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Question: 1

A term neonate is born with a cleft lip and palate. Which of the following nursing interventions is important for the management of a neonate with cleft lip and palate?

- A. Assisting with surgical repair immediately after birth
- B. Administering antibiotics prophylactically
- C. Promoting adequate nutrition and feeding techniques

Answer: C

Explanation: Promoting adequate nutrition and feeding techniques is an important nursing intervention for the management of a neonate with cleft lip and palate. Cleft lip and palate are congenital malformations that can affect a neonate's ability to feed properly. Special feeding techniques, such as using specialized nipples or feeding devices, may be necessary to ensure adequate nutrition. Surgical repair of the cleft lip and palate is typically performed at a later stage, after the neonate has grown and developed further. Antibiotics may be administered if there is an associated infection but are not routinely administered prophylactically.

Question: 2

A term neonate is diagnosed with congenital hypothyroidism. Which of the following interventions is a standard part of the management for this condition?

- A. Surgical correction of the thyroid gland
- B. Administration of corticosteroids
- C. Initiation of thyroid hormone replacement therapy

Answer: C

Explanation: Initiation of thyroid hormone replacement therapy is a standard part of the management for neonates diagnosed with congenital hypothyroidism. Congenital hypothyroidism is a condition characterized by an inadequate production of thyroid hormones. Replacement therapy with thyroxine (T4) is necessary to maintain normal growth and development. Corticosteroids are not routinely used in the management of congenital hypothyroidism. Surgical correction of the thyroid gland is not typically indicated in this condition.

Question: 3

A preterm neonate is being transitioned from parenteral nutrition to enteral feeds. Which of the following complications is commonly associated with enteral feeding in preterm neonates?

- A. Hypertrophic pyloric stenosis (HPS)
- B. Patent ductus arteriosus (PDA)
- C. Necrotizing enterocolitis (NEC)

Answer: C

Explanation: Enteral feeding in preterm neonates is commonly associated with the risk of developing necrotizing enterocolitis (NEC). NEC is a gastrointestinal condition characterized by inflammation and necrosis of the intestinal mucosa. Preterm neonates have an immature gastrointestinal tract, making them more susceptible to NEC. The introduction of enteral feeds, especially if done rapidly or in large volumes, can further increase the risk of developing NEC. Close monitoring and careful advancement of enteral feeds are important to minimize the risk of this serious complication.

Question: 4

A newborn is diagnosed with necrotizing enterocolitis (NEC). Which of the following interventions is a common approach in the management of NEC?

- A. Surgical repair of the affected bowel segment
- B. Administration of broad-spectrum antibiotics
- C. Initiation of enteral feeds

Answer: B

Explanation: Administration of broad-spectrum antibiotics is a common approach in the management of necrotizing enterocolitis (NEC) in a newborn. NEC is a serious gastrointestinal condition characterized by inflammation and necrosis of the intestinal mucosa. The administration of antibiotics helps control the infection and prevent its progression. In severe cases, surgical intervention may be necessary for the repair of the affected bowel segment. Initiation of enteral feeds is generally delayed or temporarily withheld in the management of NEC.

Question: 5

A newborn requires resuscitation at birth due to poor respiratory effort and lack of spontaneous crying. Which of the following is the most appropriate initial step in resuscitation?

- A. Administering chest compressions
- B. Providing positive-pressure ventilation
- C. Drying and warming the newborn

Answer: C

Explanation: The most appropriate initial step in resuscitating a newborn with poor respiratory effort and lack of spontaneous crying is to dry and warm the

newborn. Drying the newborn removes any wetness from the skin, which can help prevent heat loss. Warming the newborn helps maintain a stable body temperature, which is important for normal physiologic functioning. If the newborn's respiratory effort and crying do not improve after drying and warming, further steps of resuscitation, such as providing positive-pressure ventilation, may be necessary.

Question: 6

A term neonate is noted to have cyanosis, poor feeding, and respiratory distress shortly after birth. On examination, the neonate has a continuous machinery-like murmur. What is the most likely diagnosis?

- A. Transposition of the great arteries
- B. Coarctation of the aorta
- C. Patent ductus arteriosus

Answer: C

Explanation: The symptoms described, including cyanosis, poor feeding, respiratory distress, and a continuous machinery-like murmur, are suggestive of patent ductus arteriosus (PDA) in a term neonate. PDA is a congenital heart defect characterized by the failure of the ductus arteriosus, a blood vessel that connects the pulmonary artery to the aorta, to close after birth. This results in abnormal blood flow between these two vessels, leading to symptoms such as cyanosis and respiratory distress. The continuous machinery-like murmur is a characteristic finding in PDA.

Question: 7

A preterm neonate is diagnosed with patent ductus arteriosus (PDA). Which of the following medications is commonly used for pharmacological closure of PDA?

- A. Naloxone
- B. Epinephrine
- C. Indomethacin

Answer: C

Explanation: Indomethacin is commonly used for pharmacological closure of a patent ductus arteriosus (PDA) in preterm neonates. Indomethacin is a nonsteroidal anti-inflammatory drug (NSAID) that helps constrict the ductus arteriosus, leading to its closure. Other medications, such as ibuprofen, may also be used for this purpose. Surgical ligation is an alternative treatment option for PDA if pharmacological closure is ineffective.

Question: 8

A preterm neonate is diagnosed with necrotizing enterocolitis (NEC). Which of the following findings is associated with advanced stages of NEC?

- A. Bloody stools
- B. Abdominal distension and tenderness
- C. Hypothermia

Answer: B

Explanation: Advanced stages of necrotizing enterocolitis (NEC) in a preterm neonate are characterized by abdominal distension and tenderness. NEC is a serious gastrointestinal condition that primarily affects premature infants and is characterized by inflammation and necrosis of the intestinal mucosa. In advanced stages, the affected neonate may develop abdominal distension due to gas accumulation, and the abdomen may appear tender on palpation. Other symptoms can include bloody stools, which are associated with bowel necrosis,

and signs of systemic illness such as hypothermia.

Question: 9

A newborn presents with decreased movement of the left arm and asymmetrical Moro reflex. On examination, there is limited range of motion and asymmetry of the shoulder. The most likely diagnosis is:

- A. Brachial plexus injury
- B. Congenital hip dysplasia
- C. Osteogenesis imperfecta

Answer: A

Explanation: The symptoms described, including decreased movement of the left arm, asymmetrical Moro reflex, limited range of motion, and asymmetry of the shoulder, are suggestive of a brachial plexus injury in a newborn. The brachial plexus is a network of nerves that controls movement and sensation in the arm and hand. Injury to the brachial plexus can occur during childbirth, particularly in cases of shoulder dystocia or difficult deliveries. This can result in varying degrees of weakness or paralysis in the affected arm. Further evaluation and management, including physical therapy and possible surgical intervention, may be necessary.

Question: 10

A preterm neonate is diagnosed with hypoglycemia. Which of the following signs or symptoms is commonly associated with hypoglycemia in a neonate?

- A. Hypertonia
- B. Bradycardia
- C. Jitteriness

Answer: C

Explanation: Jitteriness is a common sign associated with hypoglycemia in a neonate. Hypoglycemia is defined as a low blood glucose level and can occur in both term and preterm neonates. Other signs and symptoms of hypoglycemia may include poor feeding, lethargy, cyanosis, apnea, and seizures. Bradycardia and hypertonia are not typically specific signs of hypoglycemia.

Question: 11

A neonate is diagnosed with hyperbilirubinemia. Which of the following interventions is commonly used in the management of neonatal hyperbilirubinemia?

- A. Phototherapy
- B. Administration of bronchodilators
- C. Initiation of antiviral therapy

Answer: A

Explanation: Phototherapy is a commonly used intervention in the management of neonatal hyperbilirubinemia. Hyperbilirubinemia refers to elevated levels of bilirubin in the blood, resulting in jaundice. Phototherapy involves exposing the neonate to special lights that help convert the bilirubin into a form that can be excreted from the body more easily. This reduces the severity of jaundice and prevents potential complications. Administration of bronchodilators is not indicated for hyperbilirubinemia, and antiviral therapy is not relevant unless there is an associated viral infection.

Question: 12

A neonate presents with poor weight gain, constipation, and a protruding abdomen. On physical examination, the neonate has a palpable olive-shaped mass in the right upper quadrant. The most likely diagnosis is:

- A. Hypertrophic pyloric stenosis
- B. Intussusception
- C. Hirschsprung's disease

Answer: A

Explanation: The symptoms described, including poor weight gain, constipation, a protruding abdomen, and a palpable olive-shaped mass in the right upper quadrant, are characteristic of hypertrophic pyloric stenosis (HPS) in a neonate. HPS is a condition in which the muscle of the pylorus, the opening between the stomach and the small intestine, becomes thickened, leading to partial or complete obstruction. The palpable olive-shaped mass represents the hypertrophied pylorus. HPS typically presents in the first few weeks of life and requires surgical intervention.

Question: 13

A preterm neonate is diagnosed with persistent pulmonary hypertension of the newborn (PPHN). Which of the following interventions is commonly used in the management of PPHN?

- A. Intravenous fluid administration
- B. Inhaled nitric oxide (iNO) therapy
- C. Exchange transfusion

Answer: B

Explanation: Inhaled nitric oxide (iNO) therapy is a common intervention used

in the management of persistent pulmonary hypertension of the newborn (PPHN). PPHN is a condition characterized by abnormal pulmonary vasoreactivity and decreased oxygenation. Inhaled nitric oxide helps dilate the pulmonary blood vessels, improving blood flow and oxygenation. Intravenous fluid administration is a routine practice in neonatal care but is not specific to PPHN. Exchange transfusion may be indicated in certain cases, such as severe neonatal jaundice, but is not a primary intervention for PPHN.

Question: 14

A term neonate is diagnosed with meconium aspiration syndrome (MAS). Which of the following interventions is a common management approach for this condition?

- A. Continuous positive airway pressure (CPAP) therapy
- B. Placement of a chest tube
- C. Administration of surfactant

Answer: A

Explanation: Continuous positive airway pressure (CPAP) therapy is a common management approach for meconium aspiration syndrome (MAS) in a term neonate. MAS occurs when the neonate inhales meconium-stained amniotic fluid into the lungs, leading to respiratory distress and potential airway obstruction. CPAP therapy helps maintain positive pressure in the airways, preventing collapse and facilitating better oxygenation. It is often used as a first-line intervention for respiratory support in neonates with MAS. Surfactant administration may be considered in severe cases, and placement of a chest tube is not typically indicated for MAS.

Question: 15

A newborn is noted to have dysmorphic facial features, hypotonia, and a hoarse

cry. Laboratory investigations reveal an elevated thyroid-stimulating hormone (TSH) level and low levels of thyroid hormones (T3 and T4). The most likely diagnosis is:

- A. Congenital hypothyroidism
- B. Down syndrome
- C. Turner syndrome

Answer: A

Explanation: The symptoms described, including dysmorphic facial features, hypotonia, hoarse cry, elevated TSH level, and low levels of thyroid hormones (T3 and T4), are consistent with congenital hypothyroidism in a newborn. Congenital hypothyroidism is a condition characterized by insufficient production of thyroid hormones, which are essential for normal growth and development. The dysmorphic facial features, such as a large tongue and a flattened nasal bridge, can be seen in infants with congenital hypothyroidism. Early diagnosis and prompt treatment with thyroid hormone replacement are crucial to prevent long-term developmental impairments.

Question: 16

A term neonate presents with pallor, poor feeding, and petechiae on physical examination. Laboratory investigations reveal a low hemoglobin level and thrombocytopenia. The most likely diagnosis is:

- A. Hemolytic disease of the newborn
- B. Neonatal sepsis
- C. Disseminated intravascular coagulation (DIC)

Answer: C

Explanation: The symptoms described, including pallor, poor feeding, petechiae, low hemoglobin level, and thrombocytopenia, are suggestive of disseminated intravascular coagulation (DIC) in a term neonate. DIC is a serious condition characterized by widespread activation of the clotting cascade, leading to both excessive clot formation and depletion of clotting factors and platelets. This can result in bleeding manifestations such as petechiae and laboratory abnormalities including low hemoglobin and platelet count. DIC can be secondary to various underlying conditions, including neonatal sepsis or hemolytic disease of the newborn.

Question: 17

A newborn is noted to have a single umbilical artery on examination. Which of the following congenital anomalies is commonly associated with this finding?

- A. Cardiac anomalies
- B. Renal anomalies
- C. Gastrointestinal anomalies

Answer: B

Explanation: The finding of a single umbilical artery in a newborn is commonly associated with renal anomalies. Normally, the umbilical cord contains two arteries and one vein. However, in some cases, one of the arteries may be absent or underdeveloped, resulting in a single umbilical artery. This finding is often seen in association with renal anomalies, such as renal agenesis or renal dysplasia. Therefore, further evaluation of the newborn's renal system is warranted.

Question: 18

A neonate requires resuscitation at birth. Which of the following is an essential

component of effective neonatal resuscitation?

- A. Administration of anticoagulant medications
- B. Intravenous administration of glucose
- C. Use of positive pressure ventilation

Answer: C

Explanation: The use of positive pressure ventilation is an essential component of effective neonatal resuscitation. Positive pressure ventilation involves the delivery of breaths to the newborn's lungs using a bag-mask device or a specialized ventilator. This helps establish adequate oxygenation and ventilation in a neonate who is not breathing or breathing ineffectively at birth. Administration of anticoagulant medications and intravenous administration of glucose are not primary interventions during neonatal resuscitation.



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