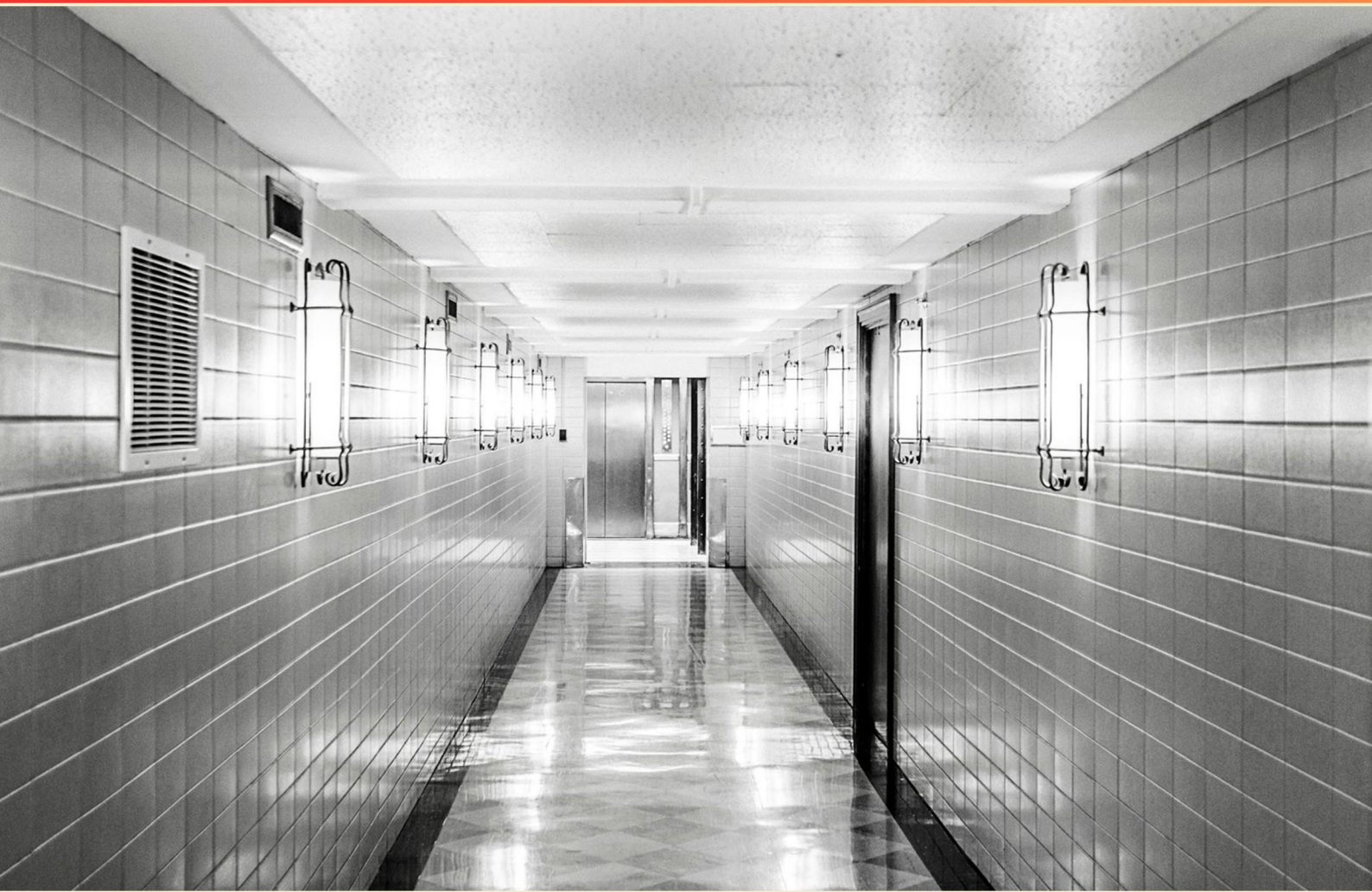


NBRC REGISTERED RESPIRATORY THERAPIST – NEONATAL/PEDIATRIC SPECIALTY (RRT-NPS) PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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1. Which statement correctly identifies a normal neonatal laboratory value?
 - A. Hemoglobin range of 12.7-18.6 g/dL
 - B. White blood cell count of 50,000-60,000/ μ L
 - C. Glucose of 20-40 mg/dL
 - D. Albumin/globulin ratio of 3.0-4.0
2. What is the most accurate way to get a temperature on an infant?
 - A. Rectal
 - B. Skin
 - C. Oral
 - D. Axillary
3. Which nondepolarizing neuromuscular blocker is commonly used for rapid sequence intubation due to rapid onset?
 - A. Rocuronium
 - B. Pancuronium
 - C. Vecuronium
 - D. Atracurium
4. What is the normal range for cardiac index (CI)?
 - A. 1.0-2.0 L/min/m²
 - B. 2.5-5.0 L/min/m²
 - C. 3.5-6.5 L/min/m²
 - D. 0.5-1.5 L/min/m²
5. Normal neonatal sodium range?
 - A. 140-150
 - B. 120-135
 - C. 133-149
 - D. 140-160

6. In a patient less than 12 yo, what RDI value would indicate a severe disease?
- A. 11-15
 - B. <5
 - C. >10
 - D. 1-5
7. Which of the following is not part of the RACE acronym?
- A. Rescue
 - B. Alarm
 - C. Contain
 - D. Evaluate
8. What does APGAR stand for in neonatal assessment?
- A. Color, Pulse, Grimace, Activity, Respiration
 - B. Appearance, Pulse, Grimace, Activity, Breathing
 - C. Appearance, Pulse, Grimace, Activity, Respiration
 - D. Appearance, Pulse, Grin, Activity, Respiration
9. What does TGV stand for?
- A. Transposition of the great vessels
 - B. Tricuspid valve stenosis
 - C. Truncus arteriosus
 - D. Total anomalous pulmonary venous return
10. Which maneuver is recommended for a conscious child with severe airway obstruction?
- A. Finger sweep
 - B. Back blows
 - C. CPR
 - D. Heimlich maneuver

Answers

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1. A
2. B
3. A
4. B
5. C
6. C
7. D
8. C
9. D
10. D

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Explanations

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1. Which statement correctly identifies a normal neonatal laboratory value?

- A. Hemoglobin range of 12.7-18.6 g/dL**
- B. White blood cell count of 50,000-60,000/ μ L
- C. Glucose of 20-40 mg/dL
- D. Albumin/globulin ratio of 3.0-4.0

Neonatal lab values reflect transitional physiology after birth, especially the higher red cell mass and fetal hemoglobin. Hemoglobin in healthy newborns is typically higher than adult values, often in the mid-teens to the low twenties range. A range that includes 12.7 to 18.6 g/dL fits well with what many healthy newborns may have in the early neonatal period, so it represents a normal finding. A white blood cell count in the tens of thousands can occur, but the normal range for a healthy neonate is lower; counts as high as 50,000–60,000/ μ L are not considered a typical normal finding and may indicate stress or infection rather than a normal baseline. Neonatal glucose should be maintained above about 40 mg/dL; a value of 20–40 mg/dL would indicate hypoglycemia, which is not normal and requires assessment and intervention. The albumin/globulin ratio in healthy neonates is not typically this high; a ratio around 3.0–4.0 would be unusual and not considered a normal baseline. Thus, the statement describing a hemoglobin value in the neonatal range best aligns with normal neonatal laboratory findings.

2. What is the most accurate way to get a temperature on an infant?

- A. Rectal
- B. Skin**
- C. Oral
- D. Axillary

Infants need a temperature reading that best reflects core body temperature. Rectal thermometry provides the closest estimate of core temperature in this age group because the rectal area mirrors internal temperature more reliably than surface measurements, which are easily influenced by ambient conditions, movement, or recent feeding. Use a lubricated digital thermometer and insert just a small amount into the rectum with care to avoid injury, following safety guidelines. Axillary temperatures can be affected by room temperature and perspiration, making them less reliable for diagnosing fever in infants. Oral temperatures aren't appropriate for infants due to cooperation and accuracy issues, and skin temperatures are too variable to reflect true core temperature.

3. Which nondepolarizing neuromuscular blocker is commonly used for rapid sequence intubation due to rapid onset?

- A. Rocuronium**
- B. Pancuronium
- C. Vecuronium
- D. Atracurium

Rapid sequence intubation relies on a neuromuscular blocker that takes effect quickly so the airway can be secured with minimal apnea. Among nondepolarizing options, rocuronium has the fastest onset, especially at higher RSI doses, producing intubating conditions in about a minute. That quick onset makes it the best choice for RSI compared with pancuronium (slower onset and longer duration), vecuronium (slower onset), and atracurium (moderate onset with potential histamine release). In short, rocuronium is favored for RSI because its rapid onset reliably achieves adequate relaxation for prompt intubation.

4. What is the normal range for cardiac index (CI)?

- A. 1.0-2.0 L/min/m²
- B. 2.5-5.0 L/min/m²**
- C. 3.5-6.5 L/min/m²
- D. 0.5-1.5 L/min/m²

Cardiac index shows how well the heart pumps relative to body size, calculated as CO divided by body surface area. The normal range is about 2.5 to 5.0 L/min per square meter. This normalization lets us compare heart performance across different ages and sizes. Values below 2.5 suggest inadequate perfusion or reduced cardiac output for the body's needs, while values above 5.0 indicate a hyperdynamic state or excessively high output. Exact cutoffs can vary with age and measurement method, but 2.5–5.0 is the commonly cited normal range.

5. Normal neonatal sodium range?

- A. 140-150
- B. 120-135
- C. 133-149**
- D. 140-160

Normal sodium in a term neonate is about 133 to 149 mEq/L. This range reflects the still-maturing kidneys and the fluid shifts that occur after birth, with sodium helping to keep extracellular fluid and osmolality in balance. Values within 133–149 indicate what is expected for healthy newborns; when sodium drops below 133, hyponatremia can occur from excess free water or losses, and when it rises above 149, hypernatremia can result from dehydration or high-sodium fluids. Among the given options, 133–149 best matches the typical neonatal range. The other ranges either start too high or too low or extend beyond the usual neonatal limits, making them less appropriate representations of normal neonatal sodium.

6. In a patient less than 12 yo, what RDI value would indicate a severe disease?

- A. 11-15
- B. <5
- C. >10**
- D. 1-5

In children, the severity of sleep-disordered breathing is judged by how often respiratory disturbances occur per hour of sleep. RDI thresholds commonly used are mild for about 1–5 events per hour, moderate for about 5–10, and severe when the rate exceeds 10 per hour. A value above 10 per hour shows a high frequency of obstructive events, meaning the child experiences substantial sleep disruption and carries greater risk for growth, behavior, and neurocognitive issues. That's why the threshold greater than 10 per hour best indicates severe disease. The other ranges align with milder disease or fall within non-severe limits, so they don't define severe disease as clearly.

7. Which of the following is not part of the RACE acronym?

- A. Rescue
- B. Alarm
- C. Contain
- D. Evaluate**

RACE is a fire response sequence used in healthcare settings. The four actions are Rescue, Alarm, Contain, Extinguish. Rescue means getting people to safety if you can do so without risking yourself. Alarm means sounding the fire alarm and notifying the appropriate responders. Contain means slowing or stopping the spread by closing doors and controlling airflow where safe. Extinguish means using a fire extinguisher to suppress the flames if it is safe to approach. Evaluate is not part of the RACE steps; there is no action called "Evaluate" in the standard protocol. If the fire cannot be controlled, evacuation follows facility procedures, but that is separate from RACE.

8. What does APGAR stand for in neonatal assessment?

- A. Color, Pulse, Grimace, Activity, Respiration
- B. Appearance, Pulse, Grimace, Activity, Breathing
- C. Appearance, Pulse, Grimace, Activity, Respiration**
- D. Appearance, Pulse, Grin, Activity, Respiration

APGAR stands for Appearance, Pulse, Grimace, Activity, Respiration. This quick newborn assessment looks at five areas to gauge how well a baby is adapting to life outside the womb, with each area scored 0, 1, or 2 and then summed for a total 0–10. Appearance refers to skin color: a fully pink baby scores 2, body pink with extremities blue scores 1, and pale or blue all over scores 0. Pulse is the heart rate: 2 points if the heart rate is at or above 100 beats per minute, 1 point if slower than that, and 0 if there's no pulse. Grimace reflects reflex irritability: a normal response such as a grimace or weak cry to a gentle stimulus scores 1, while no response scores 0 and a vigorous cough or sneeze in response scores 2. Activity assesses muscle tone: good flexion and active movement score 2, some limpness or limited movement scores 1, and limpness with no movement scores 0. Respiration measures breathing effort: strong, regular breathing or a good cry scores 2, slow or irregular breathing scores 1, and absent breathing scores 0. Remember, this acronym helps guide immediate care, not long-term prognosis, and is typically repeated at 1 and 5 minutes after birth (and later if concerns remain).

9. What does TGV stand for?

- A. Transposition of the great vessels
- B. Tricuspid valve stenosis
- C. Truncus arteriosus
- D. Total anomalous pulmonary venous return**

TGV in this context points to a congenital heart defect where the pulmonary veins don't return blood to the left atrium. Instead, all pulmonary veins drain abnormally into the right atrium or systemic venous circulation, so oxygenated and deoxygenated blood mix and can cause cyanosis. The full name most often used is Total anomalous pulmonary venous return (TAPVR). Among the options, this is the one that matches the idea of abnormal pulmonary venous connection, which is what TGV is signaling here. The other choices describe different conditions—transposition of the great vessels involves the great arteries, tricuspid valve stenosis is a valvular problem, and truncus arteriosus is a single arterial vessel—none of which fit the concept of anomalous pulmonary venous drainage.

10. Which maneuver is recommended for a conscious child with severe airway obstruction?

- A. Finger sweep
- B. Back blows
- C. CPR

D. Heimlich maneuver

When a conscious child has a severe airway obstruction, you need a maneuver that can rapidly dislodge the object and restore airflow. The Heimlich maneuver (abdominal thrusts) is preferred for a conscious child older than 1 year. The rescuer stands behind the child, wraps arms around the waist, makes a fist with one hand just above the navel, grasps it with the other hand, and delivers quick inward and upward thrusts until the obstruction is expelled or the child coughs and breathes again. Finger sweeps are risky unless you can clearly see and safely grab the object, because sweeping can push the object deeper. Back blows are typically emphasized for infants, not older children. CPR would be used only if the child becomes unresponsive; in that case, start CPR and attempt to clear the airway during resuscitation.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://nbrcrrtnps.examzify.com>

We wish you the very best on your exam journey. You've got this!

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