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Nursing

C-ELBW

NCC Care of the Extremely Low Birth Weight Neonate

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Question: 1

A newborn is assessed using the Ballard Score and is determined to have a gestational age of 26 weeks. Which of the following physical characteristics would you expect to find in this neonate?

- A. Smooth, pink skin and well-developed breast tissue
- B. Well-formed external genitalia and mature ear cartilage
- C. Abundant lanugo and minimal sole creases

Answer: C

Explanation: A newborn with a gestational age of 26 weeks would exhibit abundant lanugo (fine hair) and minimal sole creases. Well-formed external genitalia and mature ear cartilage are characteristics seen in a term neonate. Smooth, pink skin and well-developed breast tissue are indicative of a more mature neonate.

Question: 2

To minimize the risk of infection in an extremely low birth weight neonate, which of the following measures should be implemented?

- A. Limited use of central venous catheters
- B. Administration of prophylactic antibiotics
- C. Strict hand hygiene for all healthcare providers

Answer: C

Explanation: Strict hand hygiene for all healthcare providers is a crucial measure to minimize the risk of infection in an extremely low birth weight neonate. It helps prevent the introduction and transmission of pathogens. While prophylactic antibiotics may be used in specific situations, they are not

routinely administered. The use of central venous catheters may be necessary for certain medical interventions but should be limited to reduce the risk of infection.

Question: 3

A blood gas analysis of an extremely low birth weight neonate reveals a PaO₂ of 50 mmHg. This finding indicates:

- A. Hypoxemia
- B. Hyperoxemia
- C. Normoxemia

Answer: A

Explanation: A PaO₂ of 50 mmHg in an extremely low birth weight neonate indicates hypoxemia, which is a below-normal level of oxygen in the blood. Hyperoxemia refers to an excessive level of oxygen in the blood, while normoxemia indicates a normal oxygen level.

Question: 4

An extremely low birth weight neonate is at increased risk for patent ductus arteriosus (PDA) due to:

- A. Premature closure of the ductus arteriosus
- B. Immature development of the pulmonary artery
- C. Increased pulmonary vascular resistance

Answer: C

Explanation: An extremely low birth weight neonate is at increased risk for

patent ductus arteriosus (PDA) due to increased pulmonary vascular resistance. The high pulmonary vascular resistance in these neonates can lead to the persistence of the ductus arteriosus, resulting in a PDA. Premature closure of the ductus arteriosus is not a risk factor for PDA in this population, and the development of the pulmonary artery is not directly associated with PDA.

Question: 5

When transferring an extremely low birth weight neonate to another facility, which of the following transport methods is most appropriate?

- A. Ambulance with a neonatal transport team
- B. Helicopter transport with a specialized neonatal transport team
- C. Parental transport with appropriate discharge instructions

Answer: B

Explanation: Helicopter transport with a specialized neonatal transport team is the most appropriate method for transferring an extremely low birth weight neonate to another facility. This ensures the presence of experienced healthcare providers and the availability of necessary equipment and monitoring during the transport. Ambulance transport with a neonatal transport team may be suitable for shorter distances, while parental transport is not recommended due to the specialized care required by the neonate.

Question: 6

Which of the following feeding methods is most appropriate for an extremely low birth weight neonate?

- A. Exclusive breastfeeding
- B. Parenteral nutrition

C. Oral feeding with fortified breast milk

Answer: C

Explanation: Oral feeding with fortified breast milk is the most appropriate feeding method for an extremely low birth weight neonate. Breast milk provides optimal nutrition, and fortification ensures adequate caloric intake and nutrient supplementation. Exclusive breastfeeding may be challenging for these neonates, and parenteral nutrition is typically reserved for cases where enteral feeding is not feasible or contraindicated.

Question: 7

Which of the following interventions is essential for thermoregulation in an extremely low birth weight neonate?

- A. Use of a radiant warmer
- B. Administration of intravenous fluids
- C. Placement in an incubator

Answer: A

Explanation: The use of a radiant warmer is essential for thermoregulation in an extremely low birth weight neonate. Radiant warmers provide a controlled heat source to maintain the neonate's body temperature. Intravenous fluids and incubators may be used as supportive measures, but a radiant warmer is the primary intervention for maintaining thermal stability.

Question: 8

During delivery room management and stabilization of an extremely low birth weight neonate, the primary goal is to:

- A. Maintain adequate thermoregulation
- B. Establish effective respiratory support
- C. Ensure early and consistent nutrition

Answer: B

Explanation: The primary goal during delivery room management and stabilization of an extremely low birth weight neonate is to establish effective respiratory support. Ensuring a clear airway, providing proper ventilation, and managing respiratory distress are crucial in the immediate postnatal period. Maintaining adequate thermoregulation and ensuring early and consistent nutrition are important secondary goals.

Question: 9

An extremely low birth weight neonate is at high risk for fluid and electrolyte imbalances due to:

- A. Immature renal function
- B. Increased gastrointestinal absorption
- C. Enhanced fluid retention

Answer: A

Explanation: An extremely low birth weight neonate is at high risk for fluid and electrolyte imbalances due to immature renal function. The neonate's kidneys are not fully developed, making it challenging to maintain fluid and electrolyte balance. Increased gastrointestinal absorption and enhanced fluid retention are not typically associated with extremely low birth weight neonates.

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