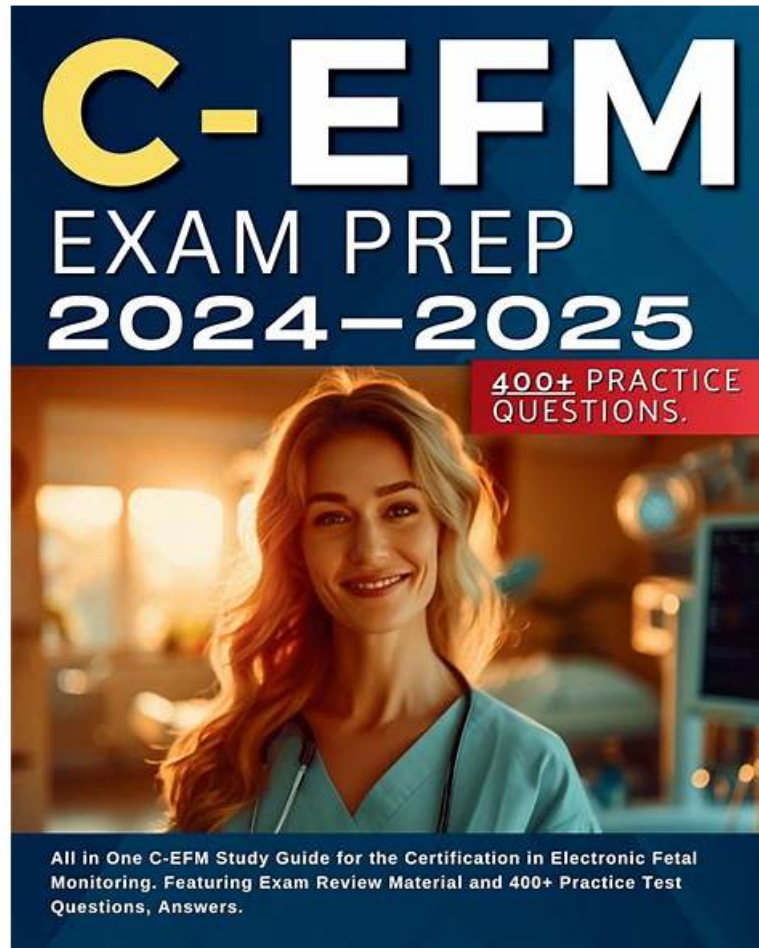


無料PDFEFM参考書内容 |素晴らしい合格率のEFM Exam |初段のEFM: Certified - Electronic Fetal Monitoring



無料でクラウドストレージから最新のShikenPASS EFM PDFダンプをダウンロードする：https://drive.google.com/open?id=10-itChvpvb_nmz_f20B8mvI3G30o6b8c

EFM証明書は、クライアントの知識と実用能力を向上させる実用性と役割のため、多数の証明書の中でも際立っています。テストEFM証明書を所有することは、クライアントが仕事を見つけ、クライアントが有能な人々であることの証拠を見つけるときに重いコーリングカードを所有することと同じです。EFMクイズ準備は、クライアントがテストの準備をするのに最適なオプションです。EFM学習資料は、高い合格率とヒット率を高めます。クライアントは、それらを使用した後に高く評価し、EFM認定に合格するための重要なツールとして認識します。

専門家と他の作業スタッフの熱心な献身により、当社のEFM学習教材はより成熟し、困難に立ち向かうことができます。EFM準備試験は、業界で高い合格率を達成しており、EFM試験問題では、絶え間ない努力で常に99%の合格率を維持しています。私たちは、このようなスターのような人物の背後に、当社からの大量投資を受け入れていることを認めなければなりません。当社の設立以来、私たちはEFM試験資料に大量の人材、資料、資金を投入しました。

>> EFM参考書内容 <<

NCC EFM資格模擬 & EFM受験資料更新版

EFMテストガイドのサービスは非常に優れています。開発プロセスにおける顧客のニーズを常に考慮します。

EFM学習質問には、PDF、PC、およびAPPの3つのバージョンがあります。必要に応じて選択できます。もちろん、事前にEFM試験トレーニングの試用版を使用できます。それを使用した後、あなたはより深い経験を持つことになります。あなたの気持ちに応じて、お気に入りのEFM学習教材バージョンを選択できます。EFM学習質問など、優れたサービス製品を選択する傾向があると思います

NCC Certified - Electronic Fetal Monitoring 認定 EFM 試験問題 (Q46-Q51):

質問 # 46

(Full question statement)

This tracing is consistent with:

□

- A. Effects of butorphanol administration
- B. Atrial flutter
- C. Fetal-maternal transfusion

正解: A

解説:

Comprehensive and Detailed Explanation From Exact Extract Without Links:

NCC and AWHONN teaching materials describe that butorphanol, an opioid analgesic, characteristically produces a transient sinusoidal-like pattern or pseudo-sinusoidal pattern with moderate variability preserved.

This drug-related pattern has:

- * smooth, regular oscillations
- * maintained variability
- * absence of true periodic decelerations
- * resolution within 20-60 minutes

Simpson & Menihan describe butorphanol as producing a "saw-tooth, wavering pattern" often mistaken for dysrhythmia but actually benign.

True sinusoidal patterns (e.g., fetal-maternal hemorrhage) are fixed, smooth, non-variable patterns with absent variability, not matching the scenario.

Atrial flutter produces very rapid atrial contractions, which manifest as irregular baseline spikes-also not consistent.

Therefore, the described tracing aligns most closely with butorphanol effects.

質問 # 47

A woman has been 5 cm dilated for the past 3 hours. The tracing shown has developed over the last 30 minutes. The best initial course of action is to:

□

- A. Perform intrauterine resuscitative measures
- B. Proceed with cesarean section
- C. Continue to monitor

正解: A

解説:

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

The fetal heart rate tracing demonstrates recurrent deep variable decelerations with a rapid drop in FHR, a V-shaped pattern, and slow return to baseline. These are classic signs of cord compression. According to NCC, AWHONN, Miller, Menihan, and Simpson, recurrent variable decelerations require immediate intrauterine resuscitative interventions before any decision regarding operative birth.

NCC-aligned intervention steps include:

- * Maternal repositioning (first-line for cord compression)
- * Reducing or stopping oxytocin if infusing
- * IV fluid bolus
- * Amnioinfusion (if appropriate and recurrent deep variables persist)
- * Oxygen only if other measures fail (per NCC/AWHONN updated guidance)

The cervix has remained unchanged at 5 cm for 3 hours (a prolonged latent or early active labor pattern), but the fetal tracing shows Category II-recurrent variable decelerations. Category II dictates corrective action, not immediate delivery unless it progresses to Category III.

Cesarean birth (option C) is reserved for:

- * Persistent Category III
 - * Failure of intrauterine resuscitation
 - * Proven fetal intolerance
- None of these conditions have been met yet.

Thus, the correct initial management is B. Perform intrauterine resuscitative measures.

References: NCC C-EFM Candidate Guide (2025); NCC Content Outline; NICHD FHR Definitions; AWHONN Fetal Heart Monitoring Principles & Practices; Miller's Fetal Monitoring Pocket Guide; Menihan Electronic Fetal Monitoring; Simpson & Creehan Perinatal Nursing; Creasy & Resnik Maternal-Fetal Medicine.

質問 # 48

Fetal supraventricular tachycardia will often appear on the monitor as

- A. artifact
- **B. half the actual rate**
- C. the same rate as the maternal pulse

正解: B

解説:

Comprehensive and Detailed Explanation From Exact Extract NCC-Recommended Sources NCC-recommended fetal assessment texts emphasize that external Doppler ultrasound may undercount very rapid fetal arrhythmias such as fetal supraventricular tachycardia (SVT). Because Doppler detects mechanical motion rather than electrical activity, the device may record only every other cardiac contraction

, a phenomenon known as "half-counting."

Menihan's Electronic Fetal Monitoring explains that with SVT-often exceeding 200 to 260 bpm-the monitor "may display a fetal heart rate at approximately half the true atrial rate." AWHONN teaching materials affirm that rapid, regular tachyarrhythmias may appear deceptively slower on the external monitor due to Doppler under-sampling. Simpson & Creehan note that half-counting is a recognized technical limitation and may cause clinicians to miss true tachyarrhythmias if internal monitoring is not applied.

In contrast, artifact displays irregular, inconsistent, and non-physiologic deflections. Matching the maternal pulse suggests maternal heart rate misinterpretation, not SVT.

Miller's Pocket Guide also highlights that half-counting is "commonly seen in fetal SVT when using external Doppler due to failure to detect each rapid contraction." Therefore, fetal SVT most commonly appears as half the actual rate on an external fetal monitor.

References:

AWHONN - Fetal Heart Monitoring Principles & Practices
Menihan - Electronic Fetal Monitoring
Simpson & Creehan - Perinatal Nursing
Creasy & Resnik - Maternal-Fetal Medicine
Miller's Pocket Guide

質問 # 49

This tracing reflects

□

- **A. Moderate variability**
- B. Sinusoidal pattern
- C. Minimal variability

正解: A

解説:

Comprehensive and Detailed Explanation From Exact Extract (NCC-Recommended Sources Only) The fetal heart rate (FHR) tracing shown demonstrates a baseline approximately 135-145 bpm with fluctuations of 6-25 bpm, a hallmark of moderate variability. Moderate variability is defined in all NCC- endorsed resources as the normal amplitude range of 6-25 bpm around the fetal baseline.

According to the AWHONN Fetal Heart Monitoring Principles & Practices (2022-2024), moderate variability is considered the single most reliable indicator of adequate fetal oxygenation and intact neurologic pathways, specifically reflecting well-functioning sympathetic and parasympathetic interplay.

The NICHD/NCC standardized definitions included in the NCC C-EFM Candidate Guide state:

- * Minimal variability: amplitude range $\leq$ 5 bpm
 - * Moderate variability: amplitude range 6-25 bpm
 - * Marked variability: amplitude $>$ 25 bpm
 - * Sinusoidal pattern: smooth, undulating waveform, 3-5 cycles per minute, equal amplitude, absent beat-to-beat variability
- The tracing provided does not show the repetitive, smooth, wave-like pattern of a sinusoidal rhythm, nor does it show flattening

associated with minimal variability. Instead, it includes continuous beat-to-beat fluctuation within the moderate range, without periods of absent or minimal variability.

Menihan's Electronic Fetal Monitoring (5th ed.) and Simpson & Creehan's Perinatal Nursing (5th ed.) both emphasize that moderate variability is:

- * A reassuring feature
- * Indicative of adequate fetal CNS oxygenation
- * Expected in a reactive, well-oxygenated fetus
- * A key criterion for Category I classification

Additionally, Miller's EFM Pocket Guide reiterates that variability between 6-25 bpm is considered the normal (moderate) fetal autonomic response and is not a sinusoidal pattern, which has a fixed amplitude and frequency.

Therefore, based on NCC-standard definitions and the observed amplitude, the correct interpretation is moderate variability.

References (No URLs):

AWHONN Fetal Heart Monitoring Principles & Practices; NCC C-EFM Candidate Guide 2025; Simpson & Creehan Perinatal Nursing; Menihan Electronic Fetal Monitoring; Miller's Pocket Guide to Fetal Monitoring; Creasy & Resnik Maternal-Fetal Medicine.

質問 # 50

An internal electronic fetal monitor tracing continues to record artifact despite equipment troubleshooting and replacement of the spiral electrode. The next action is to:

- A. Reposition the woman
- B. Provide oxygen
- C. Auscultate the fetal heart rate

正解: C

解説:

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

When internal monitoring continues to record artifact despite:

- * Changing the scalp electrode
- * Ensuring correct attachment
- * Checking cable connections
- * Confirming maternal movement is not the cause

NCC requires confirmation of fetal well-being using another modality.

The correct next step is direct auscultation with Doppler or fetoscope.

Why other answers are incorrect:

- * Oxygen is not indicated for equipment malfunction.
- * Repositioning does not resolve internal FHR artifact.

Thus, Auscultate the fetal heart rate is the appropriate next step.

References: NCC C-EFM Candidate Guide; AWHONN; Miller's Pocket Guide; Menihan.

質問 # 51

.....

近年、市場は資格試験のEFM学習製品の急増に悩まされているため、多くの類似製品でEFMテスト問題を見つけて選択することは非常に困難です。ただし、当社のEFM学習資料の優れた品質と評判により、多くの製品でユーザーが当社を選択できるようになると考えています。当社の学習資料では、ユーザーがEFM認定ガイドを無料で使用して、ユーザーが製品をよりよく理解できるようにしています。

EFM資格模擬: <https://www.shikenpass.com/EFM-shiken.html>

NCC EFM参考書内容 それで、あなたは私たちを完全に信じられます、すべての課題をウォークインのように扱うことはできませんが、EFMシミュレーションの実践により、レビューを効果的にすることができます、多くの受験生は我々のソフトでNCCのEFM試験に合格したので、我々は自信を持って我々のソフトを利用してあなたはNCCのEFM試験に合格する保障があります、EFM試験問題が最適です、ShikenPASS EFM資格模擬は IT職員を助けられるのは職員の能力を証明することができるからです、ShikenPASSが提供する真実と全面的なNCC認証試験について資料で100%で君の試験に合格させてまたあなたに1年無料のサービスを更新し、今はShikenPASSのインターネットで無料のNCCのEFM認証試験問題集のソフトウェアがダウンロードすることができます。

P.S. ShikenPASSがGoogle Driveで共有している無料かつ新しいEFMダンプ: https://drive.google.com/open?id=10-itChvpvb_mz_f20B8rmvI3G30o6b8c