second), often in one extremity or one side of the body.
- *Myoclonic: Focal, multi-focal, or generalized, with rapid jerking movements of the extremities.

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NEW QUESTION: 47

What is the most common cause of a cardiac tamponade in the newborn?

- A.** Incorrect location of a central venous catheter tip
- B.** Chest wall trauma during passage through the birth canal
- C.** Chest compressions in the event of cardiac arrest

Answer: (SHOW ANSWER)

Cardiac tamponade occurs when fluid accumulates with the pericardial sac, causing pressure on the outside of the heart. It is treated by inserting a needle through the chest wall, into the pericardium, and withdrawing the fluid. Though cardiac tamponade in neonates is rare, it can occur in this population when a central venous catheter is in an incorrect position, applying pressure at the juncture of the inferior vena cava and the right atrium. Ensuring correct placement of the catheter is imperative to prevent this life-threatening complication.

NEW QUESTION: 48

The relationship between the total loading dose of an administered drug and the serum concentration refers to the

- A.** absorption
- B.** distribution
- C.** clearance

Answer: ([SHOW ANSWER](#))

Distribution: The volume of distribution is the relationship between the total loading dose of drug administered and the serum concentration (volume of body fluid required to dissolve the amount of drug found in the serum). Absorption: This relates to the rate at which a drug enters the bloodstream and the amount of drug. Clearance: Elimination pathways (liver, kidney) can become saturated if dose of medications is too high or administration is too frequent. Ideally, a drug concentration should be maintained at a steady state (average).

NEW QUESTION: 49

Which vitamin should be given to infants at risk for bronchopulmonary dysplasia?

- A. Vitamin A
- B. Vitamin B
- C. Vitamin C

Answer: ([SHOW ANSWER](#))

Very low birth weight infants are at risk for developing bronchopulmonary dysplasia.

Nutritional support can possibly help to decrease the development of this condition. Vitamin A helps with lung maturity, and supplementation with this vitamin may help to prevent this condition. Parenteral nutrition also helps with lung development to ensure the infant is receiving the proteins and lipids needed to help with lung maturity.

NEW QUESTION: 50

Which breech presentation at birth presents with the buttocks only passing through the birth canal first?

- A. Frank breech
- B. Footling breech
- C. Complete breech

Answer: ([SHOW ANSWER](#))

A frank breech presentation is one in which the legs of the fetus are extended upward so that the feet are near the head. This results in the buttocks passing through the birth canal first. A complete breech occurs when the knees of the fetus are bent so that the feet are near the buttocks.

A footling breech occurs when the fetus is foot down and one or both feet present first through the birth canal.

NEW QUESTION: 51

If left untreated, coarctation of the aorta can lead to

- A. congestive heart failure
- B. patent ductus arteriosus
- C. Tetralogy of Fallot

Answer: ([SHOW ANSWER](#))

Coarctation of the aorta can cause congestive heart failure. It occurs when there is narrowing in the aorta. It is a congenital condition that may not cause any symptoms in the newborn and may not be known to be present until adulthood. If symptomatic, the common symptoms are pallor, difficulty breathing, and poor feeding due to difficulty breathing. If it is left untreated, it can lead to congestive heart failure or even death.

NEW QUESTION: 52

Which of the following potential side effects can occur as a result of forceps being used during delivery?

- A. Sudden infant death

- B. Facial palsy
- C. Cerebral palsy

Answer: ([SHOW ANSWER](#))

There is a risk of facial palsy (usually temporary) and minor facial or external eye injury with forceps use. Forceps may be used during delivery to assist the neonate's passage through the birth canal, especially if the mother or infant are in distress. Rarely, a skull fracture or bleeding within the brain can occur.

NEW QUESTION: 53

In which group is hypoxic ischemic encephalopathy more common?

- A. All infants, regardless of age, are at equal risk
- B. Premature infants
- C. Full-term infants

Answer: ([SHOW ANSWER](#))

Hypoxic ischemic encephalopathy is more common in full-term infants than premature infants. This condition results in damage or death to brain tissue due to lack of oxygen to the brain.

It can occur when there is any condition, maternal or fetal, that results in a disruption in oxygenation of brain tissue. This can include a prolapsed cord, placental abruption, maternal hypotension, and others. This is the leading cause of impairment in newborns, though severity of the impairment may not be determined until 3 or 4 years of age.

NEW QUESTION: 54

The most common craniosynostosis syndrome is

- A. Crouzon syndrome
- B. Apert syndrome
- C. Pichvickian syndrome

Answer: ([SHOW ANSWER](#))

Crouzon syndrome is the most common type of craniosynostosis syndrome. It causes fusion of the skull bones prematurely, which results in decreased space where the brain can expand and grow. The fusion of the skull bones also causes wide set, bulging eyes with vision problems due to shallow eye sockets. The nose is beaked and the jaw is under developed in those suffering from this condition. It is an autosomal dominant disease.

NEW QUESTION: 55

Transient neonatal strabismus usually clears by the age of

- A. 4 days
- B. 4 weeks
- C. 4 months

Answer: ([SHOW ANSWER](#))

Because oculomotor control is poor in the neonate, transient neonatal strabismus involving intermittent exotropia or esotropia is common and usually clears by about 4 months without treatment. Strabismus occurs when the muscles of the eyes are not coordinated so that one eye deviates from the axis of the other. Deviations include:

*Tropia, which is consistent or intermittent deviation in which the child is unable to maintain alignment of the eyes.

*Esotropia, in which both eyes turning inwards (cross eyes) and exotropia is both eyes turning outward (wall eyes).

NEW QUESTION: 56

A neonate exhibits the following:

- *Long narrow torso with short arms and legs.
- *Proximal segment of the limbs (upper arms and thighs) disproportionately short.
- *Head large with frontal bossing and midface hypoplasia.

These characteristics are consistent with

- A.** Down syndrome
- B.** achondroplasia
- C.** fragile X

Answer: ([SHOW ANSWER](#))

Achondroplasia is the most common cause of dwarfism. Bone growth is inhibited as the result of an abnormal gene on chromosome 4.

Achondroplasia can be inherited in an autosomal dominant fashion, but the majority of cases (75-80%) occur with spontaneous mutations.

Clinical features apparent at birth include a long narrow torso with short arms and legs. The proximal segment of the limbs (upper arms and thighs) is disproportionately short. The head is large, with frontal bossing and midface hypoplasia. A small hump (gibbus) may be present in the mid-to-lower back. Mild, generalized hypotonia may be present.

NEW QUESTION: 57

Which of the following is an indication for parenteral nutrition in the premature infant?

- A.** Oxygen saturation less than 90%
- B.** Very low birth weight infants (less than 1500 g)
- C.** Difficulty latching on for breastfeeding

Answer: ([SHOW ANSWER](#))

Parenteral nutrition is given via intravenous route. It is used when enteral feeding via a tube directly in the GI tract is not possible. This is most often due to a very low birth weight, less than

1500 g. Enteral feedings are delayed in these infants due to immature lung function requiring intubation, hypotension, hypothermia, and infection risk. Also, the GI tract in these infants may not tolerate feedings that require digestion by normal means.

NEW QUESTION: 58

The NP is caring for a child with end stage renal disease. A sign that he may be in fluid overload is

- A.** a decrease in blood pressure
- B.** an increase in blood pressure
- C.** bradycardia

Answer: ([SHOW ANSWER](#))

Some of the signs of fluid overload include increased blood pressure, swelling in the extremities and face, abdominal bloating, shortness of breath, and tachycardia. The NP will monitor the patient regularly for any of these symptoms. If the patient will be discharged home, the parents and/or caregivers will also need to be educated on these symptoms.

NEW QUESTION: 59

A newborn has an NG tube in place due to an intestinal obstruction. In order to prevent aspiration of saliva, it is very important to

- A.** perform continuous oral suction

B. the aspirate should drain into a drainage bag and the stomach contents should be aspirated

C. the aspirate should drain into a drainage bag without any manual aspiration

Answer: ([SHOW ANSWER](#))

There is an increased risk of death by aspiration in newborns that have an NG tube. This is due to aspiration of saliva. Because of this, a drainage bag should be attached to accept the aspirate.

The stomach contents should also be aspirated at least every 30 minutes to decrease this risk.

NEW QUESTION: 60

When a neonate is diagnosed with a terminal disease, the mother cries inconsolably, but the father appears detached and calm. The father's reaction is probably an indication of

A. anticipatory grief

B. delayed grief

C. incongruent grief

Answer: ([SHOW ANSWER](#))

Incongruent grief occurs when the mother and the father are "out of sync" in their grieving process. It may be due to the differences in how men and women grieve, or it may be because the woman typically bonds with the infant during the pregnancy, while the father bonds after the child is born. Anticipatory grief occurs when a child is diagnosed with a terminal illness. The parent begins to mourn over the loss of the child before he or she expires. Delayed grief occurs when the grieving process is postponed months to years after the loss of a child.

NEW QUESTION: 61

The type of hearing loss associated with in utero rubella infection is

A. conductive

B. central

C. sensorineural

Answer: ([SHOW ANSWER](#))

Sensorineural hearing loss occurs when the cochlea is impaired or damaged by a genetic syndrome, in utero infections like rubella, postnatal meningitis, or ototoxic medication (such as aminoglycoside antibiotics or the diuretic furosemide). Conductive hearing loss occurs from an abnormality in the sound conduction system in the outer and middle ears (external ear canal, tympanic membrane, and auditory ossicles). Central hearing loss is rare and occurs when defects or damage of the auditory nervous pathway or auditory brain centers are present in infants with kernicterus, episodes of hypoxia, or intraventricular hemorrhage.

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NEW QUESTION: 62

What is the ideal timeframe in which surfactant should be given to the newborn with respiratory distress?

A. Within 1 hour of birth

- B. At 12 hours of birth
- C. At least 24 hours after birth

Answer: ([SHOW ANSWER](#))

Surfactant should be given as soon as the diagnosis of respiratory distress syndrome is made, preferably within 1 hour of birth. A repeat dose is then given 4-12 hours after birth as long as the infant is still intubated and requiring 30-40% oxygen. Surfactant is administered through the endotracheal tube over the course of a few minutes.

NEW QUESTION: 63

What is measured with the quad screen test?

- A. Amniotic fluid levels, maternal fasting blood sugar, fetal DNA and maternal HIV status
- B. Fetal DNA, fetal glucose level, estriol, and alpha-fetoprotein levels
- C. Alpha-fetoprotein, human chorionic gonadotropin, estriol, and inhibin-A

Answer: ([SHOW ANSWER](#))

The quad screen is performed at 15-20 weeks of pregnancy via a blood test. It measures alpha-fetoprotein, human chorionic gonadotropin, estriol, and inhibin-A. Alpha-fetoprotein is made in the liver of the fetus and elevated levels may indicate a neural tube defect such as spina bifida.

Human chorionic gonadotropin is made by the placenta and levels vary during pregnancy. Estriol is a form of estrogen made by the placenta and levels increase during pregnancy. Inhibin-A is a hormone produced by the fetus and the placenta and abnormal levels may indicate the presence of Down syndrome.

NEW QUESTION: 64

The electrolytes that are of primary concern in the neonate are

- A. calcium, sodium, and potassium
- B. calcium, chloride, and magnesium
- C. sodium, phosphorous, and potassium

Answer: ([SHOW ANSWER](#))

Electrolyte	Normal value	Discussion
Calcium	Cord: 8.2-11.2 mg/dL 0-10 days: 17.6-10.4 mg/dL 11 days-2 years: 9.0-11.0 mg/dL	Hypocalcemia: <7 mg/dL is common with infants that are critically ill, IDM, suffered from asphyxia, or are preterm with very low birth weight.
Sodium	Neonate: 133-146 mEq/L	Hypernatremia: >150 mEq/L usually relates to dehydration, use of Na containing solutions, congenital or acquired reduction in ADH, cerebral palsy, and intracranial hemorrhage. Hyponatremia: <130 mEq/L usually relates to overhydration, renal excretion from diuresis, or SIADH.
Potassium	Neonate: 2.7-5.9 mEq/L	Hyperkalemia: >7 mEq/L may relate to renal failure, acidosis, or adrenal insufficiency. Hypokalemia: <3.5 mEq/L usually relates to excessive GI or renal fluid losses.

NEW QUESTION: 65

A newborn with congenital cytomegalovirus infection is being treated with IV ganciclovir. When giving this intravenously, over what time period should it be infused?

- A. 30 minutes
- B. 60 minutes
- C. 90 minutes

Answer: ([SHOW ANSWER](#))

Ganciclovir should be given over a 60 minute time period when given intravenously. It is used primarily for immunodeficient patients with CMV retinitis. It is a very cytotoxic drug and its cytotoxic effects are increased if given over a shorter period of time than 60 minutes. These adverse effects include thrombocytopenia, granulocytopenia, and anemia. In male patients, it may cause aspermatogenesis.

NEW QUESTION: 66

A new mother is visiting her infant in the NICU. She expresses concern over the tiny white bumps on her child's nose and chin. The NP explains to her that

- A. the bumps can usually be removed by applying some pressure and pinching the bumps
- B. a referral to dermatology can be ordered for further evaluation of this
- C. this is due to plugged pores in the skin and it will go away on its own

Answer: ([SHOW ANSWER](#))

Milia are very common and occur when flakes of skin become trapped within pores. It is most common in newborns and occurs most often on the nose and chin. It is important to not pick or pinch these lesions because this could damage the tissue or lead to a skin infection. The lesions usually resolve on their own within a few weeks.

NEW QUESTION: 67

Which condition results in birth defects that are usually fatal before birth or within the first year of life?

- A. Edwards syndrome
- B. Beckwith syndrome
- C. Hydrocephalus

Answer: A ([LEAVE A REPLY](#))

Edwards syndrome, or trisomy 18, is a condition that occurs when there is an extra 18th chromosome. This is usually diagnosed prenatally with blood screening and ultrasounds. Infants with this condition are smaller than normal and have a small, misshapen head. Over one-third of these infants do not live past the first year of life. Approximately 10% may live up to 10 years of life, though, but with very complex medical problems due to birth defects affecting the organs.

NEW QUESTION: 68

The parents of a newborn ask the NP about the white bumps they have noticed along their baby's upper gum line. The best response is that

- A. he is starting to develop teeth at a very young age
- B. these are small cysts that will go away on their own within 1-2 weeks
- C. these are skin lesions on his gums that need to be evaluated by a dentist

Answer: ([SHOW ANSWER](#)**)**

Whitish bumps, or cysts, along the gum or roof of the mouth are called Epstein's pearls. They are very common and occur in about 80% of newborns. These will resolve on their own within the first couple of weeks of life and do not require any treatment.

NEW QUESTION: 69

An example of an autosomal recessive disease is

- A. Down's syndrome
- B. cystic fibrosis
- C. Edward's syndrome

Answer: ([SHOW ANSWER](#)**)**

NEW QUESTION: 70

The mechanism of action of surfactant is to

- A. strengthen the diaphragm to make breathing easier for the premature infant
- B. prevent the alveoli in the lungs from collapsing so that they can expand and contract
- C. dilate the pulmonary artery to allow the passage of more oxygen-rich blood into the heart

Answer: ([SHOW ANSWER](#)**)**

The inside of the alveoli in the lungs are wet and can easily stick together when air is exhaled. Surfactant decreases the surface tension within the alveoli so they can easily expand when a breath is taken, making it easier to breathe. The human body produces surfactant on its own, but not until after 36 weeks gestation. Sometimes it is necessary to administer surfactant directly into the lungs through the endotracheal tube.

NEW QUESTION: 71

With which genetic condition is the NP likely to see an atrioventricular septal defect, or a ventricular septal defect in less severe cases?

- A. Congestive heart failure
- B. Down syndrome

C. Cystic fibrosis

Answer: ([SHOW ANSWER](#))

Approximately one-half of all children born with Down syndrome have a heart defect. The most common type of heart defect in these children is an atrioventricular septal defect, or a ventricular septal defect in less severe cases. This occurs when the septum between either the atria and ventricles, or just the ventricles, is not fully formed. This allows oxygenated blood and deoxygenated blood to mix, which can cause the heart to work harder to transport oxygenated blood throughout the body.

NEW QUESTION: 72

An example of an autosomal recessive disease is

- A.** Down's syndrome
- B.** Edward's syndrome
- C.** cystic fibrosis

Answer: C ([LEAVE A REPLY](#))

An autosomal recessive disease is one that requires 2 copies of the gene in order for the disease or trait to occur. For example, both the mother and father of an infant would need to pass on a copy of the gene for cystic fibrosis in order for their child to develop the disease. Down's syndrome and Edward's syndrome are both genetic mutations that occur during fetal development and are not genetically inherited conditions.

NEW QUESTION: 73

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: ([SHOW ANSWER](#))

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.

NEW QUESTION: 74

The genetic condition that results in a bluish tinge to the sclera of the eyes and multiple bone fractures is

- A.** osteoporosis
- B.** osteogenesis imperfecta
- C.** congenital hyperparathyroidism

Answer: ([SHOW ANSWER](#))

Osteogenesis imperfecta is a genetic disorder that causes bones to be weak and fracture easily. It can also cause a bluish tone to the sclera of the eyes, scoliosis, short stature, and hearing loss. The condition occurs due to a genetic defect that results in problems with the body producing collagen, which strengthens bones. There is no cure for osteogenesis imperfecta, but bone strengthening medications and splinting/casting may help to protect the strength of the bones.

NEW QUESTION: 75

A term neonate is diagnosed at birth with osteogenesis imperfecta (OI) type 1. The information that the parents should receive before taking the infant home includes

- A. correct methods of handling, bathing, and placing their child in the crib
- B. close monitoring for breathing problems common to this defect
- C. correct methods for feeding to prevent aspiration

Answer: ([SHOW ANSWER](#))

The parents of an infant with OI type 1 should receive information about methods of handling, bathing, and placing their child in the crib to minimize trauma and avoid fractures. OI is a genetic disorder of collagen synthesis that results in brittle, easily fractured bones. Common features of OI include brittle bones, bowing of long bones, shortened limbs, blue sclera, skeletal deformities (including scoliosis), respiratory difficulties, and weak muscles. Type I is non-lethal and the mildest of 4 types of OI. OI type 2 causes severe breathing problems that often prevent the neonate's survival. OI infants do not generally require feeding tubes or have aspiration risks. OI is usually inherited in a dominant fashion, but a new mutation may cause the disorder in approximately 25% of cases.

NEW QUESTION: 76

Five minutes after birth, a newborn infant is actively moving, crying, skin is pink all over, and heart rate is 132. Based on this information, you know this infant's Apgar score is

- A. 8
- B. 9
- C. 10

Answer: ([SHOW ANSWER](#))

The Apgar score is assessed one minute and again five minutes after birth. The initial reading is to assess how the newborn did through the birthing process. The second is done to assess how the newborn is doing outside the womb. The infant's activity level, heart rate, breathing pattern, skin color, and grimacing response are assessed and 0-2 points are assigned based on their condition. This infant is showing all signs of a healthy newborn, scoring 2 points in each section for a total of a perfect 10.

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NEW QUESTION: 77

A nevus flammeus is commonly known as

- A. a port wine stain
- B. a wart
- C. a benign mole

Answer: ([SHOW ANSWER](#))

A nevus flammeus, or port wine stain, is a birth mark that results from a malformation of capillaries. Though they appear pink at birth, they will become a darker reddish or purplish color in adulthood. Port wine stains are not inherited genetically and they have no known cause. Laser treatments may help to lighten these birth marks, especially if they are done while the child is young and the lesion is lighter in color.

NEW QUESTION: 78

A newborn in the NICU has been receiving gentamicin and ampicillin for the treatment of gram negative sepsis. He is on a fairly high dose of gentamicin and has been for the past 3 days. In addition to the risk of developing renal impairment from the medication, he is also at risk for

A. permanent discoloration of his teeth later in life

B. cataract development

C. hearing loss

Answer: ([SHOW ANSWER](#))

When gentamicin is given for more than 2 days, there is an increased risk of hearing loss. In order to decrease this risk, drug levels are measured at the point at which the drug level is highest and again when it is at its lowest (a peak and trough). This is to ensure the antibiotic remains at a therapeutic level rather than a toxic level.

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