RNC - Low Risk Neonatal Nursing Questions And Correct

Answers

- Normal skin assessment: Acrocyanosis with decreased peripheral pulses, facial bruising and/or petechiae
- Normal head assessment: Large in relation to body size, cranial molding, caput succedaneum
- 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

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