NURSERY EXAMINATION

Name: ___________________________  Date: _______________  Score _______________

I. Choose the correct answer:

1. A 6 hour old infant passes an unformed, black, tarlike stool. What conclusion should the nurse draw from this finding?
   A. It is meconium stool that is expected at this time.
   B. It is meconium stool expected at the time of birth.
   C. It is a transitional stool expected at this time.
   D. It is a transitional stool that is expected later.

2. Following delivery, the nurse would first assess which two newborn body systems that must undergo the most rapid changes to support extrauterine life?
   A. Gastrointestinal and hepatic
   B. Urinary and hematologic
   C. Neurologic and temperature control
   D. Respiratory and cardiovascular

3. A newborn’s father expresses concern that his baby does not have good control of his hands and arms. The nurse would explain which concept in response to the client, using wording that the client can understand?
   A. Neurologic function progresses in a head-to-toe, proximal-to-distal fashion.
   B. Purposeful, uncoordinated movements of the arms are abnormal.
   C. Mild hypotonia is expected in the upper extremities.
   D. Asymmetric muscle tone is not unusual.

4. When caring for a newborn, the nurse must be alert for potential sign of cold stress?
   A. Decreased activity level
   B. Increased respiratory rate
   C. Hyperglycemia
   D. Shivering

5. Which physical assessment finding would the nurse record as part of a newborn’s gestational age assessment?
   A. Umbilical cord moist to touch
   B. Anterior and posterior fontanels non-bulging
   C. Plantar creases present on anterior two-thirds of sole
   D. Milia present on bridge of nose

6. When planning client instruction on breastfeeding, the nurse includes that the amount of breast milk the mother produces is directly related to which of the following?
   A. Her newborn’s sucking stimulus
   B. Her breast size
   C. Her newborn’s weight
   D. Her nipple erectility

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7. Which action by a new postpartum client indicates to the nurse the need for further instruction in breastfeeding technique?
   A. Holds the breast with four fingers along the bottom and thumb on top
   B. Leans forward to bring her breast toward the baby
   C. Stimulates the rooting reflex. Then inserts the nipple and areola into the newborn’s mouth

8. A mother is anxious about her newborn. She asks the nurse why there are no tears when her baby is crying. The nurse’s response incorporates the understanding that
   A. The lacrimal ducts must be punctured to initiate tear flow.
   B. Antibiotic instillation at birth reduces tear formation for several days.
   C. Exposure to rubella in utero can result in lacrimal duct stenosis.
   D. Lacrimal ducts are nonfunctional until 2 months of age.

9. The nurse observes that when a newborn is supine and the head is turned to one side, the extremities straighten to that side while the opposite extremities flex. How would the nurse document this finding?
   A. Tonic neck reflex
   B. More reflex
   C. Cremasteric reflex
   D. Babinski reflex

10. The nurse anticipates that a newborn male, estimated to be 39 weeks’ gestation, would exhibit which characteristic?
    A. Extended posture when at rest
    B. Testes descended into the scrotum
    C. Abundant lanugo over his entire body
    D. The ability to move his elbow past his sternum

11. If a newborn does not pass meconium during the first 36 hours of life, what is the most appropriate action by the nurse?
    A. Observe the anal area for fissure.
    B. Notify the physician.
    C. Increase the amount of oral feedings.
    D. Measure the abdominal girth.

12. During a physical assessment, the nurse palpates the newborn’s hard and soft palate with a gloved index finger. The infant’s mother asks the nurse to explain what is being done. The nurse replies that this assessment is done to detect which possible problem?
    A. A shortened frenulum
    B. Openings in the palate
    C. A thrush infection
    D. Adequacy of saliva production

13. A new mother overhears a nurse mention “first period of reactivity” and asks the nurse for an explanation of the term. Which statement would be best to include in a response?
    A. “The period begins when the infant awakens from a deep sleep.”
    B. “The period is an excellent time to acquaint the parents with the newborn.”
    C. “The period is an excellent time for the mother to sleep and recover from labor and delivery.”
    D. “The period ends when the amount of respiratory mucus has decreased.”

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14. Which suggestion would the nurse make to the mother of a bread-feeding newborn as the best treatment for physiologic jaundice?
   A. Switching permanently to formula
   B. Giving supplemental water feedings
   C. Increasing the frequency of breast-feeding sessions
   D. Feeding the newborn nothing by the mouth

15. In providing guidelines to follow when using concentrated formula for bottle-feeding, the nurse should give which instruction to new parents?
   A. Wash the top of the can and can opener with soap and water before opening the can,
   B. Adjust the amount of water added according to the weight-gain pattern of the newborn.
   C. Make sure the newborn takes all the formula measured into each bottle.
   D. Warm the formula in a microwave oven for a few minutes before feeding.

16. A new mother who is breast-feeding her infant asks the nurse. “What kind of stools will my baby have, and how many will there be during the next month?” What would be the best response by the nurse?
   A. “One or two well-formed yellow-orange stools per day.”
   B. “As many as 6-10 small, loose, yellow stools per day.”
   C. “A well-formed brown stool at least every other day.”
   D. “Frequent loose, green stools.”

17. During a physical exam of a newborn with developmental hip dysplasia, which assessment findings would the nurse expect to obtain? Select all that apply.
   A. Symmetrical gluteal folds
   B. Limited adduction of the affected leg
   C. Absent femoral pulse when the hip is flexed and the leg is abducted
   D. Limited abduction of the affected leg
   E. Asymmetrical gluteal folds

18. The nurse conducts a neurological assessment of the newborn. What findings indicate the need for further evaluation? Select all that apply.
   A. Asymmetrical fine jumping movements of the leg and arm muscles
   B. Fanning and hyperextension of the toes when the sole is stroked upward from the heel
   C. Grasping a finger placed in the neonate’s palm
   D. Muscle flaccidity not relieved by holding the newborn
   E. Weak but effective sucking movements

19. A postpartum client is bottle-feeding her newborn. What would the nurse teach the client about regurgitation of small amounts of formula? Select all that apply.
   A. Take rectal temperature to check for fever.
   B. Recognize this as a normal occurrence.
   C. Discontinue feeding for 6-8 hours.
   D. Report this promptly to the pediatrician.
   E. Understand that this may result from overfeeding.

20. The nurse concludes that a postpartum client is using good bottle-feeding technique after observing which behavior? Select all that apply.
   A. Keeps the nipple full of formula throughout the feeding
   B. Props the bottle on a rolled towel
   C. Points the bottle at the infant’s tongue
   D. Enlarges the nipple hole to allow for a steady stream of formula to flow
   E. Keeps the infant close with head elevated

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