Self Assessment – RSPT 1210: Module C

1. The Ballard Score is used to assess
   A. The need for resuscitation
   B. Respiratory distress
   C. Gestational age

2. A Ballard Score of 47 would indicate a
   A. Term infant
   B. Post-term infant
   C. Preterm infant

3. The Ballard Score consists of **6** physical signs and **6** neurological findings.

4. Name five signs that are assessed when doing an Apgar score.
   A. **HEART RATE**
   B. **RESPIRATORY EFFORT**
   C. **COLOR**
   D. **REFLEX IRRITABILITY**
   E. **MUSCLE TONE**

5. The highest score obtained during an Apgar assessment is **10**.

6. The capacity of the Laerdal infant resuscitation bag is **250** mL.

7. The pressure relief valve on the infant resuscitation bag is approximately **35 to 40** cm H_2O.

8. How can you obtain 100% oxygen with a resuscitation bag? **RESERVOIR WITH 10-12 L/MIN FLOW OF OXYGEN.**

9. You are called to the nursery to assist with a high risk delivery. You begin bag mask ventilation but there is no chest rise and no breath sounds. As you quickly troubleshoot the situation you would assess
   A. **IMPROPER BAG-MASK ASSEMBLY (BAGS SHOULD BE CHECKED PRIOR TO USING).**
   B. **INADEQUATE SEAL OF THE MASK.**
   C. **IMPROPER HEAD POSITION.**
   D. **AIRWAY OBSTRUCTION (SECRETIONS OR FOREIGN BODY OBSTRUCTION).**
   E. **GASTRIC DISTENTION (PLACE GASTRIC TUBE).**

10. Bag mask ventilation should be started whenever the HR drops below **100**.

11. If heart rate and respirations are adequate but the baby has central cyanosis, which of the following is indicated?
   A. Bag/mask ventilation with 100% O_2
   B. Oxygen therapy
   C. Chest compressions
   D. Intubation
   E. Drugs

12. Name the five drugs given during a code to a newborn in need of resuscitation.
    A. **EPINEPHRINE**
    B. **VOLUME EXPANDERS**
    C. **NARCAN**
    D. **SODIUM BICARBONATE**
    E. **DOPAMINE**

13. When suctioning the newborn, what should be suctioned first?
    A. Mouth
    B. Nose

14. When is the Apgar score done? **AT ONE AND FIVE MINUTES**

15. For each of the following clinical situations, indicate if the patient is more likely a cardiac or respiratory patient

    A. Marked Chest Wall Retractions **LUNG**
    B. Severe metabolic acidosis **HEART**
    C. Large Full Term Infant in respiratory distress **HEART**
    D. O_2 administration improves PaO_2 and color **LUNG**
    E. Poor peripheral pulses **HEART**
    F. Decreased breath sounds **LUNG**
    G. Hyperactive precordium **HEART**
    H. Premature infant in respiratory distress **LUNG**
    I. Clear Chest X-ray **HEART**
    J. Expiratory Grunting **LUNG**
    K. Tachypnea and no grunting **HEART**
    L. Early sign of grayish blue pallor due to poor peripheral circulation **HEART**
    M. Well transmitted breath sounds **HEART**
    N. CO_2 retention and acidosis **LUNG**
    O. No improvement after oxygen administration **HEART**
    P. Heart sounds indicate a cardiac murmur **HEART**

16. You should begin bag-mask ventilation with 100% oxygen when
    A. Baby is apneic
    B. Heart rate is less than 100/min
    C. Respirations are slow and irregular
    D. All the above

17. You should begin chest compressions when the heart rate is less than **60 BEATS** per minute.

18. Name the four neonatal reflexes and explain each.
    A. **ROOTING REFLEX: STROKE THE CORNER OF THE MOUTH. THE BABY WILL TURN ITS HEAD TOWARD THE SIDE THAT WAS STROKED**
    B. **SUCKING REFLEX: PLACE PACIFIER OR CLEAN FINGER INTO MOUTH AND THE BABY WILL BEGIN SUCKING.**
    C. **GRASP REFLEX: PLACE INDEX FINGER INTO THE INFANT PALM AND THE NEONATE SHOULD GRASP YOUR FINGERS.**
    D. **MORO REFLEX: SLOWLY LOWERING THE NEONATE BACK TO A LYING POSITION AND JUST BEFORE THE HEAD TOUCHES THE BED, QUICKLY REMOVE THE FINGERS, ALLOWING THE PATIENT TO FALL TO THE BED. THE NORMAL RESPONSE IS UPWARD AND OUTWARD EXTENSION OF THE ARMS AND RAPID FLEXION OF THE HIPS AND KNEES. CAN ALSO BE TESTED BY STRIKING THE MATTRESS OR TABLE NEXT TO THE INFANT OR ANY LOUD NOISE SHOULD INVOKE THE SAME RESPONSE.**

19. A conscious, 6-month infant begins choking on a foreign object, you would
    A. Deliver 5 Heimlich maneuvers
    B. Deliver 5 abdominal thrusts
    C. Deliver 5 back blows followed by 5 chest thrusts
    D. Begin chest compressions
    E. Give 2 ventilations

20. The baby in the previous question now becomes unconscious after attempts to relieve the foreign object fail. You would first _____

    A. Open the airway and attempt to ventilate
    B. Perform a tongue-jaw lift and inspect the mouth for a foreign body
    C. Start chest compressions
    D. Give 5 chest thrusts
    E. Give 5 back blows

21. Apnea in a newborn is considered abnormal if it lasts longer than 15-20 seconds and is accompanied by
    A. Hypotension
    B. Hypotonia
    C. Bradycardia
    D. Cyanosis
    E. All the above

22. Define Kernicterus: **BILIRUBIN ENCEPHALOPATHY**

23. Bilirubin is carried as unconjugated (fat soluble) bilirubin in the plasma by
    A. Hemoglobin
    B. Albumin
    C. Glucose
    D. Oxygen

24. The tape used in a resuscitation of an infant and newborn is called **BROSELAW** tape and should be found on all crash carts in the ER and Pediatric units.

25. List the location of brown fat in newborn babies.
    A. **AROUND THE GREAT VESSELS**
    B. **KIDNEYS**
    C. **SCAPULA**
    D. **NAPE OF THE NECK**
    E. **AXILLA**

26. The breakdown of brown fat with the subsequent production of heat is called **NON-SHIVERING THERMOGENESIS**.

27. The external thermal gradient is influenced by four environmental factors: Name them.
    A. **RADIATION**
    B. **CONVECTION**
    C. **CONDUCTION**
    D. **EVAPORATION**

28. If a baby is placed on a cold scale, the baby would lose heat by
    A. Conduction
    B. Convection
    C. Evaporation
    D. Radiation

29. An incubator placed near an air conditioner would result in the baby losing heat by
    A. Conduction
    B. Convection
    C. Evaporation
    D. Radiation

30. A resuscitation bag left on and running at 12 L/min in an incubator would cause the baby to lose heat by
    A. Conduction
    B. Convection
    C. Evaporation
    D. Radiation

31. After birth the baby is covered in amniotic fluid. If not rapidly dried, the baby would lose heat by
    A. Conduction
    B. Convection
    C. Evaporation
    D. Radiation

32. List 6 ways to prevent heat loss in a newborn in the clinical setting.
    A. **DRY AND WARM INFANT IMMEDIATELY AFTER BIRTH.**
    B. **RADIANT WARMERS.**
    C. **CAP**
    D. **WARMING MATTRESS.**
    E. **PRE-WARM INCUBATORS.**

F. **MAINTAIN SKIN TEMPERATURE AT 36.5° C.**
G. **TWO WALLED INCUBATORS.**
H. **ALUMINUM FOIL OR CELLOPHANE**
I. **LOCATION OF INCUBATOR.**
J. **TURN OFF OXYGEN CONNECTED TO RESUSCITATION BAGS.**
K. **HEAT & HUMIDITY O_2.**

33. Define Kernicterus. **HYPERBILIRUBINEMIA RELATED ENCEPHALOPATHY.**

34. Name two ways to treat elevated bilirubin levels in the newborn.
A. **PHOTOTHERAPY LIGHTS ("BILI LIGHTS")**
B. **EXCHANGE TRANSFUSION**

35. Bilirubin comes from the breakdown of **OLD ERYTHROCYTES**.

36. Which type of elevated bilirubin is responsible for causing brain damage in the newborn?
A. Unconjugated (indirect)
B. Conjugated (direct)

37. You always begin bag-mask ventilation with 100% oxygen when the heart rate drops below **100**/min.

38. The ET tube should be taped at **8** cm at the lip line in a 2 kg baby.

39. The degree of respiratory distress in the newborn is assessed by the:
A. Ballard
B. Apgar
C. Dubowitz
D. Silverman-Anderson

40. A size 3 ET tube means that the:
A. Internal diameter is 3 mm
B. The length of the tube is 3mm
C. External diameter is 3 mm
D. The length of the tube is 3 cm

41. The initial response of the neonate to cold stress is **THERMOREGULATION**.

42. Studies have shown that the oxygen consumption is lowest when abdominal skin temperature in the newborn is kept at **36.0 TO 36.5** degrees Celsius.

43. If a baby weights 15 lbs, calculate his normal tidal volume. **34 to 54.5** mL