Week 6 Exam
Chapter 21

1. In a critically ill pregnant patient, the key to a viable fetus is:

   A. early delivery if gestation is over 20 weeks.
   B. maintaining adequate perfusion of the mother.
   C. getting a neonatal consult as soon as possible.
   D. having the labor and delivery team on standby.

2. During the follicular phase of the normal female menstrual cycle, the first hormone that is released is:

   A. luteinizing hormone (LH).
   B. progesterone.
   C. follicle-stimulating hormone (FSH).
   D. estrogen.

3. During the normal female menstrual cycle, which hormone causes the newly formed oocyte to be released?

   A. LH
   B. progesterone
   C. FSH
   D. estrogen

4. During a normal pregnancy, which hormone is continually released in order to support the pregnancy?

   A. LH
   B. progesterone
   C. FSH
   D. estrogen

5. The umbilical cord contains:

    A. one vein and one artery.
    B. two veins and one artery.
    C. one vein and two arteries.
    D. two veins and two arteries.

6. According to the Federal Drug Administration (FDA) categorization of medications for use in pregnancy, which category represents medications that have known fetal risks but are used in some situations?

    A. Class B
    B. Class C
    C. Class D
    D. Class X

7. During an abdominal exam of a known pregnant patient, the CCTP palpates the top of the uterus just above the symphisis pubis. Based on this finding, the pregnancy is at least _____ weeks' gestation.

    A. 8
    B. 12
    C. 20
    D. 24

8. Which of the following is an expected finding consistent with normal changes in the cardiovascular system during pregnancy?

    A. Cardiac output (CO) is unchanged.
    B. The maternal heart rate may be tachycardic.
    C. Placental and uterine blood flow is decreased.
    D. Blood glucose levels remain normal.

9. The average hemoglobin in late pregnancy is between:

    A. 8.5 and 9.0 g/dL.
    B. 9.0 and 9.5 g/dL.
    C. 9.5 and 10.0 g/dL.
    D. 10.5 and 11.0 g/dL.

10. During a normal pregnancy, blood pressure (BP) will decrease as a result of progesterone relaxing the walls around the blood vessels. When will the BP typically reach its lowest point during pregnancy?

    A. early in the first trimester
    B. late in the first trimester
    C. during the second trimester
    D. during the third trimester

11. In later stages of pregnancy, the peripheral venous pressure rises progressively due to:

    A. relaxation of the venous compartment muscles.
    B. peripheral edema.
    C. compression of the inferior vena cava and pelvic veins by the uterus.
    D. increased cardiac output.

12. During pregnancy, the minute ventilation increases due to:

    A. a decrease in tidal volume.
    B. an increase in tidal volume.
    C. an increase in vital capacity.
    D. a decrease in vital capacity.

13. Increased ventilation during pregnancy causes changes in the pCO_2 level, resulting in a state of:

    A. respiratory alkalosis.
    B. respiratory acidosis.
    C. metabolic acidosis.
    D. metabolic alkalosis.

14. When caring for a pregnant patient in cardiac arrest, which of the following statements is TRUE?

    A. Continue normal basic life support (BLS) and advanced cardiac life support (ACLS), but at a faster rate.
    B. Leave fetal monitors on during defibrillation to watch the fetal heart rate.
    C. Decrease the standard dose of epinephrine so as to not constrict placental vessels.
    D. Continue normal BLS and ACLS without any modifications.

15. The placenta, not the lungs, acts as the organ of _____ during fetal gestation.

    A. exchange
    B. perfusion
    C. respiration
    D. homeostasis

16. If the heart of the fetus does not receive enough oxygen, the fetal heart will:

    A. decrease its rate.
    B. increase its rate.
    C. have frequent ventricular ectopic beats.
    D. increase the force of contraction.

Chapter 22

17. The term _____ is used to refer to an infant within the first 28 days after birth.

    A. neonate
    B. newborn
    C. baby
    D. preterm

18. Hypothermia in the newborn/neonate is associated with:

    A. increased platelet function.
    B. hypoxia.
    C. delayed coagulation time.
    D. alkalosis.

19. Lung development starts early in embryonic life, but the lungs are unable to sustain life *ex utero* until later in the canalicular stage of development, after approximately:

    A. 20 weeks' gestation or 400 g.
    B. 22 weeks' gestation or 450 g.
    C. 23 weeks' gestation or 500 g.
    D. 26 weeks' gestation or 600 g.

20. Which of the following statements regarding fetal hemoglobin (HbF) is TRUE?

    A. Hemoglobin accounts for 90% of the total hemoglobin in the neonate.
    B. Hemoglobin will normally persist in extrauterine life for approximately 30 days.
    C. Hemoglobin production is unaffected by the external environment.
    D. The primary role of hemoglobin is to address hypoxia *in utero*.

21. Which of the following is an appropriate heart rate for a healthy neonate?

    A. 154 beats/min
    B. 164 beats/min
    C. 114 beats/min
    D. 174 beats/min

22. During uterine life, which of the following statements is MOST accurate regarding fetal circulation?

    A. The left ventricle pumps blood to the lungs.
    B. Blood returns from the lungs into the left atrium.
    C. The right ventricle pumps blood to the lungs.
    D. The right atrium receives blood from the lungs.

23. Tubular function matures over the first few months of life; infants usually produce urine that is isotonic to plasma, but, if required, can concentrate their urine to achieve an osmolality of:

    A. 300 to 400 mOsm/kg H_2O.
    B. 400 to 500 mOsm/kg H_2O.
    C. 500 to 700 mOsm/kg H_2O.
    D. 1,000 to 1,100 mOsm/kg H_2O.

24. In general, a full-term neonate requires _____ of fluid for normal physiology.

    A. 30 mL/kg/day
    B. 40 mL/kg/day
    C. 50 mL/kg/day
    D. 60 mL/kg/day

25. The lower limit for cerebral autoregulation in neonates is not known, but it is thought to be near a cerebral perfusion pressure of:

    A. 30 mm Hg.
    B. 40 mm Hg.
    C. 50 mm Hg.
    D. 60 mm Hg.

26. Due to the neonate's immature skeletal system, which of the following statements is TRUE?

    A. Neonates are at higher risk for greenstick fractures.
    B. Neonates are at higher risk for rib fractures during CPR.
    C. Fractured bones in neonates can heal quicker.
    D. A Colles fracture is common in neonates.

27. When considering pain management in a neonate, which of the following statements is TRUE?

    A. No pain management is needed, because premature neonates have undeveloped responses to painful stimuli.
    B. Intravenous (IV) doses of fentanl (Sublimaze) are appropriate first-line agents.
    C. A pacifier dipped in $D_{10}W$ is one pain management strategy.
    D. IV doses of lorazepam (Ativan) are useful as adjuncts.

28. The APGAR score system is used to give objective information about a newborn's condition after birth. In order, each letter stands for:

    A. appearance, pulse, grimace, aphasia, and restlessness.
    B. airway, perfusion, grin, aphasia, and respirations.
    C. appearance, pulse, grimace, activity, and respirations.
    D. airway, pulse, good eye contact, activity, and reach.

29. While caring for a 34-year-old mother at 40 weeks' gestation, you assist in delivering her newborn. You notice meconium-stained amniotic fluid. The mother had adequate prenatal care and well-controlled gestational diabetes. Which of the following is considered an antepartum risk factor?

    A. meconium staining
    B. gestational diabetes
    C. the age of the mother
    D. None of the above.

30. Which of the following is considered an intrapartum risk factor?

    A. multiple gestations
    B. fetal anemia
    C. premature labor
    D. toxemia of pregnancy

31. Special care needs to be taken when stabilizing and transporting a preterm neonate. Infants born before _____ weeks of gestation are at increased risk for bleeding into the brain (intraventricular hemorrhage).

    A. 26
    B. 30
    C. 34
    D. 40

32. In a potential neonatal resuscitation situation, the initial evaluation begins with the evaluation of:

    A. airway, neurologic status, and perfusion.
    B. neurologic status, perfusion, and circulation to the skin.
    C. breathing, perfusion, and skin color.
    D. breathing, color, and pulse rate.

33. Which of the following clearly indicates the need for positive-pressure ventilation (PPV)?

    A. a pulse rate of 102 beats/min and adequate respiratory effort
    B. a pulse rate of 128 beats/min and cyanosis 1 minute after delivery
    C. a pulse rate of 92 beats/min and good respiratory effort
    D. a pulse rate of 64 beats/min and marked respiratory distress

Chapter 23

34. Because the respiratory control center in infants is immature, their respiratory pattern is often:

    A. irregular.
    B. shallow.
    C. rapid.
    D. variable.

35. In young children, the narrowest part of the trachea is the:

    A. vallecula.
    B. cricoid ring.
    C. epiglottis.
    D. hyoid.

36. A child's brain is not as compartmentalized as an adult's, which means it:

    A. can absorb jolting forces better.
    B. has more room to swell after injury.
    C. has more room to move in the skull.
    D. is easily lacerated in trauma.

37. The anterior fontanelle closes at approximately _____ of age.

    A. 10 to 12 months
    B. 12 to 14 months
    C. 14 to 16 months
    D. 16 to 18 months

38. The immature bones of children are more porous than those of adults and tend to respond to trauma by:

    A. buckling rather than fracturing.
    B. shearing.
    C. fracturing rather than bending.
    D. displacing more than fracturing.

39. Due to the nature of a child's ribs, when a rib fracture is found:

    A. it will heal easily.
    B. there should be strong concern for serious underlying injury.
    C. a chest tube is indicated.
    D. it is most likely part of a flail segment.

40. In a child, it may be normal for the liver and spleen:

    A. to be enlarged.
    B. to bleed easily.
    C. to be palpated below the costal margin.
    D. to push up against the diaphragm, causing decreased vital capacity.

41. Immature liver function in children is responsible for:

    A. fewer glucose stores and decreased clotting time.
    B. increased clotting time and increased clearance of drugs through the liver.
    C. more glucose stores and decreased clearance of drugs through the liver.
    D. increased clotting time and fewer glucose stores.

42. In infants, the minimum expected urine output is:

    A. 1 mL/kg/hr.
    B. 2 mL/kg/hr.
    C. 3 mL/kg/hr.
    D. 4 mL/kg/hr.

43. Which of the following is a major factor that makes children susceptible to hypothermia?

    A. the inability to shiver
    B. fewer glycogen stores
    C. a larger proportion of body fat
    D. All of the above.

44. Which of the following factors contribute to an infant's increased risk of hypoglycemia?

    A. a decreased metabolic rate, an immature liver, and immature kidneys
    B. an increased metabolic rate, an immature liver, and an increased proportion of body water
    C. an increased metabolic rate, fewer glycogen stores, and an immature liver
    D. a decreased metabolic rate, immature kidneys, and an increased proportion of body water

45. Crawling is an important developmental milestone that occurs at approximately _____ months.

    A. 12
    B. 10
    C. 6
    D. 9

46. _____ is often an infant's primary fear.

    A. Separation from his or her parents
    B. Falling
    C. Pain
    D. The dark

47. All pediatric assessments should begin with forming a general impression using the:

    A. pediatric trauma score.
    B. pediatric assessment triangle.
    C. pediatric perfusion score.
    D. pediatric faces scale.

48. What does the acronym TICLS stand for?

    A. temperature, iris (pupils), circulation, limpness, stare
    B. teeth, interview, color, lips (hydration), safe
    C. tone, interactiveness, consolability, look (gaze), speech (cry)
    D. talk, inspection, cardiac, legs (movement), skin

49. What does the acronym FLACC stand for?

    A. fever, legs (movement), airway, circulation, cry
    B. fontanelle, lungs, approachability, consolability, color
    C. face, lips, appearance, coughing, congestion
    D. face, legs, activity, cry, consolability