

1. New parents were just told by their physician that their son is two standard deviations above the mean. The parents later asked the nurse what that means. The nurse will explain by stating,
- A) "If your child is one standard deviation from the norm that translates to mean, he will be taller than 50% of his peers."
 - B) "This is great news since it means you will have a larger baby than most."
 - C) "Being two standard deviations above the mean translates into that your child will likely be taller than 95% of children in the population."
 - D) "With the mean being average at 50%, two standard deviations means that your child will be at least 99.7% taller than his brother."

Ans: C

Feedback:

The standard deviation determines how far a value varies or deviates from the mean. The points one standard deviation above or below the mean should include 68% of all values and two standard deviations 95% of all values. If a child's height is within one standard deviation of the mean, he is as tall as 68% of children in the population.

2. A woman has recently determined that she is pregnant, and her clinician believes that the conception occurred around 8 weeks prior. Since the embryo is in the third stage of embryonic development, which of the following events and processes in growth and development would be expected to be taking place?
- A) Transition from a morula to a blastocyst
 - B) Ossification of the skeleton and acceleration of body length growth
 - C) Rapid eye movement and early support of respiration
 - D) Formation of upper limbs and opening of the eyes

Ans: D

Feedback:

Limb formation and eye opening are associated with the third stage of the embryonic stage of development. The transition from a morula to a blastocyst occurs before the second week of gestation, while ossification of the skeleton and acceleration of body length growth do not take place until the early fetal period. Rapid eye movement and early pulmonary function emerge during the 26th through 29th weeks.

3. A midwife who is providing care for a woman during her first pregnancy is assessing for intrauterine growth retardation (IUGR) during an early prenatal checkup. Which of the following questions best addresses the risks for IUGR?
- A) “What does your typical diet look like over the course of a day?”
 - B) “What is the highest level of education that you've finished?”
 - C) “Are there many people in your life that you can count on for help and support?”
 - D) “How would you describe your mood since you've been pregnant?”

Ans: A

Feedback:

Nutrition is a key aspect in the prevention of IUGR. Educational level, the presence or absence of support systems, and psychosocial health may all have ramifications that could affect fetal development, but they have a less direct bearing than maternal nutrition.

4. Which of the following assessment findings of a male infant 14 hours postpartum would be considered abnormal and would require further assessment and possible intervention?
- A) The baby's first stool appears to contain blood.
 - B) The child is unable to breathe through his mouth.
 - C) The baby's skin has a yellowish orange hue.
 - D) The child's suck is weak when placed at his mother's breast.

Ans: C

Feedback:

While not an uncommon event in early postnatal life, jaundice requires further assessment and possibly intervention. Meconium often contains blood, and young infants are exclusive nose breathers. A child's suck is frequently weak before it becomes established in the days to follow.

5. A nurse is performing a 5-minute Apgar score on a newborn female. Which of the following characteristics of the infant's current condition would not be reflected in the child's Apgar score?
- A) The baby's heart rate is 122 beats/minute.
 - B) The infant displays a startle reflex when the crib is accidentally kicked.
 - C) The child's temperature is 35.0°C (95°F) by axilla.
 - D) The infant's skin is pink in color.

Ans: C

Feedback:

While heart rate, color, and presence or absence of crying are all assessment criteria in the determination of an Apgar score, temperature is not a parameter that is measured.

6. The nursery has just admitted a new infant born 1 hour ago. While performing an assessment, the nurse suspects the infant may have hypoglycemia based on which of the following assessment data? Select all that apply.
- A) Heel stick glucose value of 50 mg/dL
 - B) Infant having periods of apnea requiring physical stimulation
 - C) Muscle twitching noted while lying in crib undisturbed by nurses
 - D) Hyperactive reflexes noted especially when crying
 - E) Poor suck reflex resulting in an inability to feed properly

Ans: B, C, E

Feedback:

In neonates, glucose levels stabilize to a value of 50 mg/dL or higher within the first 3 hours of life. Concentrations below 45 mg/dL should be considered abnormal. Signs and symptoms of neonatal hypoglycemia include cyanosis, apnea, hypothermia, hypotonia, poor feeding, lethargy, and seizures.

7. The first-time parents of an infant girl 2 days postpartum are distressed at the jaundiced appearance of her skin and are eager for both an explanation and treatment for the problem. Which of the following responses by their physician is most accurate?
- A) "Your daughter's young liver is unable to get rid of the waste products from old red blood cells."
 - B) "Because your daughter's kidneys are so small, they have a hard time getting rid of the wastes that are always accumulating in her blood."
 - C) "Nearly half of all infants have this problem, and while it is distressing to look at, it is largely harmless and will resolve in time."
 - D) "This is a sign that your baby needs more milk than she is currently getting, and increased breast-feeding will act to flush these pigments out of her system."

Ans: A

Feedback:

Bilirubin is formed from the breakdown of hemoglobin in red blood cells. Normally about two thirds of the unconjugated bilirubin produced by a term newborn can be effectively cleared by the liver. However, the relative immaturity of the newborn liver and the shortened life span of the fetal red blood cells may predispose the term newborn to hyperbilirubinemia. Bilirubin clearance is not the domain of the kidneys, and treatment is often necessary. Jaundice can sometimes be addressed by increasing breast-feeding, but it is not a sign in and of itself of insufficient feeding.

8. Which of the following infants most likely requires medical intervention?
- A) A 2-day-old baby boy who has caput succedaneum
 - B) An infant 4 hours postpartum who has visible coning of his head following vaginal delivery
 - C) A girl 3 days postpartum with noticeable unilateral cephalhematoma
 - D) A male infant whose vertex delivery resulted in a brachial plexus injury

Ans: D

Feedback:

While caput succedaneum, cephalhematoma, and head coning are all frequently able to resolve independently, a brachial plexus injury is likely to require treatment and rehabilitation.

9. A nurse who works in a neonatal intensive care unit is providing care for an infant born at 26 weeks' gestation. Which of the following assessments would lead the nurse to suspect that the infant has developed respiratory distress syndrome (RDS)?
- A) The infant's blood pressure and temperature are normal measurements as expected.
 - B) Infant is grunting and has notable intercostal retractions with respirations.
 - C) Infant has poor motor skills and limited limb range of motion.
 - D) Infant has apnea lasting 5 to 10 seconds with a decrease in heart rate, which reverses with tactile stimulation.

Ans: B

Feedback:

While premature birth is associated with numerous potential health problems, including variations in vital signs, impaired motor function, and neurological deficits, the most common complications of prematurity involve respiratory function.

10. While assessing a premature infant born at 25 weeks' gestation, the neonatal intensive care unit (NICU) nurse would suspect which diagnosis when the infant displays poor muscle tone, apnea, and a new onset of somnolence?
- A) Hydrocephalus
 - B) Airway obstruction
 - C) Intraventricular hemorrhage
 - D) Sepsis

Ans: C

Feedback:

Prematurity is a risk for IVH. Clinical manifestations are determined by the level of involvement. The most common symptoms are poor muscle tone, lethargy, apnea, decreased hematocrit, and somnolence.

11. A premature infant who is receiving care in a neonatal intensive care unit (NICU) has just been identified as having necrotizing enterocolitis (NEC). Of the following clinical manifestations, identify those most likely to contribute to the diagnosis of NEC. Select all that apply.

- A) Feeding intolerance
- B) Inability to pass stool within the first 10 days of life
- C) Hard, taut abdomen with increasing distention
- D) Blood noted in stools
- E) Hypoactive bowel sounds on right lower quadrant

Ans: A, C, D

Feedback:

Immature immunity, shunting of circulation away from the GI tract, and infectious processes have all been implicated in the etiology of NEC. The classic initial symptoms are usually feeding intolerance, abdominal distention, and bloody stools shortly after the first week of life.

12. The neonatologist suspects an infant has developed sepsis with multiorgan system illness. The nurse caring for this infant will note which of the assessment findings support this diagnosis. Select all that apply.

- A) Decreasing BP with increase in heart rate indicative of shock
- B) Prolonged PT and PTT and decrease in platelet count
- C) Frequent voiding of a small amount of light-colored urine
- D) Bilateral warm feet but pedal pulses hard to palpate
- E) Positive Moro reflex when loud noise made at crib side

Ans: A, B

Feedback:

Premature infants' health is severely impacted by early-onset infections and progressive multiorgan system illness. Infants with sepsis frequently present with respiratory failure, shock, meningitis, DIC, acute tubular necrosis, and symmetrical peripheral gangrene. Positive Moro reflex is normal for this infant.

13. The exasperated parents of a 4-month-old infant with colic have asked their health care provider what they can do to alleviate their child's persistent crying. Based on their concerns, the nurse should educate/discuss with the parents which of the following?
- A) Encouraging them to walk away from the infant when they can no longer tolerate it
 - B) Recommending them to reduce the amount of commercial formula and increase breast-feeding
 - C) Discussing the use of prescribed antiflatulent medication that will help more than changing the formula
 - D) Demonstrating how to use a soothing voice and slow rocking back and forth as a way to calm the infant

Ans: D

Feedback:

The lack of a single etiologic factor makes treatment of colic difficult. The incidence is similar with both breast-feeding and formula, and while antiflatulents are sometimes used, the problem is not always attributable to intestinal gas. Even though it is a common problem that does resolve with time, parents need support. Nonpharmacologic interventions include soothing voices, singing, swaddling, and slow rhythmic rocking.

14. During a prenatal education class, a participant has related a story about how her friend's infant died of sudden infant death syndrome (SIDS). What can the educator tell the group about how they can prevent SIDS when they have their babies? Select all that apply.
- A) "The best sleeping position for your baby is on his back."
 - B) "Children are at particular risk of SIDS when they have a cold or flu, so these times require extra vigilance."
 - C) "Using drugs during pregnancy has been shown to be associated with SIDS after birth, which is one more reason for mothers to avoid them."
 - D) "It's important if anyone in your home smokes to make sure they only do it outside."
 - E) "The exact cause of SIDS still isn't known, so there's little that you can do to prevent this tragic event."

Ans: A, C, D

Feedback:

Prone or side-lying position, intrauterine drug exposure, and postnatal exposure to cigarette smoke are all associated with SIDS. Upper respiratory infections are not noted to present a particular risk, and though the exact etiology is not known, preventative measures do exist.

15. Due to rapid neural growth, a child can begin to control the bowel and bladder sphincters by what age?

- A) 12 months
- B) 18 months
- C) 2 years
- D) 4 years

Ans: C

Feedback:

The cephalocaudal proximodistal principle is followed as myelination of the cortex, brain stem, and spinal cord is completed. The spinal cord is usually completely myelinated by 2 years of age. At that time, control of anal and urethral sphincters and motor skills of locomotion can be achieved.

16. What topic should health promotion initiatives emphasize if the target audience is parents of preschoolers and the goal is to minimize mortality?

- A) Handwashing as an infection control measure
- B) Injury prevention especially when the child is near water
- C) Identifying signs of child abuse and neglect
- D) The importance of good nutrition

Ans: B

Feedback:

Injuries are the leading cause of death in children aged 1 to 4. While handwashing does prevent many infections, these are not commonly fatal. Likewise, child abuse and poor nutrition are valid educational topics, but they do not relate as directly and frequently to childhood death as do injuries.

17. In the grocery store, a nurse overhears a teenage mother intentionally shaming and verbally reprimanding a child in public. The mother also grabbed the child's stuffed animal and tore the limbs off. From what the nurse remembers about abuse, this would be classified as a form of

- A) physical abuse.
- B) emotional abuse.
- C) sexual abuse.
- D) neglect.

Ans: B

Feedback:

Emotional abuse or psychological maltreatment includes methods of verbal abuse, shaming, destruction of child's personal property, harming or killing child's pet, and bullying.

18. A 10-year-old boy has a body mass index that places him in the 96th percentile for his age and gender. While educating the parents about obesity, the nurse should emphasize that his weight may predispose him to the development of
- A) scoliosis.
 - B) respiratory infections.
 - C) gastrointestinal disorders.
 - D) type 2 diabetes.

Ans: D

Feedback:

Adolescent obesity is associated with an increased risk of type 2 diabetes. He is less likely to face a heightened risk of scoliosis, respiratory infections, or GI disorders.

19. A 14-year-old boy has experienced a pronounced growth spurt over the last several months. While discussing this with his parents, the nurse educates what normal male growth patterns contain. Of the following, which are accurate statements to relay to the parents? Select all that apply.
- A) Most males will complete their growth spurt by age 16.
 - B) It is not usual for their son to gain up to 30 kg in weight.
 - C) With parathyroid hormone involvement, your son may be at risk for fractures.
 - D) Expect the thorax to become broader and for the pelvis to remain narrow.
 - E) Some children have stunted growth in their arms or legs.

Ans: B, D

Feedback:

In males, they may continue to gain height until 18 to 20 years of age and gain from 7 to 30 kg of weight. Parathyroid hormone does not have roles that relate to the adolescent growth spurt. In males, the thorax becomes broader and the pelvis remains narrow. In girls, the opposite occurs. Growth in the arms, legs, hands, feet, and neck is followed by increases in the hip and chest months later.

20. Which of the following statements made by parents of high schoolers would be a cause for the concern the child may be thinking about suicide?
- A) "My child seems to eat all the time. He tells me that all of his friends are eating a lot as well."
 - B) "My child seems to go shopping at the mall every day after school with her friends. I think they hang out at the mall."
 - C) "My child has never had problems in school until now. He is failing classes and getting in trouble."
 - D) "My child used to talk to me about anything. Now she spends most of her time in her room texting friends."

Ans: C

Feedback:

Risk factors for suicide in adolescents include substance abuse, personal or family history of depression, anxiety disorders, problems at school, problems communicating with parents, having a friend who committed suicide, and family ownership of a handgun.