

RNC - Low Risk Neonatal Nursing Questions And Correct

Answers

1. **Normal skin assessment:** Acrocyanosis with decreased peripheral pulses, facial bruising and/or petechiae
2. **Normal head assessment:** Large in relation to body size, cranial molding, caput succedaneum
3. **Normal newborn lung assessment:** RR 40-60/min, coarse rales, prolonged expiration phase
4. **Normal newborn heart assessment:** HR 120-160, may peak up to 180 bpm when stimulated, loud S2, split S2, soft systolic murmur (L → R shunt from PDA)
5. **Normal newborn GI tract assessment:** Bowel sounds will likely appear

Low Risk Neonatal Nursing

ML Yell



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