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Nursing NCC-NNP Exam Syllabus Topics:

Section	Weight	Objectives
General Assessment	15%	- Neonatal assessment
		1. Gestational age evaluation 2. Physical examination
		- Maternal history affecting the newborn
		1. Prenatal and perinatal factors 2. Risk assessment
		- Family integration
		1. Family-centered care 2. Parent communication
		- Discharge planning and follow-up care
		1. Post-discharge monitoring 2. Care transition

General Management	19%	- Thermoregulation • 1. Temperature stabilization - Fluids and electrolytes • 1. Fluid balance management - Growth and nutrition • 1. Nutritional management - Resuscitation and stabilization • 1. Emergency neonatal care - Drugs and breastfeeding • 1. Medication safety - Common drug therapies
Pharmacology	9%	• 1. Medication administration - Pharmacokinetics and pharmacodynamics • 1. Drug metabolism in neonates - Legal and ethical principles • 1. Professional responsibility
Professional Issues	3%	- Evidence-based practice • 1. Clinical research application - Quality improvement and patient safety • 1. Healthcare quality management

Embryology, Physiology, Pathophysiology and Systems Management 54%

- Respiratory
 - 1. Respiratory distress and ventilation
- Metabolic and endocrine
 - 1. Metabolic regulation
- Musculoskeletal
 - 1. Bone and muscle disorders
- Gastrointestinal
 - 1. Digestive system disorders
- Infectious diseases
 - 1. Neonatal infections
- Integumentary
 - 1. Skin conditions
- Genetics
 - 1. Genetic syndromes
- Neurological
 - 1. Neurological disorders
- Eyes, ears, nose, mouth and throat
 - 1. Sensory and airway conditions
- Renal and genitourinary
 - 1. Kidney and urinary conditions
- Cardiac
 - 1. Congenital and acquired cardiac disorders
- Hematopoietic
 - 1. Blood disorders

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Nursing Neonatal Nurse Practitioner Exam Sample Questions (Q162-Q167):

NEW QUESTION # 162

When evaluating cord blood values 30 minutes after birth, the following arterial PO₂ is within normal limits

- A. 40-50 mmHg
- **B. 16-20 mmHg**
- C. 28-32 mmHg

Answer: B

Explanation:

Umbilical cord blood gas testing, preferably arterial, should be done minutes after birth for infants who are at risk or depressed to determine pH and acid-base balance. Testing is most applicable to infants with low APGAR scores (0-3) persisting for 25 minutes.

Normal values:

	venous	Arterial
pH	7.25-7.35	7.28
PO ₂	28-32 mmHg	16-20 mmHg
PCO ₂	40-50 mmHg	40-50 mmHg
Base excess	0-5 mEq/L	0-10 mEq/L

NEW QUESTION # 163

Insensible water loss in neonates includes

- **A. evaporated fluids**
- B. urination
- C. stool

Answer: A

Explanation:

Insensible water losses (IWL) occur as water evaporates from the skin (2/3) or the respiratory tract (1/3). IWL cannot be directly measured. Premature neonates have thin skin that allows for increased amounts of evaporative water loss. As the skin matures and the stratum corneum develops (around 31 weeks of gestation) less water is lost through the skin. A full-term neonate will have an IWL of 12/ml/kg/24 hours at 50% humidity. Factors that increase IWL include prematurity, radiant warmers, phototherapy, fever, low humidity, and tachypnea. Sensible water losses occur via urination, stool, and gastric drainage and can be accurately measured.

NEW QUESTION # 164

Which vitamin should be given to infants at risk for bronchopulmonary dysplasia?

- A. Vitamin C
- **B. Vitamin A**
- C. Vitamin B

Answer: B

Explanation:

Very low birth weight infants are at risk for developing bronchopulmonary dysplasia.

Nutritional support can possibly help to decrease the development of this condition. Vitamin A helps with lung maturity, and supplementation with this vitamin may help to prevent this condition. Parenteral nutrition also helps with lung development to ensure the infant is receiving the proteins and lipids needed to help with lung maturity.

NEW QUESTION # 165

A preterm infant in the NICU is receiving tube feedings until he is able to attempt oral feedings. What activity can help him with the transition from tube to oral feedings?

- A. Playing soft music during tube feedings
- **B. Gently rub his stomach during tube feedings**

- C. Give him a pacifier to suck on during the tube feedings

Answer: C

Explanation:

Non-nutritive sucking, such as that with a pacifier, is having an infant suck on something that does not give them milk. For infants who are tube fed, it can trigger an association with them between having a full stomach and sucking, which can help when transitioning to oral feedings. The sucking activity is also helpful in strengthening the oral muscles needed to suck, as well as being soothing and calming for the infant.

NEW QUESTION # 166

The four heart defects seen with Tetralogy of Fallot are

- A. a patent ductus arteriosus, pulmonary hypertension, cor pulmonale, and aortic stenosis
- B. a thoracic aortic aneurysm, aortic stenosis, pulmonary stenosis, and a ventricular septal
- C. a large ventricular septal defect, pulmonary stenosis, right ventricular hypertrophy, and an

Answer: C

Explanation:

Tetralogy of Fallot is a very serious congenital heart defect that includes a large ventricular septal defect, pulmonary stenosis, right ventricular hypertrophy, and an overriding aorta. Though this is a serious condition, it is treated surgically during infancy and most children with this condition will go on to live into adulthood.

NEW QUESTION # 167

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