CERTIFIED EXTREMELY LOW BIRTH WEIGHT (C-ELBW) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 15

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. Which thermoregulation measures are recommended for ELBW infants at delivery?

A. Dry the infant first, then wrap in a towel; room temperature 68°F

B. Pre-warmed sterile blanket, Plastic bag/wrap (do not dry first), Hat, Warming mattress, Warmer in servo mode at 36.5°C, Room temperature at least 78°F for at least 30 minutes prior to birth (if possible)

C. Place infant on a cold surface to test reflexes

D. Immerse infant in warm water after birth

2. The UAC tip location should be near which vertebral levels?

A. T0-T2

B. T12-L1

C. T6-T9

D. L4-L5

3. Blood urea nitrogen (BUN) level is a(n) _____ measure of kidney function.

A. Direct

B. Predictive

C. Indirect

D. Quantitative

4. What is Lasix?

A. An antibiotic for sepsis

B. A bronchodilator

C. An anti-inflammatory steroid

D. A loop diuretic that increases blood flow to the kidneys

5. The peritoneum is best described as what?

A. A silk-like membrane that lines the abdominal wall and covers internal organs

B. A serous membrane lining the heart

C. A mucous membrane of the stomach

D. A fibrous layer around the intestines

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6. Insensible water loss increases with radiant warmer.

A. True

B. False

C. Not applicable

D. It depends on humidity

7. Which of the following is a symptom of hypothermia in a newborn?

A. Tachycardia

B. Hyperglycemia

C. Jaundice

D. Apnea

8. Why is parental role attainment difficult early on with ELBW infants?

A. Parents lack willingness to participate

B. Parents do not trust medical staff

C. There is too much nonessential information

D. The infant's critical condition limits parental participation, making them feel excluded

9. Which factor can help buffer against compassion fatigue?

A. Isolation from peers

B. Personal coping strategies, social support, and workplace resources

C. Denying stress

D. Reducing patient contact entirely

10. Which finding indicates a positive Galeazzi sign in neonatal hip assessment?

A. Assess for asymmetrical creases of buttocks and thighs due to shortened adductor muscles

B. Uneven knee levels when positioned supine with feet flat and knees flexed

C. Ortolani Maneuver and Barlow Maneuver determine hip dislocation

D. All of the above

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Answers

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1. B
2. C
3. C
4. D
5. A
6. A
7. D
8. D
9. B
10. D

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Explanations

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1. Which thermoregulation measures are recommended for ELBW infants at delivery?

A. Dry the infant first, then wrap in a towel; room temperature 68°F

B. Pre-warmed sterile blanket, Plastic bag/wrap (do not dry first), Hat, Warming mattress, Warmer in servo mode at 36.5°C, Room temperature at least 78°F for at least 30 minutes prior to birth (if possible)

C. Place infant on a cold surface to test reflexes

D. Immerse infant in warm water after birth

Preventing hypothermia in extremely low birth weight infants hinges on minimizing all routes of heat loss: evaporation, convection, conduction, and radiation. The most effective delivery-room approach combines rapid, multi-faceted warming: place the infant in a pre-warmed environment and wrap in a plastic bag or wrap before drying to prevent evaporative heat loss, then add a hat to reduce head heat loss, a warming mattress, and a servo-controlled warmer set to about 36.5°C to maintain core temperature. Keeping the room temperature around 78°F (about 26°C) helps reduce convective losses. If possible, having the room warmed for about 30 minutes before birth further supports maintaining normothermia. Drying first would increase evaporative heat loss, while placing the infant on a cold surface or testing reflexes on a cold setup would promote rapid cooling. Immersion in warm water is not a recommended practice for ELBW infants at delivery due to safety concerns.

2. The UAC tip location should be near which vertebral levels?

A. T0-T2

B. T12-L1

C. T6-T9

D. L4-L5

Position the UAC tip in the descending thoracic aorta, roughly mid-thoracic, around the levels of T6 to T9. This location places the tip well below the great vessels that supply the brain, reducing risk to cerebral circulation, while staying above the abdominal visceral branches so infusion or catheter-related issues don't compromise the kidneys or mesentery. If the tip climbs too high toward the head, there's greater risk to cerebral vessels; if it sits too low, it can involve renal or mesenteric arteries. Thus, T6–T9 is the safest, most reliable zone for an UAC tip.

3. Blood urea nitrogen (BUN) level is a(n) _____ measure of kidney function.

A. Direct

B. Predictive

C. Indirect

D. Quantitative

BUN is an indirect marker of kidney function. It reflects how well the kidneys can excrete nitrogenous waste, but its level is influenced by many non-renal factors such as protein intake and catabolic state, liver function (urea production), and hydration status. Because of these additional influences, BUN does not directly measure the kidneys' filtration rate (GFR). In practice, it's interpreted alongside others (like creatinine) to gauge kidney function, since creatinine-based estimates provide a more direct assessment of GFR. That combination is why BUN is described as an indirect measure.

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4. What is Lasix?

A. An antibiotic for sepsis

B. A bronchodilator

C. An anti-inflammatory steroid

D. A loop diuretic that increases blood flow to the kidneys

Lasix is a loop diuretic, specifically furosemide. It works by blocking the Na-K-2Cl cotransporter in the thick ascending limb of the loop of Henle, which prevents reabsorption of sodium, chloride, and water. The result is increased urine output, helping to remove excess fluid and reduce edema or fluid overload. This can also improve kidney perfusion indirectly by lowering venous pressure and fluid overload. It is not an antibiotic, bronchodilator, or steroid, so those categories don't fit. The description that it is a loop diuretic that increases blood flow to the kidneys best matches its mechanism and clinical use.

5. The peritoneum is best described as what?

A. A silk-like membrane that lines the abdominal wall and covers internal organs

B. A serous membrane lining the heart

C. A mucous membrane of the stomach

D. A fibrous layer around the intestines

The peritoneum is a slippery serous membrane that lines the abdominal cavity and covers most of the abdominal organs. It forms a parietal layer along the cavity walls and a visceral layer that envelopes the organs, with a small amount of serous fluid between them to reduce friction as the organs move. This arrangement allows smooth sliding of organs and provides pathways for vessels and nerves via mesenteries and ligaments. It is not a mucous membrane like the stomach lining, nor a fibrous layer around the intestines, and it's not the membrane that surrounds the heart (that's the serous pericardium).

6. Insensible water loss increases with radiant warmer.

A. True

B. False

C. Not applicable

D. It depends on humidity

Insensible water loss rises when the infant is kept by a radiant warmer because the warmer elevates skin and ambient temperatures, increasing the vapor pressure gradient between the skin surface and the surrounding air. This drives more water to evaporate from the skin and be lost without being noticed as sweat. Extremely low birth weight infants have a large surface area relative to their body mass and an immature skin barrier, making them especially susceptible to this evaporative loss when warmth is applied. Humidity can lessen the rate somewhat by reducing the gradient, but the directional effect of the radiant warmer is to increase insensible water loss.

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7. Which of the following is a symptom of hypothermia in a newborn?

A. Tachycardia

B. Hyperglycemia

C. Jaundice

D. Apnea

Newborn cold stress can depress the brain's control of breathing, leading to pauses in respiration. When a baby is hypothermic, the respiratory drive slows, so apnea can occur as a sign of the body's response to low temperature. Among the listed options, apnea best fits what hypothermia does to a newborn's respiratory system, making it the most reliable symptom to recognize in this context. Tachycardia is not the typical pattern for hypothermia in newborns (heart rate can be variable and often trends toward slower rates with more severe cooling). Hyperglycemia is not characteristic; cold stress more commonly risks hypoglycemia due to increased metabolic demands and limited glucose production. Jaundice reflects bilirubin handling and is not caused by temperature status.

8. Why is parental role attainment difficult early on with ELBW infants?

A. Parents lack willingness to participate

B. Parents do not trust medical staff

C. There is too much nonessential information

D. The infant's critical condition limits parental participation, making them feel excluded

The key idea is that parental role attainment hinges on parents being able to actively participate in their infant's care and feel competent doing so. In extremely low birth weight infants, the baby's critical condition requires intensive, highly controlled medical care with equipment, lines, and strict infection prevention. This environment often limits how much parents can touch, hold, or care for their baby in the early days, and caregivers may be the ones performing most tasks. That separation and dependence on medical staff can make parents feel excluded and uncertain about their ability to care for their child, delaying the development of a parental identity and confidence. As the infant stabilizes and families are gradually invited to participate in care—such as holding the baby when appropriate, participating in daily routines, and receiving targeted education—parents begin to feel more connected and capable in their role. The other ideas don't capture the immediate, concrete barrier: the infant's fragile condition directly limits participation and fosters a sense of exclusion.

9. Which factor can help buffer against compassion fatigue?

A. Isolation from peers

B. Personal coping strategies, social support, and workplace resources

C. Denying stress

D. Reducing patient contact entirely

Compassion fatigue is eased when there are buffers in place that help regulate emotional strain and recover from exposure to others' suffering. Personal coping strategies, social support, and workplace resources form the strongest protection. Mindful self-care, healthy boundary setting, reflective practice, and other coping skills help individuals manage stress and prevent emotional spillover. Social support from colleagues, supervisors, friends, and family provides validation, practical advice, and opportunities to process difficult experiences, which reduces isolation. Workplace resources like adequate staffing, reasonable workloads, access to mental health supports, and formal debriefing or peer-support programs create an organizational environment that facilitates recovery and reduces burnout. Isolating from peers removes essential support, denying stress is avoidance that often worsens distress, and reducing patient contact alone doesn't address underlying emotional exposure or provide constructive strategies. So, combining personal coping, social support, and workplace resources best buffers against compassion fatigue.

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10. Which finding indicates a positive Galeazzi sign in neonatal hip assessment?

A. Assess for asymmetrical creases of buttocks and thighs due to shortened adductor muscles

B. Uneven knee levels when positioned supine with feet flat and knees flexed

C. Ortolani Maneuver and Barlow Maneuver determine hip dislocation

D. All of the above

In neonatal hip assessment, the key finding of a Galeazzi sign is a leg-length discrepancy seen when the infant lies on its back with hips and knees flexed. If one knee sits higher than the other, this indicates a positive Galeazzi sign, typically due to hip dislocation or dysplasia on the shorter side. That specific cue—the uneven knee levels when the hips and knees are flexed—is the hallmark of the Galeazzi sign. The other signs listed are also related to hip abnormalities in newborns: asymmetrical gluteal and thigh creases can reflect hip dysplasia, and the Ortolani and Barlow maneuvers are tests used to detect hip dislocation or instability. Because all of these findings can point to hip pathology in a neonate, selecting all of the above aligns with a broad assessment of neonatal hip issues.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://celbw.examzify.com

We wish you the very best on your exam journey. You've got this!

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