NURSING CARE OF THE NEWBORN PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. What signs suggest neonatal respiratory distress and what is the initial nursing management?

A. Hypotension and bradycardia; immediate fluid bolus.

B. Wheezing and productive cough; treat with bronchodilators.

C. Tachypnea (>60/min), grunting, nasal flaring, retractions, cyanosis; initial management includes maintaining airway, suctioning if needed, keeping warm, ensuring adequate oxygenation per protocol, monitoring.

D. Hyperthermia and tachycardia; encourage feeding.

2. What is the immediate intervention after admission to NICU for a newborn with diaphragmatic hernia?

A. Hydrating the infant with isotonic enemas

B. Limiting formula feedings to small amounts

C. Placing the infant in the Trendelenburg position

D. Providing gastric decompression via nasogastric tube

3. What are essential postnatal steps to prevent hypothermia in a newborn?

A. Immediate bathing to clean vernix distribution.

B. Place in cool room to stimulate breathing.

C. Place in cold environment to preserve energy.

D. Immediate drying, skin-to-skin contact, warm cap, radiant warmer, pre-warmed linens, delaying bath.

4. What is the approximate daily fluid requirement for a healthy newborn and how is intake typically monitored?

A. 80-100 mL/kg/day; monitored by weight only.

B. 200-250 mL/kg/day; by urine output only.

C. About 140-160 mL/kg/day; monitor by diaper counts and stool frequency; ensure hydration.

D. 50-70 mL/kg/day; no monitoring necessary.

5. Which statement is NOT a component of the Apgar score?

A. Heart rate

B. Respiratory effort

C. Color

D. Amount of mucus

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6. What is a normal urinary pattern for a healthy newborn in the first days?

A. No voids in first 48 hours.

B. Only one wet diaper per day.

C. Several wet diapers per day.

D. Foul-smelling urine.

7. A mother is inspecting her newborn girl; breasts edematous, and she has a pink vaginal discharge. How would the nurse respond?

A. The swelling and discharge are expected. They're a response to your hormones.

B. You seem very concerned. I don't see anything unusual.

C. The swelling and discharge will go away. It's nothing to worry about.

D. Your baby appears to have a problem. I'll notify the pediatrician.

8. Which sign would indicate potential neurological issues when checking newborn reflexes?

A. Symmetric rooting and sucking reflexes.

B. Strong symmetric grasp reflex.

C. Asymmetrical movement or absence of a reflex.

D. Persistent reflexes beyond expected age.

9. Which description corresponds to the stepping reflex?

A. Having the feet touch the surface of the crib produces the stepping reflex

B. Stroking the outer sole of the foot

C. Jarring the crib

D. Applying pressure against the soles

10. Which statement correctly describes normal stool colors for breastfed versus formula-fed newborns?

A. Breastfed stools are yellow and loose with a seedy texture; formula stools are tan to brown and firmer

B. Formula stools tan to brown; breastfed stools yellow and seedy

C. Breastfed stools yellow, loose, seedy; formula stools tan to brown and firmer

D. Breastfed stools red and watery

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Answers

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

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Explanations

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1. What signs suggest neonatal respiratory distress and what is the initial nursing management?

A. Hypotension and bradycardia; immediate fluid bolus.

B. Wheezing and productive cough; treat with bronchodilators.

C. Tachypnea (>60/min), grunting, nasal flaring, retractions, cyanosis; initial management includes maintaining airway, suctioning if needed, keeping warm, ensuring adequate oxygenation per protocol, monitoring.

D. Hyperthermia and tachycardia; encourage feeding.

Neonatal respiratory distress shows up as rapid breathing, grunting, nasal flaring, chest retractions, and sometimes a bluish color to the skin or mucous membranes. Each sign points to the baby working hard to breathe and not getting enough oxygen. Tachypnea, defined as more than about 60 breaths per minute, signals increased work of breathing and possible hypoxemia. Grunting is the newborn's way of trapping air in the lungs to keep the alveoli open, a sign of alveolar instability or early atelectasis. Nasal flaring and retractions indicate airway resistance and effort to draw air into the lungs. Cyanosis reflects inadequate oxygenation and is a late, serious warning sign that requires immediate action. Initial nursing management focuses on preserving the airway and ensuring adequate oxygenation while keeping the baby warm and closely monitored. This means positioning the infant to optimize airway patency, suctioning only if secretions obstruct the airway or the baby cannot clear them effectively, and providing supplemental oxygen according to the facility's protocol. Continuous monitoring of respiratory rate, oxygen saturation, color, and vital signs guides each step and helps determine if further interventions are needed. Maintaining a neutral thermal environment prevents cold stress, which can increase oxygen demand. If there is no improvement with these measures, escalate care promptly and prepare for additional support as guided by the clinical team.

2. What is the immediate intervention after admission to NICU for a newborn with diaphragmatic hernia?

A. Hydrating the infant with isotonic enemas

B. Limiting formula feedings to small amounts

C. Placing the infant in the Trendelenburg position

D. Providing gastric decompression via nasogastric tube

Immediate stabilization hinges on relieving stomach distention to improve lung expansion. In a newborn with a diaphragmatic hernia, abdominal contents, including the stomach, can herniate into the chest and compress the developing lungs, worsening respiratory distress. Placing a nasogastric tube and providing continuous suction decompresses the stomach, lowers intrathoracic pressure, and helps the lungs expand more effectively, which is essential right after NICU admission. This approach is part of the initial stabilization, often alongside securing the airway and preparing for ventilatory support. Other approaches, like hydrating with enemas, restricting feeds immediately, or positioning the infant in Trendelenburg, do not address the primary issue of intrathoracic compression from gastric distention and can worsen respiratory status.

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3. What are essential postnatal steps to prevent hypothermia in a newborn?

A. Immediate bathing to clean vernix distribution.

B. Place in cool room to stimulate breathing.

C. Place in cold environment to preserve energy.

D. Immediate drying, skin-to-skin contact, warm cap, radiant warmer, pre-warmed linens, delaying bath.

Newborns lose heat quickly and have limited ability to keep themselves warm, so preventing hypothermia right after birth is essential. The best approach combines steps that minimize heat loss and provide constant warmth: immediately drying the baby reduces evaporative heat loss from moisture on the skin; skin-to-skin contact with a parent creates a warm, stable microenvironment that helps regulate temperature, breathing, and heart rate; placing a warm cap on the head reduces heat loss from the head, which can be a major source of heat loss in a small infant; using a radiant warmer or pre-warmed linens ensures the surrounding environment stays warm; delaying the first bath avoids additional evaporative and conductive cooling. Together, these measures maintain the infant's temperature, support stability, and promote bonding and feeding, while other options would introduce cold or fail to address heat loss.

4. What is the approximate daily fluid requirement for a healthy newborn and how is intake typically monitored?

A. 80-100 mL/kg/day; monitored by weight only.

B. 200-250 mL/kg/day; by urine output only.

C. About 140-160 mL/kg/day; monitor by diaper counts and stool frequency; ensure hydration.

D. 50-70 mL/kg/day; no monitoring necessary.

The main idea is understanding how much fluid a healthy newborn needs each day and how to check that intake is adequate. For a healthy term newborn, daily fluid needs are about 140–160 mL per kilogram of body weight. This amount accounts for the baby's rapid growth and the high fluid losses that occur after birth, ensuring proper hydration. The best way to monitor intake is by observing diaper output and stool frequency, not by relying on weight alone or urine output alone. Counting wet diapers and stools provides a practical, real-time window into hydration status. In the first week, a breastfed infant typically has multiple wet diapers (about 6–8 daily by day 5–7) and regular stools; these patterns help confirm adequate intake. If fluid intake is insufficient, the baby may have fewer wet diapers or signs of dehydration; if intake is sufficient, diaper output will align with these expectations. The other options misstate the amount or suggest an unreliable monitoring method: the figures are not aligned with the newborn's needs, and monitoring by weight alone or by urine output alone does not give a complete picture of hydration.

5. Which statement is NOT a component of the Apgar score?

A. Heart rate

B. Respiratory effort

C. Color

D. Amount of mucus

The Apgar score is about how well a newborn is adapting right after birth by looking at five functional areas: heart rate, respiratory effort, color, muscle tone, and reflex irritability. Each area gets 0, 1, or 2 points, and the total helps guide immediate care. The amount of mucus isn't part of this scoring because secretions don't directly measure the newborn's physiologic status in those five domains. A baby could have mucus but still receive a good score if heart rate, breathing, color, tone, and reflex response are strong. So, the statement about mucus amount is not a component of the Apgar score.

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6. What is a normal urinary pattern for a healthy newborn in the first days?

A. No voids in first 48 hours.

B. Only one wet diaper per day.

C. Several wet diapers per day.

D. Foul-smelling urine.

Normal urinary output in a healthy newborn reflects adequate intake and kidney function. After birth, urine production begins right away and, by the first few days, most babies have multiple wet diapers daily. Seeing several wet diapers indicates the infant is hydrated and the kidneys are functioning well. In contrast, no voids in the first 48 hours suggests a possible problem with hydration or urinary flow, and only one wet diaper per day is far below what's expected. Foul-smelling urine isn't a standard marker of normal newborn urination. So, several wet diapers per day best matches a normal pattern.

7. A mother is inspecting her newborn girl; breasts edematous, and she has a pink vaginal discharge. How would the nurse respond?

A. The swelling and discharge are expected. They're a response to your hormones.

B. You seem very concerned. I don't see anything unusual.

C. The swelling and discharge will go away. It's nothing to worry about.

D. Your baby appears to have a problem. I'll notify the pediatrician.

Newborn girls often show breast swelling and vaginal discharge because maternal hormones linger after birth. This is a normal, temporary change that usually resolves on its own within a few weeks. The best nurse response is to reassure the mother and explain the hormonal cause, so there's no need for alarm or treatment. Provide simple guidance: keep the area clean, avoid squeezing or expressing the breasts, and monitor for any signs of infection or complications (such as fever, redness, or discharge that is foul-smelling or lasts unusually long)—then advise to contact the pediatrician if anything concerning develops.

8. Which sign would indicate potential neurological issues when checking newborn reflexes?

A. Symmetric rooting and sucking reflexes.

B. Strong symmetric grasp reflex.

C. Asymmetrical movement or absence of a reflex.

D. Persistent reflexes beyond expected age.

Newborn reflexes act like a quick check of the nervous system's integrity. When reflexes are present and symmetrical, it suggests that the neural pathways are functioning and coordination between both sides of the body is intact. If you see asymmetry—one side moving differently from the other—or a reflex that is absent, that raises concern for potential neurological issues such as nerve injury, birth trauma, or central nervous system impairment. This kind of finding is more concerning than simply seeing a reflex that is strong and symmetric, which can be a normal sign of maturation. Although persistent reflexes beyond the typical age can indicate developmental delay or slower CNS maturation, asymmetry or absence directly signals possible neurologic abnormality and warrants further assessment and monitoring. If such a sign is observed, perform a thorough neuro exam, check for related signs (tone, posture, limb movement, feeding coordination), and document for ongoing evaluation.

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9. Which description corresponds to the stepping reflex?

A. Having the feet touch the surface of the crib produces the stepping reflex

B. Stroking the outer sole of the foot

C. Jarring the crib

D. Applying pressure against the soles

The stepping reflex is seen when the newborn's feet touch a solid surface, and the legs move in a coordinated, alternating stepping pattern as if the baby is trying to walk. This appears at birth and typically fades by about 2 months as the nervous system matures. In this scenario, having the feet touch the surface of the crib is the description that triggers stepping. The other options describe different reflexes: stroking the outer sole of the foot evokes the Babinski response, jarring the crib triggers the Moro (startle) reflex, and applying pressure against the soles does not produce stepping.

10. Which statement correctly describes normal stool colors for breastfed versus formula-fed newborns?

A. Breastfed stools are yellow and loose with a seedy texture; formula stools are tan to brown and firmer

B. Formula stools tan to brown; breastfed stools yellow and seedy

C. Breastfed stools yellow, loose, seedy; formula stools tan to brown and firmer

D. Breastfed stools red and watery

Stool characteristics in newborns reflect what they're being fed. Breastfed babies typically pass stools that are bright yellow, loose, and have a seedy texture from the milk fats and rapid digestion. Formula-fed babies usually have stools that are tan to brown and firmer, because formula digests differently and often results in more formed stools (iron in formula can also darken stool). This difference in color and texture is a normal indicator of feeding type. Red, very watery stools would raise concern for blood or illness, and would not be considered normal.

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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://nursingcareofnewborn.examzify.com

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

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