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Question: 1

A neonate with a diagnosis of necrotizing enterocolitis (NEC) is receiving total parenteral nutrition (TPN). The nurse should monitor the neonate closely for which of the following complications?

- A. Hypoglycemia
- B. Hypernatremia
- C. Hyponatremia

Answer: A

Explanation: When a neonate with necrotizing enterocolitis (NEC) is receiving total parenteral nutrition (TPN), close monitoring for hypoglycemia is essential. TPN provides a high concentration of glucose, which can lead to hyperglycemia. However, abrupt discontinuation or interruption of TPN can result in hypoglycemia. Therefore, the nurse should closely monitor the neonate's blood glucose levels to ensure they remain within the appropriate range. Hypernatremia (option B) refers to an elevated sodium level, which is not typically associated with TPN administration. Hyponatremia (option C) refers to a low sodium level and is also not typically associated with TPN administration in the context of NEC. Thus, option A is the most appropriate response in this situation.

Question: 2

A neonate is diagnosed with hypoglycemia. The nurse should anticipate which of the following interventions?

- A. Administering insulin
- B. Providing a glucose bolus
- C. Encouraging breastfeeding

Answer: B

Explanation: In a neonate diagnosed with hypoglycemia, providing a glucose bolus is an anticipated intervention. Hypoglycemia refers to a low blood glucose level, and providing a glucose bolus helps to rapidly increase the blood sugar level and address the hypoglycemic state. Administering insulin (option A) would further lower the blood glucose level and is not appropriate in this situation. Encouraging breastfeeding (option C) is a general recommendation for neonates but may not provide immediate resolution of hypoglycemia. Therefore, option B is the most appropriate response in this situation.

Question: 3

A neonate is diagnosed with meconium aspiration syndrome (MAS). Which of the following interventions is a priority for the nurse?

- A. Administering antibiotics
- B. Providing oxygen therapy
- C. Initiating chest physiotherapy

Answer: B

Explanation: In a neonate diagnosed with meconium aspiration syndrome (MAS), providing oxygen therapy is a priority intervention. MAS occurs when a neonate inhales meconium-stained amniotic fluid, leading to airway obstruction and impaired gas exchange. Oxygen therapy helps to alleviate hypoxia and improve oxygenation. Administering antibiotics (option A) may be considered in the presence of infection but is not a priority intervention for MAS. Initiating chest physiotherapy (option C) may be beneficial for airway clearance but is not the priority intervention to address the respiratory distress associated with MAS. Therefore, option B is the most appropriate response in this situation.

Question: 4

A neonate is diagnosed with congenital heart disease and is scheduled for a cardiac catheterization. The nurse should prioritize which of the following actions preoperatively?

- A. Administering preoperative antibiotics
- B. Monitoring preoperative vital signs
- C. Ensuring the neonate is NPO (nothing by mouth)

Answer: C

Explanation: Preoperatively, for a neonate with congenital heart disease scheduled for a cardiac catheterization, ensuring the neonate is NPO (nothing by mouth) is a priority action. NPO status is important to reduce the risk of aspiration during the procedure, as sedation or anesthesia may be used.

Administering preoperative antibiotics (option A) and monitoring preoperative vital signs (option B) are also important preoperative actions, but ensuring NPO status takes precedence. Therefore, option C is the most appropriate response in this situation.

Question: 5

A neonate is experiencing respiratory distress syndrome (RDS). Which of the following interventions is a priority for the nurse?

- A. Administering surfactant therapy
- B. Initiating continuous positive airway pressure (CPAP)
- C. Providing supplemental oxygen

Answer: A

Explanation: In a neonate experiencing respiratory distress syndrome (RDS), administering surfactant therapy is a priority intervention. RDS is caused by a deficiency of surfactant, which leads to collapsed alveoli, impaired gas exchange, and respiratory distress. Administering exogenous surfactant helps to improve lung compliance and oxygenation. Initiating continuous positive airway pressure (CPAP) (option B) and providing supplemental oxygen (option C) are also important interventions for respiratory support, but they are typically implemented after surfactant therapy. Therefore, option A is the most appropriate response in this situation.

Question: 6

A neonate in the neonatal intensive care unit (NICU) is diagnosed with necrotizing enterocolitis (NEC). Which of the following interventions should the nurse prioritize in the management of this condition?

- A. Initiation of enteral feedings
- B. Administration of broad-spectrum antibiotics
- C. Surgical intervention

Answer: A

Explanation: In the management of necrotizing enterocolitis (NEC) in a neonate, the nurse should prioritize the initiation of enteral feedings. NEC is a serious gastrointestinal disorder characterized by inflammation and necrosis of the intestinal tissue. Early initiation of enteral feedings, preferably with breast milk, has been shown to have a protective effect against NEC development. Breast milk contains various components, such as immunoglobulins and growth factors, which help to promote gut maturation and provide protection against infection and inflammation.

Option B (administration of broad-spectrum antibiotics) is also an important intervention in the management of NEC. Antibiotics are typically administered to treat the infection associated with NEC. However, in terms of prioritization,

initiating enteral feedings takes precedence as it promotes gut function and helps to reduce the risk of further complications.

Option C (surgical intervention) may be required in severe cases of NEC that do not respond to medical management or in the presence of bowel perforation. However, surgical intervention is not the initial priority in the management of NEC and would be considered if other interventions are ineffective.

Therefore, the nurse should prioritize the initiation of enteral feedings (option A) to support gut maturation and reduce the risk of complications associated with NEC.

Question: 7

A preterm neonate is receiving phototherapy for the treatment of hyperbilirubinemia. The nurse should monitor the neonate closely for which of the following potential complications?

- A. Hypothermia
- B. Dehydration
- C. Hypoglycemia

Answer: B

Explanation: The nurse should monitor the preterm neonate closely for dehydration when receiving phototherapy for the treatment of hyperbilirubinemia. Phototherapy involves the use of special lights that help break down bilirubin in the neonate's body. During phototherapy, the neonate's skin is exposed to the lights, which can increase insensible water loss through perspiration. This can lead to dehydration if adequate fluids are not provided to compensate for the increased water loss. Therefore, monitoring for signs of dehydration, such as decreased urine output, dry mucous membranes, and poor skin turgor, is essential during phototherapy.

Option A (hypothermia) is not directly associated with phototherapy. However,

precautions should be taken to prevent heat loss during the procedure by ensuring the neonate is adequately dressed and maintaining a warm environment.

Option C (hypoglycemia) is not directly associated with phototherapy. However, close monitoring of blood glucose levels is important in preterm neonates, especially those receiving phototherapy, as they may have increased energy needs and increased risk of hypoglycemia. Therefore, the potential complication that requires close monitoring during phototherapy is dehydration (option B).



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