MOMETRIX
SMARTER PREP. BETTER RESULTS.

01	A	B	C	D	E	14	A	B	C	D	E	27	A	B	C	D	E
02	A	B	C	D	E	15	A	B	C	D	E	28	A	B	C	D	E
03	A	B	C	D	E	16	A	B	C	D	E	29	A	B	C	D	E
04	A	B	C	D	E	17	A	B	C	D	E	30	A	B	C	D	E
05	A	B	C	D	E	18	A	B	C	D	E	31	A	B	C	D	E
06	A	B	C	D	E	19	A	B	C	D	E	32	A	B	C	D	E
07	A	B	C	D	E	20	A	B	C	D	E	33	A	B	C	D	E
08	A	B	C	D	E	21	A	B	C	D	E	34	A	B	C	D	E
09	A	B	C	D	E	22	A	B	C	D	E	35	A	B	C	D	E
10	A	B	C	D	E	23	A	B	C	D	E	36	A	B	C	D	E
11	A	B	C	D	E	24	A	B	C	D	E	37	A	B	C	D	E
12	A	B	C	D	E	25	A	B	C	D	E	38	A	B	C	D	E
13	A	B	C	D	E	26	A	B	C	D	E	39	A	B	C	D	E

PRACTICE QUESTIONS

Elsevier Remotely Proctored Exams

RNMP

Registered Nursing Maternity & Pediatric

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

WEB www.mometrix.net

SUPPORT support@mometrix.net

Before you begin

What this is

9 practice questions for Elsevier Remotely Proctored Exams `RNMP`, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, `RNMP`
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

mometrix.net

QUESTION 1 MULTIPLE CHOICE

A laboring client is receiving oxytocin augmentation. The nurse notes repetitive late decelerations on the fetal heart rate monitor. Which nursing interventions are appropriate? (Choose two.)

- **A** **Discontinue the oxytocin infusion immediately**
- **B** **Reposition the client to a left lateral or knee-chest position**
- **C** Administer terbutaline subcutaneous to stimulate uterine activity
- **D** Increase the maintenance IV fluid rate to 200 mL/hr

ANSWER **A · B**

WHY Repetitive late decelerations indicate uteroplacental insufficiency, often associated with uterine tachysystole from oxytocin. The first interventions are to discontinue the oxytocin to reduce uterine activity and reposition the mother (left lateral or knee-chest) to relieve cord compression and improve uteroplacental perfusion. Terbutaline is a tocolytic and would not be appropriate to stimulate uterine activity. Simply increasing maintenance IV fluids does not address the underlying cause.

mometrix.net

QUESTION 2 MULTIPLE CHOICE

A nurse is assessing a postpartum client 2 hours after a vaginal delivery. The fundus is boggy and deviated to the right, and the perineal pad is saturated with bright red blood. Which initial nursing actions are appropriate? (Choose two.)

- **A** **Massage the uterine fundus firmly until it becomes firm**
- **B** **Encourage the client to void or catheterize the bladder**
- **C** Apply warm compresses to the perineum to promote hemostasis
- **D** Administer methylergonovine (Methergine) intramuscular as the first-line medication

ANSWER **A · B**

WHY A boggy (atonic) uterus displaced to the right suggests a full bladder, which is a common cause of postpartum hemorrhage. The initial nursing interventions are to perform fundal massage to promote uterine contraction and to have the client void or catheterize the bladder if she cannot void. Warm compresses do not address uterine atony. Methylergonovine is a uterotonic, but the question asks for initial nursing actions, and it is contraindicated in hypertension; it is not given before nonpharmacologic measures such as massage and bladder emptying are attempted.

QUESTION 3 SINGLE CHOICE

A newborn is delivered by cesarean birth. At 1 minute after birth, the heart rate is 110 beats per minute, respirations are slow and irregular, the baby has acrocyanosis, reflex irritability is present with a grimace, and there is some flexion of the extremities. What is the correct Apgar score?

A 4

B 6

C 7

D 9

ANSWER **B**

WHY Apgar scoring assigns 0 to 2 points for each of five categories. Heart rate >100 = 2, slow/irregular respirations = 1, acrocyanosis (blue extremities, pink body) = 1, grimace to stimulation = 1, and some flexion of extremities = 1. The total is 6.

mometrix.net

QUESTION 4 SINGLE CHOICE

The parents of a 4-month-old infant ask the nurse when they should begin introducing solid foods. Which response by the nurse is most appropriate?

A "Begin rice cereal now, fed by spoon."

B **"Introduce pureed fruits first around 6 months of age."**

C "Begin mashed table foods at 4 months of age."

D "Solid foods should be delayed until after 12 months of age."

ANSWER **B**

WHY The American Academy of Pediatrics and current maternal-newborn nursing guidelines recommend introducing solid foods (often iron-fortified single-grain cereal or pureed foods) at approximately 6 months of age, when the infant has developed the neuromuscular ability to swallow solids safely and the extrusion reflex has diminished. Beginning solids earlier risks aspiration and does not improve nutrition for a breast- or formula-fed infant. Delaying solids past 6 months can contribute to iron deficiency.

QUESTION 5 SINGLE CHOICE

A client at 34 weeks gestation is diagnosed with severe preeclampsia. Which assessment finding would the nurse expect?

A Blood pressure 140/90 mm Hg with trace proteinuria

B **Blood pressure 168/112 mm Hg with 3+ proteinuria and severe headache**

C Blood pressure 110/70 mm Hg with facial edema

D Blood pressure 150/96 mm Hg with a urine output of 60 mL/hr

ANSWER B

WHY Severe preeclampsia is defined by a systolic blood pressure ≥160 mm Hg and/or diastolic ≥110 mm Hg, accompanied by significant proteinuria (3+ or 5 g/24 hr) and signs of end-organ involvement such as severe headache, visual disturbances, upper abdominal pain, oliguria, or pulmonary edema. Option A describes mild preeclampsia. Option C is not consistent with preeclampsia. Option D does not meet the threshold for severe-range blood pressures and the urine output is within normal limits.

QUESTION 6 SINGLE CHOICE

A child with a history of asthma is admitted with an acute exacerbation. Which medication would the nurse expect to administer first for immediate bronchodilation?

A Inhaled fluticasone (a corticosteroid)

B Montelukast (a leukotriene modifier) by mouth

C **Albuterol (a short-acting beta2-agonist) via nebulizer**

D Cromolyn sodium via nebulizer

ANSWER C

WHY Short-acting beta2-agonists such as albuterol are first-line therapy for acute asthma exacerbations because they provide rapid bronchodilation within minutes. Inhaled corticosteroids such as fluticasone are used for long-term control, not for immediate relief. Montelukast and cromolyn are controller medications and are not used to treat acute bronchospasm.

QUESTION 7 SINGLE CHOICE

A laboring client has an epidural catheter in place. Which nursing assessment is the priority during the course of epidural analgesia?

- **A** **Monitoring blood pressure for hypotension**
- B Assessing cervical dilation every hour
- C Encouraging the client to remain supine to prevent migration of the catheter
- D Restricting oral fluid intake to clear liquids only

ANSWER **A**

WHY Epidural analgesia can cause sympathetic blockade leading to decreased blood pressure, reduced uteroplacental perfusion, and fetal bradycardia. Frequent blood pressure monitoring is the priority. Cervical dilation is assessed on an individualized schedule, not every hour. The client should be positioned with left uterine displacement (lateral or wedge) rather than flat supine to prevent supine hypotensive syndrome. Restricting fluids to clear liquids is not specific to epidural management.

mometrix.net

QUESTION 8 SINGLE CHOICE

An infant is brought to the clinic for the 2-month well-child visit. Which vaccine(s) would the nurse expect to administer at this visit according to the standard CDC immunization schedule?

- **A** **DTaP, IPV, Hib, PCV13, rotavirus, and hepatitis B (if not given at birth)**
- B MMR, varicella, and Tdap
- C Hepatitis A only
- D Influenza and HPV

ANSWER **A**

WHY At the 2-month visit, the CDC schedule recommends DTaP, IPV (inactivated polio), Hib, PCV13 (pneumococcal conjugate), rotavirus, and hepatitis B (if not previously administered). MMR and varicella are live vaccines given at 12 to 15 months. Hepatitis A is given at 12 to 23 months. HPV is given starting at age 9 for routine vaccination but most commonly at 11 to 12 years. Influenza is given annually starting at 6 months of age.

QUESTION 9 SINGLE CHOICE

A nurse is assessing a postpartum client on the third day after delivery. The client states, "I feel sad and overwhelmed, and I am having trouble sleeping even when the baby sleeps." Which condition does the nurse suspect?

A Postpartum blues

B **Postpartum depression**

C Postpartum psychosis

D Normal postpartum adjustment without need for further evaluation

ANSWER **B**

WHY Postpartum blues typically resolves within 10 to 14 days and is characterized by mild mood lability, tearfulness, and anxiety. Symptoms persisting beyond 2 weeks, or involving significant functional impairment such as persistent inability to sleep, loss of interest, or feelings of worthlessness, suggest postpartum depression, which requires evaluation and treatment. Postpartum psychosis is a psychiatric emergency with hallucinations, delusions, or thoughts of harming the infant. Dismissing the symptoms as normal adjustment would be inappropriate.

mometrix.net