

NRP 2022 EXAM 7TH EDITION Parts 1 and 2 answered and graded 100% score.

After the initial steps of newborn care, a baby is apneic. What is the most important and effective action to take in the resuscitation of this baby?

Provide positive-pressure ventilation.

Perform chest compressions.

Provide additional vigorous stimulation

Provide supplemental oxygen. - CORRECT ANSWER Provide positive-pressure ventilation.

During the resuscitation of a newborn, you auscultate the apical pulse and count 10 beats over a 6 second period. What heart rate do you report to your team?

60 beats per minute

120 beats per minute

100 beats per minute

30 beats per minute - CORRECT ANSWER 100 beats per minute

A newborn of 34 weeks' gestation is not breathing (apneic) at birth, does not respond to initial steps and requires positive-pressure ventilation. What concentration of oxygen should be used as you begin positive-pressure ventilation?

30 - 50% oxygen

100% oxygen

50 - 70% oxygen

21 - 30% oxygen - CORRECT ANSWER 21 - 30% oxygen

You are at the resuscitation of a newborn who is gasping and has a heart rate of 60 beats per minute. What is the most important action you can take?

Provide chest compressions

Apply CPAP

Provide positive-pressure ventilation

Provide free-flow oxygen - CORRECT ANSWER Provide positive-pressure ventilation

What is the most effective maneuver to establish spontaneous breathing in a baby that is apneic after initial steps?

Continued rubbing of the back

Administration of free-flow oxygen

Administration of positive-pressure ventilation that inflates the lungs

Application of CPAP - CORRECT ANSWER Administration of positive-pressure ventilation that inflates the lungs

Remembering MR. SOPA helps your team correct problems with ventilation. Which of the following steps are included in MR. SOPA?

Adjust Mask and Reposition head and neck; Suction mouth then nose and Open the mouth; increase Pressure; insert Alternative airway.

Mouth opened, Reposition head, Saturation check, Obstruction check, Pulse oximeter sensor, Apply cardiac monitor leads.

Ensure Mask seal, Repeat stimulation, Suction the airway, Oxygen regulation, Pulse oximeter sensor, Assess heart rate.

Mouth opened, Repeat stimulation, Saturation check, Occlude pop-off valve, Perfusion check, Auscultate breath sounds. - CORRECT ANSWER Adjust Mask and Reposition head and neck; Suction mouth then nose and Open the mouth; increase Pressure; insert Alternative airway

A baby is born at 34 weeks' gestation. After the initial steps of resuscitation, the baby is not breathing (apneic). What are the next steps?

Provide additional tactile stimulation, evaluate color and tone, evaluate heart rate.

Administer free-flow oxygen, place a pulse oximeter sensor on the right hand or wrist, evaluate heart rate.

Administer CPAP, place a pulse oximeter sensor on the right hand or wrist, evaluate color and tone.

Initiative positive-pressure ventilation, place a pulse oximeter sensor on the right hand or wrist, evaluate heart rate. - CORRECT ANSWER Initiative positive-pressure ventilation, place a pulse oximeter sensor on the right hand or wrist, evaluate heart rate.

You are called to attend to a newborn at birth. At the time the baby is delivered, which 3 questions should you ask to evaluate whether the baby can stay with his mother or be moved to the radiant warmer for further assessment?

Is the baby warm? Does the baby have good tone? Is the baby full-term?

Is the amniotic fluid clear? Is the baby breathing or crying? Is the baby of low birth weight?

Is the baby pink? Is the baby breathing or crying? Is the amniotic fluid clear?

Is the baby term? Does the baby have good muscle tone? Is the baby breathing or crying? - CORRECT ANSWER Is the baby term? Does the baby have good muscle tone? Is the baby breathing or crying?

A full-term baby is born by emergency cesarean delivery because of fetal bradycardia (Category III fetal heart rate tracing). The baby is limp and not breathing after initial steps. What is the next step in the resuscitation process?

Initiate positive-pressure ventilation and check for increasing heart rate

Continue stimulating the baby for an additional 30 seconds

Initiate chest compressions using the 2-thumb technique

Provide free-flow oxygen, and begin chest compressions. - CORRECT ANSWER Initiate positive-pressure ventilation and check for increasing heart rate.

What is the recommended way to determine if a baby requires supplemental oxygen in the delivery room?

Place an oximeter sensor on the baby's right hand or wrist and assess oxygen saturation.

Assess the color of the baby's chest and abdomen, and monitor for central cyanosis.

Assess the color of the baby's hands and feet.

Send an arterial blood gas, and evaluate the partial pressure of oxygen. - CORRECT ANSWER Place an oximeter sensor on the baby's right hand or wrist and assess oxygen saturation.

You have been called to attend a birth and are the only healthcare provider responsible for the management of the newborn in the room. When should you first call for additional help?

After birth, when you determine the baby requires intubation.

Before birth, when you have identified the presence of a perinatal risk factor that increases the likelihood of requiring neonatal resuscitation.

After birth, when you determine the baby requires positive-pressure ventilation.

After birth, when the obstetrician or labor nurse suggests you need additional help. - CORRECT ANSWER Before birth, when you have identified the presence of a perinatal risk factor that increases the likelihood of requiring neonatal resuscitation.

Effective team functioning is critical in ensuring the best performance. Which of these characteristics is critical in team leaders?

They should never allow team members to participate in decision-making.

They should be able to maintain situational awareness.

They should be solely responsible for assessment and planning.

They must take on several jobs at the same time to ease the team's work. - CORRECT ANSWER They should be able to maintain situational awareness

You are part of a team preparing for the birth of a baby who has meconium-stained fluid and a category III fetal heart rate tracing. A person skilled in endotracheal intubation should be

Available from a remote location in the hospital.

Not necessary if a team member knows how to place a laryngeal mask.

Called in from home when the baby is born and then requires intubation.

Present at the birth. - CORRECT ANSWER Present at the birth.

Your team attends an emergency cesarean delivery of a term baby because of chorioamnionitis, meconium-stained amniotic fluid, and fetal heart rate decelerations. At delivery, the newborn is term as expected, with very poor tone and he is not breathing (apneic). You quickly perform initial steps, but the newborn is still not breathing. What is the most appropriate next step of resuscitation?

Start positive-pressure ventilation and check heart rate response after 15 seconds.

Intubate and administer 0.05 mg/kg of endotracheal epinephrine.

Immediately intubate and suction the trachea.

Start cardiac compressions coordinated 3:1 with ventilation, and prepare to insert an umbilical venous catheter. - CORRECT ANSWER Start positive-pressure ventilation and check heart rate response after 15 seconds

Your hospital is planning Neonatal Resuscitation Program® training and trying to decide who should be included. For every delivery, what is the minimum requirement for the care of the newborn at birth?

Someone capable of initiating neonatal resuscitation should be present at every delivery whose only responsibility is the management of the newborn.

Someone capable of initiating neonatal resuscitation should be available in the hospital to be called after birth.

Someone capable of initiating neonatal resuscitation should be present only if risk factors are identified.

Someone capable of initiating resuscitation should be available on call from home to respond if there is a problem with the newborn. - CORRECT ANSWER Someone capable of initiating

neonatal resuscitation should be present at every delivery whose only responsibility is management of the newborn.

Which statement describes recommended practice when using a pulse oximeter in the delivery room?

Place the pulse oximeter sensor on the right hand and use the minute specific oxygen saturation target to guide oxygen supplementation.

Place the pulse oximeter sensor on the right foot and use the minute specific oxygen saturation target to guide oxygen supplementation.

Place the pulse oximeter sensor on the right hand and adjust the oxygen concentration to achieve 100% oxygen saturation.

Place the pulse oximeter sensor on the right foot and adjust the oxygen concentration to achieve 100% oxygen saturation. - CORRECT ANSWER Place the pulse oximeter sensor on the right hand and use the minute specific oxygen saturation target to guide oxygen supplementation.

You have started positive-pressure ventilation for a newborn because her heart rate is low (bradycardia). What is the most important indicator of successful positive-pressure ventilation?

A rising heart rate

Chest movement with each breath

Improvement in tone and movement

Audible and bilateral breath sounds - CORRECT ANSWER A rising heart rate

What is the appropriate technique to stimulate a baby to breathe?

Gently rub the baby's back or extremities

Hold the baby upside down and gently pat the buttocks

Vigorously suction the oropharynx with a bulb syringe

Apply free-flow oxygen to the baby's face - CORRECT ANSWER Gently rub the baby's back or extremities

Which of the following is an indication for endotracheal intubation?

The presence of meconium-stained amniotic fluid on the skin of a vigorous newborn

All premature newborns less than 30 weeks' gestation

The need for positive-pressure ventilation lasting more than a few minutes