

NCC LOW RISK NEONATAL INTENSIVE CARE NURSING (RNC- LRN) PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. What term describes the tremor felt on palpation in the respiratory or circulatory systems?**
 - A. Bruit
 - B. Tympany
 - C. Thrill
 - D. Excursion

- 2. What abnormality may occur due to blockages in the lymphatic system in newborns?**
 - A. Lymphangiomas
 - B. Port wine stains
 - C. Cystic hygromas
 - D. Fibromatosis

- 3. What is the role of the IgA immunoglobulin in the body?**
 - A. To attack harmful bacteria in the blood
 - B. To provide protection on mucosal surfaces
 - C. To neutralize allergens
 - D. To enhance the immune response to viruses

- 4. Approximately what percentage of postpartum women experience significant depression following childbirth?**
 - A. 5%
 - B. 10%
 - C. 15%
 - D. 20%

- 5. The Moro reflex typically lasts until a baby reaches what age?**
 - A. 1 month
 - B. 2 months
 - C. 3 months
 - D. 4 months

6. A hymen tag in neonates typically disappears after how many weeks?

- A. 1 week
- B. 2 weeks
- C. 3 weeks
- D. 4 weeks

7. Which characteristic is significant for skin manifestation in tuberous sclerosis?

- A. White macular lesions
- B. Red papules
- C. Brown mottled skin
- D. Rashes and blisters

8. What is the primary treatment for neonatal herpes?

- A. Topical antibiotic cream
- B. Intravenous antiviral agent
- C. Oral antiviral medication
- D. Corticosteroids

9. What would be the Apgar score for a neonate with a heart rate of 115, respiratory rate of 65 with intermittent grunting, flaccid tone, no response to stimulus, and acrocyanosis?

- A. 7
- B. 6
- C. 4
- D. 5

10. The absence of the anal wink reflex in a newborn signals damage to which area?

- A. Peripheral nervous system
- B. Spinal cord
- C. Brain stem
- D. Cerebral cortex

Answers

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

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Explanations

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1. What term describes the tremor felt on palpation in the respiratory or circulatory systems?

- A. Bruit
- B. Tympany
- C. Thrill**
- D. Excursion

The correct term that describes the tremor felt on palpation in the respiratory or circulatory systems is "thrill." A thrill is often a palpable vibration that can be felt over a blood vessel or an area where there is turbulent blood flow, such as in cases of significant heart murmurs or arteriovenous fistulas. This phenomenon occurs due to the rapid movement of blood and turbulence, which produces a sensation that can be felt through the skin. In clinical practice, detecting a thrill is significant as it may indicate underlying cardiovascular issues that require further assessment. For instance, a thrill over the heart might suggest a valvular disorder, while one felt over a peripheral artery could point towards arteriovenous malformations. The other terms have specific meanings that do not apply in this context. For instance, a bruit refers to an abnormal sound heard with a stethoscope over a blood vessel, indicative of turbulent blood flow, but it is not the tactile sensation of a thrill. Tympany relates to a type of percussion note that suggests the presence of air in a body cavity, while excursion pertains to the movement of the diaphragm during respiration, and neither of these terms describes a palpable tremor. Understanding these distinctions is essential for accurate patient assessment

2. What abnormality may occur due to blockages in the lymphatic system in newborns?

- A. Lymphangiomas
- B. Port wine stains
- C. Cystic hygromas**
- D. Fibromatosis

Cystic hygromas are indeed associated with blockages in the lymphatic system, particularly in newborns. These are congenital lymphatic malformations that typically result from the improper development of the lymphatic system, leading to a collection of lymphatic fluid. The abnormal growth can appear as soft, skin-colored or bluish masses that usually present in the neck or axillary areas. The underlying issue involves abnormal formation or obstruction of lymphatic vessels, causing an accumulation of lymph fluid, which manifests as these cystic lesions. Cystic hygromas can sometimes be associated with genetic syndromes and may be indicative of more extensive lymphatic or systemic issues. In contrast, lymphangiomas are also lymphatic system malformations but generally do not arise due to blockages; rather, they are classified as tumors formed from lymphatic vessels. Port wine stains are vascular malformations of capillaries that do not involve the lymphatic system. Fibromatosis refers to a proliferation of fibrous tissue and is not linked to lymphatic obstruction. Understanding these differences highlights the unique characteristics and implications of cystic hygromas in relation to lymphatic system blockages.

3. What is the role of the IgA immunoglobulin in the body?

- A. To attack harmful bacteria in the blood
- B. To provide protection on mucosal surfaces**
- C. To neutralize allergens
- D. To enhance the immune response to viruses

The role of the IgA immunoglobulin in the body is primarily to provide protection on mucosal surfaces. IgA is the most abundant immunoglobulin found in mucosal secretions such as saliva, tears, and breast milk. Its key function is to act as a first line of defense by preventing pathogens from adhering to and penetrating epithelial cells of mucosal surfaces such as those in the respiratory and gastrointestinal tracts. By binding to pathogens in these areas, IgA protects against infections and helps maintain the integrity of mucosal barriers. This protective function is especially important for neonates, as they acquire IgA through breast milk, which plays a crucial role in protecting their immature immune systems during the early stages of life. This insight underscores the vital importance of IgA in mucosal immunity and its broader implications for infant health and disease prevention.

4. Approximately what percentage of postpartum women experience significant depression following childbirth?

- A. 5%
- B. 10%
- C. 15%**
- D. 20%

Significant depression following childbirth, commonly referred to as postpartum depression (PPD), affects a notable number of women after delivery. Research indicates that approximately 15% of postpartum women experience significant symptoms of depression during the first year following childbirth. This prevalence acknowledges that while many women may encounter mild mood disturbances in the postpartum period, a distinct subset experiences a more severe form of depression that warrants clinical attention. Understanding postpartum depression is crucial for healthcare providers, as early identification and intervention can substantially benefit affected individuals and their families. This aspect of maternal mental health is vital, given the potential impact on maternal-infant bonding and overall family dynamics. The identification of significant cases helps in implementing appropriate support and treatment strategies tailored to these women's needs. This understanding aligns with the statistical evidence that places PPD prevalence around 15%, highlighting the importance of awareness, screening, and resources available to support new mothers during this critical time.

5. The Moro reflex typically lasts until a baby reaches what age?

- A. 1 month
- B. 2 months**
- C. 3 months
- D. 4 months

The Moro reflex, also known as the startle reflex, is an important indicator of neurological development in infants. This reflex typically appears at around 28 weeks of gestation and is present at birth. It generally lasts until approximately 4 to 6 months of age. Choosing 2 months as the age at which the Moro reflex typically lasts is an underestimation of the normal developmental timeline. While the reflex may begin to diminish around this age, it is typically still observed in many infants and is expected to be present until they reach about 4 months. By this age, most infants will show a significant reduction in the Moro reflex as they gain more muscle control and coordination. Understanding the typical duration of the Moro reflex is crucial for assessing neurological development milestones in infants, as it helps healthcare providers ensure that infants are meeting their expected developmental expectations.

6. A hymen tag in neonates typically disappears after how many weeks?

- A. 1 week
- B. 2 weeks
- C. 3 weeks**
- D. 4 weeks

A hymen tag in neonates is a small, often benign, remnant of tissue that can appear at the vaginal opening. It is common and generally not a cause for concern. The natural progression for such tags is that they usually resolve on their own without intervention. Clinical observations indicate that these tags often disappear within three weeks after birth. This duration is understood based on physiological healing processes that occur in newborns, making three weeks a clinically established timeframe for the resolution of a hymen tag. Understanding the typical timeframes for neonatal physiological changes is crucial for assessing normal development and ensuring parents are informed about what to expect as their infant grows. Tags that persist beyond this timeframe may warrant further evaluation, but in most cases, they are simply a transient finding.

7. Which characteristic is significant for skin manifestation in tuberous sclerosis?

- A. White macular lesions**
- B. Red papules
- C. Brown mottled skin
- D. Rashes and blisters

In the context of tuberous sclerosis, white macular lesions, also known as "ash leaf spots," are a significant characteristic of skin manifestations associated with the disorder. These lesions are flat, hypopigmented spots that can vary in size and shape, and they often appear on the trunk and extremities. Their presence is considered a hallmark of tuberous sclerosis, and they can serve as an important diagnostic indicator for healthcare professionals. Tuberous sclerosis is a genetic condition that leads to the growth of benign tumors in various organs, and the skin manifestations reflect the systemic nature of the disease. Recognizing white macular lesions is crucial in the clinical setting, as they may prompt further evaluation for additional signs of tuberous sclerosis and can aid in the identification of other associated complications. In contrast, other skin manifestations mentioned, such as red papules, brown mottled skin, or the presence of rashes and blisters, are not specifically tied to tuberous sclerosis and are more indicative of other dermatological conditions. Thus, understanding the significance of white macular lesions helps in achieving an accurate diagnosis and facilitating appropriate management for individuals with this condition.

8. What is the primary treatment for neonatal herpes?

- A. Topical antibiotic cream
- B. Intravenous antiviral agent**
- C. Oral antiviral medication
- D. Corticosteroids

The primary treatment for neonatal herpes is the administration of an intravenous antiviral agent, specifically acyclovir. This treatment is crucial because neonatal herpes can lead to severe morbidity and mortality if not addressed promptly. The intravenous route allows for adequate systemic absorption and rapid delivery of the medication to combat the herpes simplex virus effectively. Neonates are particularly vulnerable to infections, and herpes simplex virus can cause serious neurological damage and multi-organ failure. Therefore, an aggressive approach using intravenous antivirals is essential to manage the infection and reduce the risk of long-term complications. In this context, while topical antibiotic cream and oral antiviral medication can be effective in various settings, they are not the primary treatments for this specific and serious condition. Corticosteroids, on the other hand, are not indicated for viral infections and do not have a role in treating neonatal herpes. The use of intravenous antivirals represents the most reliable and effective option for reducing the severity of the disease and providing the best possible outcome for affected neonates.

9. What would be the Apgar score for a neonate with a heart rate of 115, respiratory rate of 65 with intermittent grunting, flaccid tone, no response to stimulus, and acrocyanosis?

- A. 7
- B. 6
- C. 4
- D. 5**

*To determine the Apgar score, each of the five criteria—Appearance, Pulse, Grimace response, Activity, and Respiration—is assessed and assigned a score from 0 to 2, based on the neonate's condition at one and five minutes after birth. In this case: 1. **Heart Rate (Pulse)**: A heart rate of 115 beats per minute scores 2 points, as it's above 100. 2. **Respiratory Rate (Respiration)**: A respiratory rate of 65 beats per minute with intermittent grunting indicates some respiratory distress. Grunting is scored as 1 point, as the neonate needs some assistance in breathing. 3. **Muscle Tone (Activity)**: Flaccid tone scores 0 points, indicating a lack of muscle tone. 4. **Response to Stimulus (Grimace response)**: No response to stimulus scores 0 points. 5. **Color (Appearance)**: Acrocyanosis means the extremities are blue while the torso is a normal color, which scores 1 point. Adding these scores together: - Heart Rate: 2 - Respiratory Rate: 1 - Muscle Tone: 0 - Grimace Response:*

10. The absence of the anal wink reflex in a newborn signals damage to which area?

- A. Peripheral nervous system
- B. Spinal cord**
- C. Brain stem
- D. Cerebral cortex

The absence of the anal wink reflex in a newborn indicates damage to the spinal cord. This reflex is mediated by the sacral segments of the spinal cord, specifically involving the S2 to S4 nerve roots. When the area of the spinal cord responsible for this reflex is affected, such as by injury or developmental issues, the response will be absent. The anal wink reflex is an important indicator of neurological function in neonates and can help assess the integrity of the lower spinal cord. While the peripheral nervous system, brain stem, and cerebral cortex play significant roles in motor control and sensory integration, the specific pathway for the anal wink reflex is predominantly located within the spinal cord. Hence, when this reflex is not observed, it is most directly associated with spinal cord dysfunction.

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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:

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

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