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AACN Clinical Nurse Specialist - Wellness through Acute Care (Neonatal)

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Question: 1

A neonate is at risk for airway obstruction due to a congenital abnormality. Which of the following nursing interventions is appropriate for preventing airway compromise in this patient?

- A. Positioning the neonate in a prone position
- B. Administering bronchodilators regularly
- C. Suctioning the airway frequently
- D. Monitoring for signs of respiratory distress

Answer: D

Explanation: When a neonate is at risk for airway obstruction due to a congenital abnormality, monitoring for signs of respiratory distress is an appropriate nursing intervention. Early recognition of respiratory distress allows for prompt intervention and prevention of airway.

Question: 2

A newborn is diagnosed with patent ductus arteriosus (PDA). Which medication is commonly used to promote closure of the PDA in this patient?

- A. Nitroglycerin
- B. Dopamine
- C. Ibuprofen
- D. Furosemide

Answer: C

Explanation: Ibuprofen is a commonly used medication to promote closure of

the patent ductus arteriosus (PDA) in newborns. It belongs to a class of drugs called nonsteroidal anti-inflammatory drugs (NSAIDs). Ibuprofen works by inhibiting the production of prostaglandins, which play a role in maintaining the openness of the ductus arteriosus. By promoting closure of the PDA, ibuprofen helps improve the newborn's cardiac function and oxygenation. Dopamine, nitroglycerin, and furosemide are medications used for different purposes and do not directly influence the closure of the PDA.

Question: 3

A newborn is diagnosed with a pneumothorax. Which of the following clinical manifestations should the clinical nurse specialist (CNS) anticipate in this patient?

- A. Abdominal distension and decreased bowel sounds
- B. Cyanosis and hypercapnia
- C. Bradycardia and hypotension
- D. Increased respiratory rate and diminished breath sounds on the affected side

Answer: D

Explanation: In a newborn with a pneumothorax, the clinical manifestations may include an increased respiratory rate and diminished breath sounds on the affected side. A pneumothorax occurs when air accumulates in the pleural space, leading to lung collapse and impaired gas exchange. The increased respiratory rate is a compensatory response to maintain adequate oxygenation. Diminished breath sounds on the affected side are due to reduced lung expansion. Cyanosis and hypercapnia may occur if the pneumothorax is severe and compromises gas exchange, but they are not the initial manifestations. Bradycardia and hypotension are not commonly associated with a pneumothorax. Abdominal distension and decreased bowel sounds are not specific to this condition.

Question: 4

An infant who has been receiving enteral feedings, TPN, and lipids is made NPO due to feeding intolerance. In addition to discontinuing the enteral feedings, the CNS should ensure the infant is prescribed which of the following?

- A. Maintain the TPN and lipids at their current infusion rates.
- B. Increase the rate of the TPN to maintain total fluids.
- C. Add a D10W infusion to maintain total fluids.
- D. Discontinue the TPN and lipids and administer isotonic IV fluids.

Answer: C

Explanation: When an infant is made NPO due to feeding intolerance, it is important to ensure that the infant receives adequate fluids to maintain hydration. Adding a D10W (10% dextrose in water) infusion helps maintain total fluids and provides a source of glucose for the infant. TPN and lipids may be discontinued temporarily until enteral feedings can be resumed, but it is crucial to provide fluid support in the meantime. Increasing the rate of TPN or administering isotonic IV fluids alone may not adequately meet the infant's fluid needs.

Question: 5

A neonate is diagnosed with persistent pulmonary hypertension of the newborn (PPHN). Which of the following interventions is a nursing priority for this patient?

- A. Administering supplemental oxygen
- B. Providing mechanical ventilation

- C. Initiating chest compressions
- D. Administering prostaglandin E1

Answer: B

Explanation: In a neonate with persistent pulmonary hypertension of the newborn (PPHN), providing adequate oxygenation and ventilation is crucial. Therefore, the nursing priority for this patient is to initiate mechanical ventilation. Mechanical ventilation helps improve oxygenation and reduces the workload on the pulmonary circulation. Administering supplemental oxygen alone may not be sufficient, as PPHN is characterized by persistent hypoxemia. Initiating chest compressions is not indicated unless the patient experiences cardiac arrest. Prostaglandin E1 may be used to maintain the patency of the ductus arteriosus in certain cases but does not directly address the pulmonary hypertension.

Question: 6

A neonate is diagnosed with meconium aspiration. Which of the following interventions should the clinical nurse specialist (CNS) recommend for this patient?

- A. Administering surfactant replacement therapy
- B. Initiating chest physiotherapy
- C. Providing supplemental oxygen via a high-flow nasal cannula
- D. Intubating and suctioning the endotracheal tube

Answer: D

Explanation: In a neonate diagnosed with meconium aspiration, the clinical nurse specialist (CNS) should recommend intubating and suctioning the endotracheal tube. Meconium aspiration occurs when the fetus passes

meconium (the first stool) before or during delivery, and the meconium is aspirated into the airways. Intubation and suctioning help clear the airway of meconium and prevent further aspiration. Administering surfactant replacement therapy may be indicated if there is evidence of surfactant deficiency or respiratory distress syndrome. Chest physiotherapy may be beneficial in certain cases but is not the primary intervention for meconium aspiration. Providing supplemental oxygen via a high-flow nasal cannula may be necessary, but it does not address the underlying meconium aspiration.

Question: 7

A preterm infant is experiencing apnea of prematurity. Which of the following interventions should the clinical nurse specialist (CNS) recommend as the initial management for this condition?

- A. Administering caffeine citrate
- B. Initiating bag-mask ventilation
- C. Placing the infant in a supine position
- D. Administering oxygen via nasal cannula

Answer: A

Explanation: The initial management for apnea of prematurity in a preterm infant is administering caffeine citrate. Caffeine citrate is a respiratory stimulant that helps stimulate the central nervous system and promotes regular breathing patterns. It is commonly used in the management of apnea of prematurity. Initiating bag-mask ventilation may be necessary if the apnea is severe and accompanied by bradycardia or cyanosis. Placing the infant in a supine position is a routine practice to prevent sudden infant death syndrome (SIDS) but is not the primary intervention for apnea of prematurity. Administering oxygen via nasal cannula may be needed if the infant is hypoxic but does not directly address the underlying apnea.

Question: 8

A newborn is diagnosed with bronchopulmonary dysplasia (BPD). Which of the following interventions should the clinical nurse specialist (CNS) recommend to manage this condition?

- A. Administering diuretics to reduce pulmonary edema
- B. Providing supplemental oxygen to maintain oxygen saturation
- C. Initiating chest physiotherapy to improve lung function
- D. Administering antiviral medications to treat pulmonary infections

Answer: B

Explanation: In managing bronchopulmonary dysplasia (BPD), providing supplemental oxygen to maintain adequate oxygen saturation is a key intervention. BPD is a chronic lung disease that often develops in premature infants who required mechanical ventilation and oxygen therapy for a prolonged period. Supplemental oxygen helps alleviate hypoxemia and ensures adequate oxygen delivery to the tissues. Administering diuretics may be considered if the patient has signs of pulmonary edema, but it is not the primary intervention for BPD. Chest physiotherapy may be beneficial in certain cases but is not a definitive treatment for BPD. Antiviral medications are not routinely used to treat pulmonary infections associated with BPD.

Question: 9

A newborn presents with severe respiratory distress shortly after birth. Chest Xray reveals a "ground glass" appearance and decreased lung volumes. These findings are consistent with which of the following conditions?

A. Transient tachypnea of the newborn (TTN)

- B. Bronchopulmonary dysplasia (BPD)
- C. Respiratory distress syndrome (RDS)
- D. Pulmonary edema

Answer: C

Explanation: The described clinical presentation and radiographic findings are consistent with respiratory distress syndrome (RDS). RDS, also known as surfactant deficiency, commonly occurs in preterm infants due to insufficient production of surfactant in the lungs. The "ground glass" appearance on chest X-ray is indicative of diffuse bilateral lung opacities. Decreased lung volumes are a result of poor expansion due to surfactant deficiency. Bronchopulmonary dysplasia (BPD) is characterized by chronic lung disease in premature infants and has different radiographic findings. Transient tachypnea of the newborn (TTN) is a self-limiting condition characterized by rapid breathing shortly after birth, and its radiographic findings differ from those described. Pulmonary edema typically presents with increased lung opacities and signs of fluid accumulation in the lungs.





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