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1) $(2+i)(3-5i) = (x+yi)$ then $(x+y) = ?$
 $(2+i)(3-5i)$
 $(6-10i)(3i-5i^2) \rightarrow 6-10i+3i-5i^2 = 11-7i$
 $x=11 \quad y=7 \quad 11+7=18$
 The answer is 18

2) $a+bi = \frac{2+i}{2-i}$ then $a^2+b^2 = ?$
 $\frac{(2+i)(2+i)}{(2-i)(2+i)} \rightarrow (2+i)^2 = 4+4i+i^2 = 3+4i$
 $(2-i)(2+i) = 4+i^2 = 3$
 $a+bi = \frac{3+4i}{3} \quad a = \frac{3}{3} \quad b = \frac{4}{3}$
 $a^2+b^2 = \frac{9}{9} + \frac{16}{9} = 1$
 The answer is 1

3) $2x^2 - 5x + 3 = 0$
 $a=2$
 $b=-5$
 $c=3$
 $\frac{\sqrt{b^2-4ac}}{2a}$
 $\frac{\sqrt{5^2-4 \times 2 \times 3}}{2 \times 2} = \frac{1}{4} = \text{Not Real}$

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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q31-Q36):

NEW QUESTION # 31

The baseline heart rate of a 28-week fetus is 170 bpm. The next step is to:

- A. Perform a biophysical profile
- B. Continue observation
- C. Assess maternal vital signs

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract Without Any URLs or Links:

NCC references (AWHONN, Simpson, Menihan) and the Physiology domain emphasize that baseline fetal heart rate is higher at earlier gestational ages due to predominant sympathetic tone and immature parasympathetic modulation. For a 28-week fetus, a baseline between 150-170 bpm may fall within the upper normal/mild tachycardic range.

Before classifying fetal tachycardia, recommended by AWHONN and Simpson, clinicians must first assess maternal contributors:

- * Fever
- * Tachycardia
- * Infection
- * Dehydration
- * Medications (e.g., beta-agonists)
- * Anxiety

This matches NCC's required first-line action: evaluate maternal status before escalating fetal assessment.

A biophysical profile (BPP) is not the immediate next step unless maternal status and fetal environment do not explain the finding.

Continuing observation without maternal evaluation is contrary to perinatal safety standards.

References: AWHONN Fetal Monitoring Principles Simpson & Miller Fetal Monitoring Menihan EFM Interpretation Guide NCC C- EFM Exam Content Domains 2025

NEW QUESTION # 32

The success of interventions to treat fetal hypoxia first depends on:

- A. Improving maternal oxygenation
- B. Minimizing uterine activity
- C. Optimizing uteroplacental blood flow

Answer: C

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

NCC/AWHONN emphasize that the primary goal of intrauterine resuscitation is to:

- * Optimize uteroplacental blood flow, which restores fetal oxygen delivery.

Key measures include:

- * Maternal repositioning (lateral)
- * Reducing tachysystole
- * IV fluid bolus
- * Correcting maternal hypotension
- * Stopping oxytocin
- * Treating underlying causes

Improving maternal oxygenation is supportive, but improving uteroplacental perfusion is the critical first determinant of resuscitation success.

Why the other answers are not first priority:

- * A. Oxygen - optional and no longer universally recommended unless maternal hypoxemia exists.
- * B. Minimizing uterine activity - essential, but still secondary to restoring perfusion.

Correct answer: C. Optimizing uteroplacental blood flow

References: NCC Pattern Recognition & Intervention Domain; AWHONN FHMPP; Menihan; Simpson & Creehan.

NEW QUESTION # 33

A woman at 36-weeks gestation comes in because of uterine contractions radiating to the back. She has no insurance. In accordance with the Emergency Medical Treatment and Active Labor Act (EMTALA), she is obligated to be:

- A. Stabilized and receive a medical screening examination
- B. Admitted without delay
- C. Transferred to a safety-net hospital

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:

NCC's Professional Issues domain includes EMTALA obligations for pregnant patients. EMTALA requires that ANY individual who presents to a hospital emergency department-regardless of insurance status- must receive:

* A Medical Screening Examination (MSE)

* Stabilization of any identified emergency medical condition (including labor)

* No transfer unless the patient requests it or the hospital cannot provide necessary stabilizing care This patient reports contractions at 36 weeks, which qualifies as a potential emergency medical condition until ruled out by the medical screening exam

Correct obligations per EMTALA:

* She must NOT be transferred solely due to lack of insurance (option C).

* She does NOT need to be admitted unless labor is confirmed (option A).

* She must receive a medical screening examination and stabilization (option B).

Thus, the correct answer is B. Stabilized and receive a medical screening examination.

References:NCC C-EFM Candidate Guide (Professional Issues); EMTALA Statutory Requirements; AWHONN Fetal Heart Monitoring Principles & Practices.

NEW QUESTION # 34

A reliable indicator of fetal oxygenation is fetal

- A. movement
- B. regular sleep-wake cycles
- C. heart rate accelerations

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract NCC-Recommended Sources AWHONN and NICHD definitions state that fetal accelerations are a strong indicator of adequate fetal oxygenation and neurologic integrity. Accelerations reflect intact sympathetic and parasympathetic balance and adequate oxygen reserve.

Simpson & Creehan emphasize accelerations as "the most reliable sign of fetal well-being," because they require intact autonomic function, sufficient pH, and adequate oxygenation. Menihan also identifies accelerations as the most reassuring feature on a fetal heart tracing.

Fetal movement is helpful but not directly reflective of oxygenation, as movements can decline for non- hypoxic reasons (sleep cycles, maternal sedation). Regular sleep-wake cycles are normal developmental neurologic patterns and not oxygenation markers.

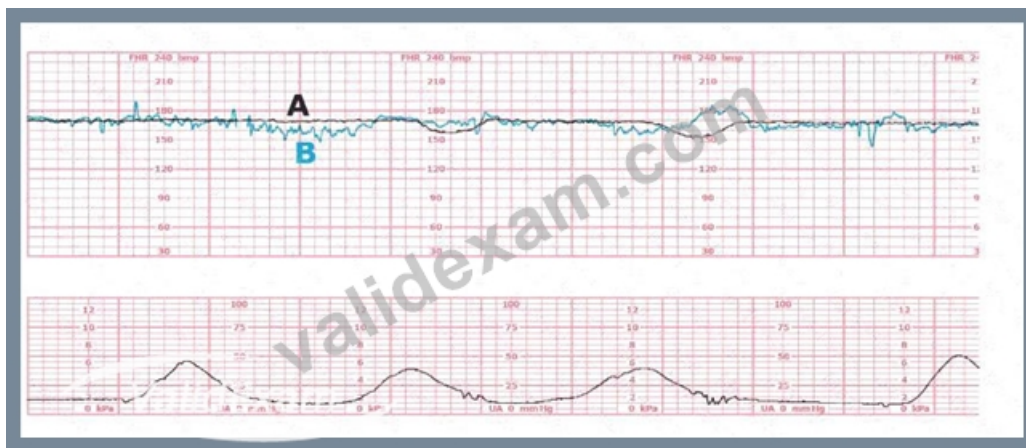
Creasy & Resnik reinforce that "presence of accelerations reliably indicates absence of metabolic acidemia." References:

AWHONN - Fetal Heart Monitoring Principles & PracticesSimpson & Creehan - Perinatal NursingMenihan

- Electronic Fetal MonitoringCreasy & Resnik - Maternal-Fetal MedicineMiller's Pocket Guide

NEW QUESTION # 35

This fetal heart rate tracing is of a woman in labor with dichorionic-diamniotic twins at 36-weeks gestation, 4 cm dilated. She is on oxygen via face mask. Based on the fetal heart rate tracing, what is the most appropriate action?



(Tracing A = black; Tracing B = blue)

- A. Cesarean birth
- **B. Continue to observe**
- C. Give terbutaline

Answer: B

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

Both fetal tracings (A and B) show:

- * Baselines around 140-150 bpm
- * Moderate variability
- * Intermittent accelerations
- * No recurrent decelerations
- * Normal contraction pattern
- * Overall Category I patterns for both twins

NCC, NICHD, and AWHONN emphasize that moderate variability with a normal baseline is the strongest reassurance of fetal well-being, even in multifetal gestations.

There is no evidence of:

- * Tachysystole
- * Recurrent variables
- * Recurrent lates
- * Prolonged decelerations
- * Category III patterns

Therefore, the appropriate action is ongoing observation.

Why the incorrect answers are wrong:

- * A. Cesarean birth - Not indicated with Category I FHR patterns.
- * C. Terbutaline - Reserved for tachysystole or prolonged deceleration patterns, not present here.

References: NCC C-EFM Candidate Guide; NICHD Definitions; AWHONN FHMPP; Menihan; Simpson & Creehan.

NEW QUESTION # 36

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