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Nursing

C-NPT

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NCC Certified - Neonatal Pediatric Transport











Question: 1

Which of the following statements regarding respiratory physiology in neonates and infants is true?

- A. Neonates have higher lung compliance compared to adults.
- B. Infants have fully developed respiratory centers at birth.
- C. Neonates rely primarily on diaphragmatic breathing.

Answer: C

Explanation: Neonates rely primarily on diaphragmatic breathing. The neonatal respiratory system is characterized by the predominant use of the diaphragm for breathing. The intercostal muscles are relatively immature and contribute less to the respiratory effort. As the neonate grows and develops, there is a gradual shift towards increased intercostal muscle involvement in the respiratory process.

Question: 2

Which of the following factors affects drug pharmacokinetics in neonates and infants?

- A. Immature hepatic and renal function
- B. Increased drug metabolism due to higher body surface area
- C. Decreased blood-brain barrier permeability

Answer: A

Explanation: In neonates and infants, drug pharmacokinetics can be significantly influenced by immature hepatic and renal function. The metabolism and elimination of drugs are often reduced in these populations, leading to prolonged drug half-lives and increased drug exposure. This

necessitates careful consideration of appropriate dosing regimens and adjustments based on the individual patient's age, weight, and renal and hepatic function.

Question: 3

Which of the following is a physiological change that occurs during flight in neonatal and pediatric transport?

- A. Decreased respiratory rate due to increased oxygen availability
- B. Decreased heart rate due to reduced gravitational forces
- C. Decreased blood pressure due to lower atmospheric pressure

Answer: C

Explanation: During flight in neonatal and pediatric transport, there is a decrease in blood pressure due to lower atmospheric pressure. The reduced atmospheric pressure at higher altitudes affects the partial pressure of oxygen in the blood, leading to a decrease in systemic vascular resistance and subsequent hypotension. This physiological change should be carefully monitored and managed during transport to ensure adequate perfusion to vital organs.

Question: 4

Which of the following mechanisms is essential for effective thermoregulation in neonates and infants?

- A. Brown adipose tissue metabolism
- B. Maternal body temperature regulation
- C. Peripheral vasoconstriction

Answer: A

Explanation: Brown adipose tissue metabolism is essential for effective thermoregulation in neonates and infants. Brown adipose tissue, which is more abundant in neonates, plays a crucial role in heat production through non-shivering thermogenesis. Activation of brown adipose tissue generates heat and helps maintain the body temperature of neonates and infants, who aremore susceptible to heat loss due to their high surface area-to-body mass ratio.

Question: 5

Which of the following is a key component of ensuring safety during neonatal and pediatric transport?

- A. Effective communication among the transport team members
- B. Transporting the patient without securing intravenous access
- C. Disregarding the patient's clinical history during transport

Answer: A

Explanation: Effective communication among the transport team members is a crucial component of ensuring safety during neonatal and pediatric transport. Clear and concise communication facilitates coordination, minimizes errors, and ensures that everyone involved is aware of the patient's condition, ongoing interventions, and any changes in the plan of care. It allows for prompt response to potential emergencies and enhances overall patient outcomes.

Question: 6

During the management of invasive devices in neonatal and pediatric transport, which of the following procedures should be followed?

- A. Routinely changing peripheral intravenous (IV) catheters every 24 hours
- B. Using aseptic technique when accessing and maintaining central venous

catheters

- C. Avoiding the use of securement devices for endotracheal tubes
- D. Discontinuing umbilical artery catheters upon arrival at the receiving facility

Answer: B

Explanation: When managing invasive devices in neonatal and pediatric transport, it is essential to use aseptic technique when accessing and maintaining central venous catheters. This helps prevent infections and ensures the safety and effectiveness of the catheter.

Question: 7

During neonatal resuscitation, which of the following is a key priority?

- A. Maintenance of normoglycemia
- B. Prompt initiation of mechanical ventilation
- C. Establishment of effective ventilation and oxygenation

Answer: C

Explanation: During neonatal resuscitation, the establishment of effective ventilation and oxygenation is a key priority. Ensuring adequate oxygenation and ventilation is crucial for the newborn's transition from intrauterine to extrauterine life. Prompt initiation of positive pressure ventilation and effective chest compressions, if needed, can help improve oxygenation and circulation, increasing the chances of a successful resuscitation.

Question: 8

Which of the following modes of mechanical ventilation is commonly used in neonatal and pediatric transport?

- A. Synchronized intermittent mandatory ventilation (SIMV)
- B. High-frequency oscillatory ventilation (HFOV)
- C. Continuous positive airway pressure (CPAP)

Answer: B

Explanation: High-frequency oscillatory ventilation (HFOV) is commonly used in neonatal and pediatric transport. HFOV delivers small tidal volumes at high frequencies, promoting lung recruitment and gas exchange. It is particularly beneficial for patients with refractory respiratory failure or those requiring lung protective strategies during transport.

Question: 9

In neonatal and pediatric respiratory physiology, which of the following statements is true regarding the differences between newborns and older children/adults?

- A. Newborns have higher lung compliance and lower airway resistance.
- B. Newborns have lower lung compliance and higher airway resistance.
- C. Newborns have similar lung compliance and airway resistance compared to older children/adults.
- D. Newborns have smaller lung volumes but higher respiratory rates.

Answer: B

Explanation: Newborns have lower lung compliance and higher airway resistance compared to older children/adults. This is primarily due to the structural immaturity of the neonatal lung and the smaller size of the airways.

Question: 10

Which of the following invasive devices requires meticulous management during neonatal and pediatric transport?

- A. Central venous catheter
- B. Non-invasive blood pressure monitor
- C. Nasogastric tube

Answer: A

Explanation: The central venous catheter (CVC) requires meticulous management during neonatal and pediatric transport. Proper care and monitoring of the CVC, including regular inspection for signs of infection, ensuring secure fixation, and avoiding dislodgment or accidental removal, are essential to prevent complications such as bloodstream infections or catheter-associated thrombosis.

Question: 11

Which of the following is a legal and ethical consideration in neonatal and pediatric transport?

- A. Consent for transport from parents or legal guardians
- B. Administration of medications without parental consent
- C. Withholding information from parents about the transport process

Answer: A

Explanation: In neonatal and pediatric transport, obtaining consent for transport from parents or legal guardians is a crucial legal and ethical consideration. The transport of a child involves inherent risks, and it is essential to ensure that parents or legal guardians are adequately informed about the transport process, potential risks, and benefits. Obtaining consent promotes shared decision-making and respects the autonomy and rights of parents or legal guardians.







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