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Question: 569

Which of the following is the most important factor in determining oxygen consumption in neonates during transport?

- A. Metabolic rate
- B. Hemoglobin concentration
- C. Ventilation-perfusion matching

Answer: A

Explanation: Metabolic rate is the most important factor in determining oxygen consumption in neonates during transport. A higher metabolic rate leads to increased oxygen demand and utilization, which can be affected by factors such as activity level, ambient temperature, and the presence of illness or stress.

Question: 570

During a pediatric transport, the most important factor to consider when performing a physical examination is:

- A. Anatomic abnormalities
- B. Developmental/behavioral status
- C. Physiologic stability

Answer: C

Explanation: The most important factor to consider when performing a physical examination during a pediatric transport is the patient's physiologic stability. Ensuring the patient's vital signs, respiratory status, and cardiovascular function are appropriately maintained is the top priority. While anatomic abnormalities

and developmental/behavioral status are also important aspects of the assessment, the patient's physiologic stability takes precedence during critical transport situations.

Question: 571

Which of the following is the most important factor in maintaining fluid and electrolyte balance during neonatal transport?

- A. Preventing dehydration
- B. Avoiding fluid overload
- C. Correcting electrolyte abnormalities
- D. Monitoring urine output

Answer: B

Explanation: Avoiding fluid overload is the most important factor in maintaining fluid and electrolyte balance during neonatal transport. Excessive fluid administration can lead to complications such as pulmonary edema, electrolyte disturbances, and cardiovascular compromise. Preventing dehydration, correcting electrolyte abnormalities, and monitoring urine output are also important, but the primary focus should be on preventing fluid overload.

Question: 572

A child presents with severe dehydration, lethargy, and altered mental status. The most appropriate fluid management is:

- A. Isotonic fluid bolus
- B. Hypotonic fluid maintenance
- C. Isotonic fluid maintenance

Answer: A

Explanation: The most appropriate fluid management for a child presenting with severe dehydration, lethargy, and altered mental status is an isotonic fluid bolus. This helps rapidly restore intravascular volume and improve perfusion. Hypotonic fluid maintenance is typically used for ongoing fluid replacement, while isotonic fluid maintenance is more appropriate for a child with normal hydration status.

Question: 573

Pneumonia caused by *Streptococcus pneumoniae* is characterized by:

- A. Lobar consolidation
- B. Diffuse interstitial infiltrates
- C. Multifocal nodular opacities

Answer: A

Explanation: Pneumonia caused by *Streptococcus pneumoniae*, the most common bacterial cause of pneumonia in children, is characterized by lobar consolidation on imaging. Diffuse interstitial infiltrates are more typical of viral pneumonias, while multifocal nodular opacities are seen in some atypical pneumonias.

Question: 574

A 6-month-old infant is brought to the emergency department with a 3-day history of fever, cough, and increased work of breathing. Physical examination reveals tachypnea, retractions, and diffuse wheezing throughout the lung fields. Chest radiograph shows hyperinflation and peribronchial cuffing. The most appropriate initial management is:

- A. Supplemental oxygen

- B. Intravenous antibiotics
- C. Bronchodilator therapy

Answer: C

Explanation: The presentation of an infant with fever, cough, increased work of breathing, and radiographic findings of hyperinflation and peribronchial cuffing is consistent with bronchiolitis. The appropriate initial management is bronchodilator therapy, as this can help relieve airway obstruction and improve respiratory mechanics. Supplemental oxygen and intravenous antibiotics may be supportive measures, but are not the primary treatment for uncomplicated bronchiolitis.

Question: 575

A neonate is receiving dopamine for cardiovascular support during transport. Which of the following parameters should be monitored most closely?

- A. Heart rate
- B. Blood pressure
- C. Urine output

Answer: A

Explanation: When a neonate is receiving dopamine during transport, the parameter that should be monitored most closely is the heart rate. Dopamine is a sympathomimetic agent that can increase heart rate, and this is one of the primary adverse effects to watch for. Blood pressure and urine output are also important to monitor, but heart rate is the most critical parameter when a neonate is on dopamine infusion.

Question: 576

During transport, the most important principle of mechanical ventilation support is:

- A. Maintaining appropriate tidal volume
- B. Achieving high peak inspiratory pressures
- C. Allowing for spontaneous breathing efforts

Answer: C

Explanation: The most important principle of mechanical ventilation support during transport is allowing for spontaneous breathing efforts by the patient. This helps maintain patient-ventilator synchrony and preserves the patient's respiratory drive, which is essential for successful weaning and extubation. Maintaining appropriate tidal volume and avoiding excessively high peak inspiratory pressures are also important, but allowing for spontaneous breathing is the primary goal.

Question: 577

What is the primary goal of thermal management during neonatal transport?

- A. Maintaining normothermia
- B. Inducing therapeutic hypothermia
- C. Preventing hyperthermia
- D. Facilitating passive cooling

Answer: A

Explanation: The primary goal of thermal management during neonatal transport is to maintain normothermia, as both hypothermia and hyperthermia can have significant physiological impacts and adverse outcomes in the neonate.

Question: 578

Which of the following is the most appropriate method for obtaining

intravenous access in a neonate during transport?

- A. Peripheral venipuncture
- B. Intraosseous access
- C. Umbilical venous catheterization

Answer: C

Explanation: The most appropriate method for obtaining intravenous access in a neonate during transport is umbilical venous catheterization. This provides reliable central venous access, which is preferred over peripheral venipuncture or intraosseous access in the neonatal population during transport.

Question: 579

Which of the following is the most appropriate treatment for a neonate with tension pneumothorax during transport?

- A. Needle decompression
- B. Chest tube insertion
- C. Supplemental oxygen

Answer: A

Explanation: Needle decompression is the most appropriate treatment for a neonate with tension pneumothorax during transport. Needle decompression is a rapid, life-saving procedure that can relieve the increased intrapleural pressure and allow the lung to re-expand. Chest tube insertion is a more definitive treatment, but it is not the appropriate first-line intervention during transport. Supplemental oxygen alone is not sufficient to manage a tension pneumothorax.

Question: 580

A child presents with fever, tachycardia, and hypotension. The most likely type of shock is:

- A. Cardiogenic
- B. Distributive (septic)
- C. Hypovolemic

Answer: B

Explanation: The combination of fever, tachycardia, and hypotension is most consistent with distributive (septic) shock. Septic shock is caused by an overwhelming systemic inflammatory response to infection, leading to vasodilation and decreased peripheral vascular resistance. Cardiogenic shock is due to impaired cardiac function, while hypovolemic shock is caused by fluid/blood loss.

Question: 581

A neonate is receiving dopamine for cardiovascular support during transport. Which of the following adverse effects should the transport team monitor for?

- A. Hypotension
- B. Tachycardia
- C. Hyperglycemia

Answer: B

Explanation: One of the primary adverse effects to monitor for with dopamine administration in neonates during transport is tachycardia. Dopamine is a sympathomimetic agent that can increase heart rate. Hypotension and hyperglycemia are also potential side effects, but tachycardia is the most common cardiovascular adverse effect to watch for.

Question: 582

Which of the following principles is most important to consider when providing mechanical ventilation support during neonatal transport?

- A. Maintaining a high respiratory rate
- B. Avoiding excessive tidal volumes
- C. Delivering a high fraction of inspired oxygen

Answer: B

Explanation: Avoiding excessive tidal volumes is the most important principle to consider when providing mechanical ventilation support during neonatal transport. Delivering large tidal volumes can lead to volutrauma and lung injury, which is particularly detrimental in fragile neonatal lungs.

Question: 583

A neonate is experiencing hypothermia during transport. Which of the following interventions should be the initial priority?

- A. Actively warm the neonate using a radiant warmer
- B. Passively rewarm the neonate by covering with blankets
- C. Administer warm intravenous fluids

Answer: B

Explanation: The initial priority in a neonate experiencing hypothermia is to passively rewarm the neonate by covering them with blankets. Actively warming the neonate using a radiant warmer or administering warm intravenous fluids can be dangerous, as it can lead to rapid rewarming and complications. Passive rewarming is the safest and most appropriate initial intervention.

Question: 584

A pediatric patient with a suspected pneumothorax is most appropriately managed with:

- A. Needle aspiration
- B. Chest tube insertion
- C. Supplemental oxygen

Answer: A

Explanation: The most appropriate initial management for a suspected pneumothorax in a pediatric patient is needle aspiration. This allows for the rapid decompression of the pleural space and relief of respiratory distress. Chest tube insertion may be necessary if the pneumothorax persists or recurs, but should not be the first-line intervention. Supplemental oxygen is also important, but does not directly address the underlying pneumothorax.

Question: 585

A 12-year-old child with a history of asthma presents with acute onset of wheezing, chest tightness, and difficulty breathing. Albuterol nebulizer treatment provides minimal relief. The most appropriate next step is:

- A. Administer intramuscular epinephrine
- B. Increase the dose of oral corticosteroids
- C. Initiate noninvasive positive pressure ventilation

Answer: B

Explanation: In a child with an acute asthma exacerbation that is unresponsive to initial bronchodilator therapy, the next appropriate step is to increase the dose of oral corticosteroids, which can help reduce airway inflammation and obstruction. Intramuscular epinephrine is typically reserved for anaphylaxis, and noninvasive ventilation should be considered only for severe, life-

threatening exacerbations.

Question: 586

What is the most common cause of spatial changes in neonates during transport?

- A. Fluid shifts
- B. Tissue edema
- C. Organ displacement

Answer: A

Explanation: Fluid shifts are the most common cause of spatial changes in neonates during transport. Alterations in fluid balance, such as fluid accumulation or depletion, can lead to changes in the distribution of body fluids, which can affect organ positions and the overall body habitus.

Question: 587

A neonate is experiencing cardiopulmonary arrest during transport. Which of the following principles of resuscitation should guide the transport team's actions?

- A. Follow NRP guidelines
- B. Prioritize advanced airway management
- C. Administer high-dose epinephrine immediately

Answer: A

Explanation: During a neonatal cardiopulmonary arrest in transport, the transport team should follow the Neonatal Resuscitation Program (NRP) guidelines. This includes the basic principles of airway, breathing, and circulation management, as well as the appropriate medication administration and timing. Advanced airway management and high-dose epinephrine are not the first-line actions according to NRP.

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