RNC LOW RISK NEONATAL (LRN) NURSING PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://rnclowriskneonatalnursing.examzify.com

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

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 16

SAMPLE

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.

SAMPLE

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!

SAMPLE

Questions

SAMPLE

1. What is an expected axillary finding in neonates with respiratory distress?

A. Lower than normal temperature

B. Higher than normal temperature

C. Normal temperature

D. Rapidly fluctuating temperature

2. Which of the following is NOT an indication of severe preeclampsia?

A. Blood pressure of 160/110 mm Hg

B. Oliguria

C. Pulmonary edema

D. Blood pressure of 145/95 mm Hg

3. What is the scoring for marked lower chest retraction according to the Silverman-Anderson Index?

A. 0

B. 1

C. 2

D. 3

4. What is true about the duration of breastfeeding according to the Baby-Friendly Initiative?

A. Most women breastfeed for less than 2 weeks

B. Continuation is more likely with more supportive steps

C. Exclusive breastfeeding lasts no more than 3 days

D. Support steps do not affect breastfeeding duration

5. By what age do most undescended testes typically descend?

A. 6 months

B. 3 months

C. 12 months

D. 1 year

SAMPLE

6. What does the fat content of hindmilk compare to foremilk?

A. Similar fat content

B. Less fat content

C. Double the fat content

D. Variable fat content

7. Which statement regarding home apnea monitoring for infants is FALSE?

A. Infants with monitors need to be observed for 6 months

B. Monitoring may be discontinued after 2 to 3 months

C. Monitors are used to track true alarms

D. Most infants do not require monitoring after 4 weeks

8. Which type of labor mechanism does NOT include contraction?

A. Vertex position

B. Breech position

C. Transverse position

D. Normal vaginal delivery

9. What is the recommended minimum number of contractions in 10 minutes needed for progressive cervical change in active labor?

A. 1

B. 2

C. 3

D. 4

10. In a newborn showing cyanosis at 6 minutes of life, which action should the nurse take first?

A. Administer oxygen immediately

B. Check the infant's pulse oximeter reading

C. Wrap the infant in more blankets

D. Call for neonatal resuscitation team

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What is an expected axillary finding in neonates with respiratory distress?

A. Lower than normal temperature

B. Higher than normal temperature

C. Normal temperature

D. Rapidly fluctuating temperature

In neonates experiencing respiratory distress, an expected axillary finding is a normal temperature. Temperature regulation in newborns can be affected by various factors, including their overall health and respiratory function. When a newborn is in respiratory distress, they may experience hypoxia or work harder to breathe, which can create stress but typically does not immediately impact their body temperature unless there is a significant underlying condition or infection. In cases of respiratory distress, clinicians often closely monitor the neonate's vital signs. While abnormalities in temperature can indicate infection or other complications, a normal temperature in this context suggests at least stable thermal regulation despite the respiratory challenges. Abnormal temperatures may be observed with more severe conditions; hence, it's important to distinguish between a stable situation and one that requires immediate intervention.

2. Which of the following is NOT an indication of severe preeclampsia?

A. Blood pressure of 160/110 mm Hg

B. Oliguria

C. Pulmonary edema

D. Blood pressure of 145/95 mm Hg

Severe preeclampsia is characterized by specific clinical manifestations, and a key aspect of this condition is elevated blood pressure. A blood pressure reading of 160/110 mm Hg is a classic sign of severe preeclampsia, as hypertension is a major diagnostic criterion. Oliguria, defined as urine output of less than 500 mL in 24 hours, can occur in severe preeclampsia due to reduced renal perfusion. Pulmonary edema arises in these patients as the fluid balance is disturbed, leading to excess fluid in the lungs. In contrast, a blood pressure reading of 145/95 mm Hg does not meet the criteria for severe preeclampsia. While it indicates hypertension, it is not classified as severe. Understanding the criteria for diagnosis is essential for providing appropriate care and managing risks associated with preeclampsia. Thus, the correct answer highlights a scenario that is not associated with severe preeclampsia.

3. What is the scoring for marked lower chest retraction according to the Silverman-Anderson Index?

A. 0

B. 1

C. 2

D. 3

The correct scoring for marked lower chest retraction according to the Silverman-Anderson Index is 2. In this scoring system, various clinical signs are assessed to evaluate the respiratory distress in neonates, with specific points assigned to signs based on their severity. Marked lower chest retraction is an indicator of significant respiratory distress, as it suggests that the neonate is working hard to breathe and is experiencing increased resistance in airflow. A score of 2 reflects this severity appropriately, distinguishing it from less pronounced retraction, which would receive a lower score. The index aims to provide a standardized method to gauge respiratory effort and distress in newborns, making it critical for timely and effective clinical decisions.

EXAMPLE

4. What is true about the duration of breastfeeding according to the Baby-Friendly Initiative?

A. Most women breastfeed for less than 2 weeks

B. Continuation is more likely with more supportive steps

C. Exclusive breastfeeding lasts no more than 3 days

D. Support steps do not affect breastfeeding duration

The Baby-Friendly Initiative emphasizes the importance of supportive measures in promoting successful breastfeeding practices. Option B highlights that when mothers receive adequate support and education regarding breastfeeding, the likelihood of sustained breastfeeding increases significantly. This support can come from healthcare providers, family members, and peer groups, all of which can positively influence a mother's experience and confidence in breastfeeding, ultimately extending its duration. Supportive steps can include skin-to-skin contact with the infant, appropriate breastfeeding techniques, and addressing potential challenges that mothers may face. Research has shown that environments fostering these supportive measures lead to longer breastfeeding durations, aligning perfectly with the goals of the Baby-Friendly Initiative, which aims to encourage and sustain breastfeeding for at least six months exclusively and longer with appropriate complementary foods. Other options do not align with established practices or findings within the initiative. Therefore, understanding that supportive measures are crucial for promoting longer breastfeeding duration underscores the validity of option B.

5. By what age do most undescended testes typically descend?

A. 6 months

B. 3 months

C. 12 months

D. 1 year

Most undescended testes, a condition known as cryptorchidism, typically descend into the scrotum by the age of 3 months. During fetal development, the testicles develop in the abdomen and normally descend into the scrotum during the last few months of gestation. If the testes have not descended by birth, they may still naturally descend in the first few months of life. The 3-month mark is significant as it is generally acknowledged that the majority of cases resolve spontaneously by this time. If testes remain undescended beyond this age, further evaluation and potentially intervention may be necessary, as prolonged cryptorchidism can lead to complications such as infertility or testicular cancer later in life. Thus, understanding the typical timeline of testicular descent is crucial for monitoring and prompt management in neonatal care.

SAMPLE

6. What does the fat content of hindmilk compare to foremilk?

A. Similar fat content

B. Less fat content

C. Double the fat content

D. Variable fat content

The correct answer regarding the fat content of hindmilk compared to foremilk is that hindmilk contains double the fat content. Hindmilk is the milk that is expressed later in a feeding session, while foremilk is the milk that comes first. Foremilk is often thinner and has a lower fat concentration, as it is more watery. This composition serves to hydrate the infant and is rich in lactose, which is essential for energy. As the feeding progresses, the composition of breast milk changes, and hindmilk becomes increasingly creamy and rich in fat. This higher fat content in hindmilk is important for providing the necessary calories to support the rapid growth and energy needs of the neonate. The increased concentration of fat in hindmilk helps to ensure that the baby receives sufficient nutrition in a relatively short feeding period, which is crucial for healthy growth and weight gain in infants. Understanding this distinction is vital for nursing practice as it informs feeding strategies and parental education regarding breastfeeding and the importance of allowing infants to feed long enough to receive both foremilk and hindmilk for optimal nutrition.

7. Which statement regarding home apnea monitoring for infants is FALSE?

A. Infants with monitors need to be observed for 6 months

B. Monitoring may be discontinued after 2 to 3 months

C. Monitors are used to track true alarms

D. Most infants do not require monitoring after 4 weeks

The statement that infants with monitors need to be observed for 6 months is not accurate. In practice, home apnea monitoring is typically recommended for a shorter duration. For many infants, especially those who are otherwise healthy and not at high risk for continued apnea, monitoring may be safely discontinued after 2 to 3 months. This is primarily due to the fact that the majority of apnea episodes in infants occur during the first few months of life, and as they grow and develop, the incidence of apnea diminishes significantly. Additionally, monitors are designed to track true alarms, which helps caregivers identify when an infant is experiencing significant apnea or bradycardia that requires intervention. The statement regarding the requirement for monitoring after 4 weeks indicates that most healthy infants will not need to be continuously monitored beyond that time frame due to their development unfortunately supporting the conclusion that a 6-month observation period is typically unnecessary for low-risk infants.

SAMPLE

8. Which type of labor mechanism does NOT include contraction?

A. Vertex position

B. Breech position

C. Transverse position

D. Normal vaginal delivery

The vertex position is characterized by the baby's head presenting first during labor, which is the most common and optimal presentation for a successful vaginal delivery. In this scenario, the term "contraction" is misleading because the mechanism of labor primarily focuses on how the baby navigates the birth canal. While contractions are involved in the process of labor regardless of the position, the question emphasizes the type of mechanism that doesn't directly relate to contractions used during labor stages. In contrast, breech and transverse positions indicate that the baby is not head-down, which can complicate or alter the standard mechanisms of labor, but that does not inherently eliminate the role of contractions. Normal vaginal delivery also necessitates contractions to expel the baby when in a vertex position. Thus, although contractions are present in all labor mechanisms, the vertex position stands out as initially being less directly associated with the force of contractions making it the focus of this question.

9. What is the recommended minimum number of contractions in 10 minutes needed for progressive cervical change in active labor?

A. 1

B. 2

C. 3

D. 4

In the context of active labor, the recommended minimum number of contractions in a 10-minute period needed to indicate progressive cervical change is typically three. This frequency of contractions is significant because it reflects effective uterine activity that can lead to cervical dilation and effacement, which are essential components of the labor process. During active labor, the cervix should be dilating to facilitate the passage of the baby through the birth canal. Effective uterine contractions are crucial for this progress; they need to be strong enough and frequent enough to promote the necessary changes in the cervix. Three contractions within a 10-minute window indicates an optimal level of uterine activity that can contribute to the continued progression of labor. Monitoring contraction patterns is therefore a critical part of assessing both the comfort and safety of the laboring individual as well as ensuring that labor is advancing appropriately.

SAMPLE

10. In a newborn showing cyanosis at 6 minutes of life, which action should the nurse take first?

A. Administer oxygen immediately

B. Check the infant's pulse oximeter reading

C. Wrap the infant in more blankets

D. Call for neonatal resuscitation team

In the scenario of a newborn showing cyanosis at 6 minutes of life, the most appropriate first action is to check the infant's pulse oximeter reading. This step is crucial as it provides immediate and objective data regarding the infant's oxygen saturation levels, helping to ascertain the severity of the condition. By measuring the pulse oximetry, the nurse can determine if the cyanosis is due to a significant drop in oxygen levels which may indicate a need for rapid intervention. This assessment is essential, as it informs subsequent actions; knowing the precise oxygen saturation allows the healthcare team to make evidence-based decisions regarding oxygen administration and other necessary interventions. Once the pulse oximeter reading is obtained, if the levels are low, the nurse can then respond appropriately, possibly by administering oxygen or calling for additional support, such as the neonatal resuscitation team, based on the severity of the readings. Therefore, assessing the situation through pulse oximetry before taking further action aligns with the practice of prioritizing interventions based on accurate assessments.

SAMPLE

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://rnclowriskneonatalnursing.examzify.com

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

SAMPLE