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Nursing

C-ELBW

NCC Care of the Extremely Low Birth Weight Neonate

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Question: 511

Which of the following is the most common respiratory challenge faced by the ELBW neonate?
A. Respiratory distress syndrome
B. Bronchopulmonary dysplasia
C. Persistent pulmonary hypertension

Answer: A
Respiratory distress syndrome (RDS) is the most common respiratory challenge faced by the ELBW neonate. RDS is caused by a deficiency of surfactant, a substance that helps keep the alveoli open, leading to respiratory distress and the need for respiratory support.

Which of the following is the most important intervention in preventing skin breakdown in the ELBW neonate?
A. Frequent diaper changes
B. Gentle skin cleansing
C. Maintaining a humid environment

Answer: C
Explanation: Maintaining a humid environment is the most important intervention in preventing skin breakdown in the ELBW neonate. The ELBW neonate's thin, fragile skin is highly permeable, and a humid environment helps to prevent excessive fluid and heat loss, reducing the risk of skin breakdown.

Question: 512
An ELBW neonate is experiencing respiratory distress and hypoxemia. Which of the following interventions should be the initial focus to improve oxygenation?

A. Surfactant replacement therapy
B. Initiation of high-flow nasal cannula
C. Administration of supplemental oxygen

Answer: C

Explanation: The administration of supplemental oxygen should be the initial focus to improve oxygenation in an ELBW neonate experiencing respiratory distress and hypoxemia. Providing increased oxygen concentration through nasal cannula or other non-invasive respiratory support is the most immediate and effective intervention to increase the neonate's oxygen saturation and address the hypoxemia. Surfactant replacement therapy and the initiation of high-flow nasal cannula are subsequent interventions that may be considered if the neonate's respiratory status does not improve with supplemental oxygen alone. However, the priority should be on correcting the immediate oxygenation issues first.

Question: 513
An ELBW neonate develops bronchopulmonary dysplasia (BPD). Which of the following is the most important intervention to prevent the development of BPD?

A. Administering postnatal steroids
B. Providing continuous positive airway pressure (CPAP)
C. Implementing a lung-protective ventilation strategy
D. Promoting early extubation to non-invasive support

Answer: C
Explanation: Implementing a lung-protective ventilation strategy is the most important intervention to prevent the development of bronchopulmonary dysplasia (BPD) in an ELBW neonate. This approach aims to minimize lung injury and optimize oxygenation, which are key factors in the prevention of BPD.

Question: 514
An ELBW neonate exhibits decreased tone, poor reflexes, and a lack of spontaneous movement. Which of the following neurological assessments

would be most appropriate to perform?

A. Neonatal Behavioral Assessment Scale (NBAS)
B. Premature Infant Pain Profile (PIPP)
C. Dubowitz Neurological Assessment

Answer: C

Explanation: The Dubowitz Neurological Assessment is the most appropriate neurological assessment to perform on an ELBW neonate exhibiting decreased tone, poor reflexes, and a lack of spontaneous movement. The Dubowitz assessment is specifically designed to evaluate the neurological status and development of preterm and low birth weight infants, focusing on factors such as tone, reflexes, and spontaneous movements, which are crucial indicators of the neonate's neurological maturity and function. The NBAS and PIPP assessments are not primarily focused on the neurological evaluation of ELBW neonates.

Question: 515
An ELBW neonate is observed to have poor peripheral perfusion and hypotension. Which of the following is the most appropriate initial management?

A. Administer fluid bolus
B. Initiate inotropic medication
C. Increase oxygen supplementation

Answer: A

Explanation: The most appropriate initial management for an ELBW neonate with poor peripheral perfusion and hypotension is to administer a fluid bolus. ELBW neonates are often volume-depleted, and fluid resuscitation can help improve perfusion and blood pressure. Initiating inotropic medication or

increasing oxygen supplementation are not the first-line interventions in this scenario.

Question: 516
An extremely low birth weight neonate develops late-onset sepsis. Which of the following is the most important intervention to prevent the spread of infection?

A. Initiate empiric antibiotic therapy
B. Implement strict hand hygiene protocols
C. Isolate the neonate in a private room

Answer: B
Explanation: Implementing strict hand hygiene protocols is the most important intervention to prevent the spread of infection in an extremely low birth weight neonate with late-onset sepsis. These infants have immature immune systems and are highly susceptible to healthcare-associated infections. Proper hand hygiene among all healthcare providers, including thorough handwashing and the use of alcohol-based hand rubs, is a crucial infection control measure to limit the transmission of pathogens and prevent the spread of infection within the neonatal intensive care unit (NICU).

Question: 517
Which of the following is the most important factor in promoting neurodevelopment in the ELBW neonate?

A. Minimizing sensory stimulation
B. Providing consistent caregiving
C. Implementing kangaroo care

Answer: C
Explanation: Implementing kangaroo care (skin-to-skin contact with the parent) is the most important factor in promoting neurodevelopment in the ELBW neonate. This close physical contact helps to regulate the neonate's

physiological and behavioral states, which are critical for proper brain development.

Question: 518

An extremely low birth weight neonate is experiencing hypoglycemia. Which of the following is the most appropriate initial management?

A. Administer intravenous dextrose
B. Provide continuous enteral feeding
C. Increase frequency of feedings

Answer: A

Explanation: The administration of intravenous dextrose is the most appropriate initial management for hypoglycemia in an extremely low birth weight neonate, as this provides a rapid increase in blood glucose levels to address the immediate issue.

Question: 519
GI/GU
An ELBW neonate develops abdominal distension, bilious vomiting, and bloody stools. The MOST likely diagnosis is:

A. Gastroesophageal reflux disease (GERD)
B. Necrotizing enterocolitis (NEC)
C. Intestinal atresia
D. Meconium ileus

Answer: B
Explanation: The MOST likely diagnosis for the ELBW neonate with abdominal distension, bilious vomiting, and bloody stools is necrotizing enterocolitis (NEC).

Question: 520

Head, Eyes, Ears, Nose and Throat

Which of the following ocular conditions is MOST prevalent in extremely low birth weight neonates?

A. Retinopathy of prematurity
B. Congenital cataracts
C. Strabismus
D. Optic nerve hypoplasia

Answer: A

Explanation: Retinopathy of prematurity (ROP) is the ocular condition that is most prevalent in extremely low birth weight neonates. The immaturity of the retinal vasculature and exposure to supplemental oxygen in the NICU setting increase the risk of developing ROP in ELBW infants.

Question: 521

When providing delivery room management for an extremely low birth weight neonate, which of the following should be the highest priority?

A. Providing continuous positive airway pressure (CPAP)
B. Administering surfactant
C. Maintaining thermal stability

Answer: C

Explanation: Maintaining thermal stability is the highest priority in the delivery room management of an extremely low birth weight neonate, as these infants are at high risk of hypothermia due to their large surface area to body weight ratio and immature thermoregulatory mechanisms.

Question: 522
An ELBW neonate is noted to have a core temperature of 35.5Â°C (95.9Â°F) upon arrival to the NICU. The most appropriate initial intervention is:

A. Provide supplemental oxygen
B. Start intravenous fluid therapy
C. Apply warm blankets and turn up radiant warmer
D. Administer a bolus of warm fluid

Answer: C
Explanation: The most appropriate initial intervention for an ELBW neonate with a core temperature of 35.5Â°C (95.9Â°F) is to apply warm blankets and turn up the radiant warmer. This will help to increase the neonate's core temperature and prevent further heat loss. Providing supplemental oxygen, starting intravenous fluid therapy, or administering a bolus of warm fluid would not be the most appropriate first-line intervention in this scenario.

Question: 523
What is the most appropriate method for assessing the gestational age of an extremely low birth weight (ELBW) neonate?

A. Last menstrual period
B. Ultrasonography
C. Ballard score
D. Dubowitz score

Answer: D
Explanation: The Dubowitz score is the most accurate method for assessing the gestational age of an ELBW neonate. It includes a comprehensive evaluation of the neonate's physical and neurological characteristics, providing a more reliable assessment compared to the other options.

Question: 524

Neuroprotective Intentional Caregiving and Promotion of Selfregulation
Which of the following neuroprotective caregiving strategies is MOST effective in promoting self-regulation in ELBW neonates?

A. Skin-to-skin contact (kangaroo care)
B. Minimizing environmental stimuli
C. Positioning the neonate in a flexed, midline posture
D. Providing non-nutritive sucking opportunities

Answer: C
Explanation: Positioning the ELBW neonate in a flexed, midline posture is the MOST effective neuroprotective caregiving strategy for promoting self-regulation. This positioning helps to support the neonate's motor development, facilitate physiological stability, and reduce stress responses, all of which contribute to the development of self-regulation abilities. While skin-to-skin contact, minimizing environmental stimuli, and providing non-nutritive sucking opportunities are also important neuroprotective strategies, the flexed, midline positioning is considered the most effective in promoting self-regulation in ELBW neonates.

Question: 525
An ELBW neonate is experiencing significant fluid and electrolyte imbalances. Which of the following nursing interventions should be the priority?

A. Administering intravenous fluids and electrolyte replacements
B. Monitoring the neonate's intake and output closely
C. Ensuring the neonate is receiving appropriate nutritional support
D. Maintaining the neonate's body temperature within the normal range

Answer: A

Explanation: The priority nursing intervention for an ELBW neonate experiencing fluid and electrolyte imbalances is administering intravenous

fluids and electrolyte replacements. These neonates are at high risk for dehydration, electrolyte disturbances, and fluid imbalances due to their immature renal and metabolic systems. Providing the appropriate fluid and electrolyte therapy is crucial to maintain homeostasis and prevent complications.

Question: 526
Which of the following is the most important factor in reducing the risk of retinopathy of prematurity (ROP) in ELBW neonates?

A. Strict oxygen saturation monitoring
B. Routine screening eye exams
C. Minimizing postnatal weight loss

Answer: A

Explanation: Strict monitoring and control of oxygen saturation levels is the most important factor in reducing the risk of retinopathy of prematurity (ROP) in ELBW neonates. Fluctuations in oxygen levels can contribute to the development of ROP, which is a significant complication in this population. Routine screening eye exams and minimizing postnatal weight loss are also important, but oxygen saturation control is the primary intervention.

Question: 527
An ELBW neonate is at risk for developing sepsis. Which of the following nursing interventions is most important for infection prevention?

A. Strict hand hygiene and the use of personal protective equipment
B. Administering prophylactic antibiotics as prescribed
C. Implementing central line and ventilator-associated infection bundles
D. Minimizing invasive procedures and handling of the neonate

Answer: C

Explanation: The most important nursing intervention for infection prevention in an ELBW neonate is implementing central line and ventilator-associated infection bundles. These neonates are highly vulnerable to hospital-acquired infections due to their immature immune systems and the need for invasive devices. Implementing evidence-based infection prevention bundles, which include specific practices for central line and ventilator care, is crucial in reducing the risk of these life-threatening infections.

Question: 528
Which of the following is the most important factor in determining the risk of necrotizing enterocolitis (NEC) in the ELBW neonate?

A. Gestational age
B. Birth weight
C. Enteral feeding initiation

Answer: A
Explanation: Gestational age is the most important factor in determining the risk of necrotizing enterocolitis (NEC) in the ELBW neonate. The lower the gestational age, the higher the risk of NEC, as the gastrointestinal tract is more immature and vulnerable in extremely premature infants.

Question: 529
Respiratory Management/Oxygenation
The primary goal of respiratory management in an ELBW neonate is to:

A. Maintain normal oxygen saturation levels
B. Achieve adequate gas exchange and avoid hypercarbia
C. Minimize the need for mechanical ventilation

Answer: B
Explanation: The primary goal of respiratory management in an ELBW neonate

is to achieve adequate gas exchange and avoid hypercarbia (elevated carbon dioxide levels). Maintaining normal oxygen saturation levels and minimizing the need for mechanical ventilation are important, but secondary goals compared to ensuring appropriate gas exchange.

Question: 530
Which of the following is the most effective intervention for pain management in the ELBW neonate?
A. Sucrose administration
B. Pharmacological analgesia
C. Nonpharmacological comfort measures

Answer: C
Explanation: Nonpharmacological comfort measures, such as kangaroo care, swaddling, and minimizing environmental stimuli, are the most effective interventions for pain management in the ELBW neonate. These interventions help to soothe and comfort the infant, reducing the need for pharmacological pain relief.

Question: 531
Infection Risks
The primary risk factor for infection in ELBW neonates is:

A. Prematurity
B. Intravenous access
C. Exposure to healthcare settings

Answer: A
Explanation: The primary risk factor for infection in ELBW neonates is prematurity. ELBW neonates have an immature immune system and are more susceptible to infections due to their underdeveloped physical and physiological barriers.

Question: 532
An ELBW neonate is found to have a serum creatinine level of 1.2 mg/dL. Which of the following is the most appropriate initial management?

A. Administer diuretics
B. Restrict fluid intake
C. Monitor renal function

Answer: C

Explanation: The most appropriate initial management for an ELBW neonate with an elevated serum creatinine level of 1.2 mg/dL is to monitor renal function closely. Creatinine levels can be elevated in ELBW neonates due to their immature renal function, and the appropriate management is to observe the trend rather than immediately intervene with diuretics or fluid restriction, which could further compromise renal function.

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