

Neonatal Intensive Care Unit (NICU) Nursing Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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 of the following is classified as an acyanotic congenital heart abnormality?**
 - A. Transposition of the great vessels**
 - B. Pulmonary stenosis**
 - C. Ventricular septal defect (VSD)**
 - D. Tetralogy of Fallot**

- 2. What teaching topics might be included for parents preparing for NICU discharge?**
 - A. Signs of illness, home care instructions, and developmental milestones**
 - B. Just nutritional guidance**
 - C. Emergency contact information only**
 - D. Scheduling follow-up appointments**

- 3. What does glucose monitoring help assess in post-resuscitation care?**
 - A. Neonatal growth trajectories**
 - B. Hydration levels**
 - C. Blood sugar levels**
 - D. Weight gain**

- 4. What is a significant predisposing factor for anemia of prematurity?**
 - A. Increased birth weight**
 - B. Decreased RBC lifespan**
 - C. Use of vitamin supplements**
 - D. Early administration of solid foods**

- 5. What are some potential long-term outcomes for NICU graduates?**
 - A. Stronger immune systems and fewer allergies**
 - B. Developmental delays, chronic health issues, and varying degrees of neurological function**
 - C. Higher academic performance and increased social skills**
 - D. Better physical health than full-term infants**

- 6. What is the role of surfactant therapy in neonatal care?**
- A. To reduce surface tension in the lungs and improve breathing**
 - B. To provide oxygen directly to the lungs**
 - C. To stimulate the production of mucus**
 - D. To induce coughing for airway clearance**
- 7. Which factor is a major contributor to the development of hypothermia in the NICU?**
- A. High ambient temperatures**
 - B. Exposure to drafts and low ambient temperature**
 - C. Overbundling of the infant**
 - D. Excessive skin-to-skin contact**
- 8. What is respiratory distress syndrome characterized by?**
- A. Gradual onset of coughing**
 - B. Respiratory difficulty in the first 3-6 hours of life**
 - C. Delayed skin coloration**
 - D. Intense crying after birth**
- 9. What are the signs and symptoms of sepsis in neonates?**
- A. Temperature instability, lethargy, poor feeding, and respiratory distress**
 - B. Jaundice and irritability**
 - C. High fever and vomiting**
 - D. Diarrhea and dehydration**
- 10. Which congenital condition is characterized by the inability of the newborn's digestive system to absorb nutrients?**
- A. Gastroschisis**
 - B. Short bowel syndrome**
 - C. Meckel's diverticulum**
 - D. Trisomy 21**

Answers

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

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Explanations

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1. Which of the following is classified as an acyanotic congenital heart abnormality?

- A. Transposition of the great vessels**
- B. Pulmonary stenosis**
- C. Ventricular septal defect (VSD)**
- D. Tetralogy of Fallot**

Acyanotic congenital heart abnormalities are those that typically allow for adequate oxygenated blood flow to the body despite structural defects. This means that, although there is a defect in the heart or great vessels, the blood remains predominantly oxygen-rich, leading to a lack of cyanosis, or blueness, associated with low oxygen levels. A ventricular septal defect (VSD) is characterized by an abnormal opening between the left and right ventricles of the heart. This defect allows oxygenated blood from the left ventricle to flow into the right ventricle, and subsequently into the lungs rather than out to the rest of the body. Because of the mixing of blood, there may be increased blood flow to the lungs without compromising systemic oxygenation, thus usually maintaining normal oxygen levels in the body. Therefore, VSD is classified as an acyanotic congenital heart defect. In contrast, transposition of the great vessels leads to two separate circulations—one that is oxygenated and one that is deoxygenated—resulting in significant cyanosis. Pulmonary stenosis causes obstruction to blood flow to the lungs but can present acyanotically until severe. However, it is also categorized more specifically as an obstructive lesion. Tetralogy

2. What teaching topics might be included for parents preparing for NICU discharge?

- A. Signs of illness, home care instructions, and developmental milestones**
- B. Just nutritional guidance**
- C. Emergency contact information only**
- D. Scheduling follow-up appointments**

The inclusion of signs of illness, home care instructions, and developmental milestones as teaching topics for parents preparing for NICU discharge is essential for several reasons. Parents need to be equipped with the knowledge to recognize early warning signs that may indicate their infant is unwell, which can be critical for early intervention. Understanding how to provide appropriate home care is also vital, as it ensures that parents can effectively manage their baby's needs, including feeding, hygiene, and any special medical requirements the infant may have. Moreover, developmental milestones are an important aspect of tracking the infant's growth and development after leaving the NICU, especially since many preterm or medically fragile infants may have different developmental timelines than full-term infants. This knowledge empowers parents to support their baby's growth appropriately and fosters overall well-being, both physically and emotionally, as they transition to life at home. Other options, like solely focusing on nutritional guidance, providing only emergency contact information, or merely scheduling follow-up appointments, do not encompass the broad scope of education parents need to ensure their infant's health and development outside of the NICU. These additional elements alone would not adequately prepare them for the complexities and challenges they may face once they are home.

3. What does glucose monitoring help assess in post-resuscitation care?

- A. Neonatal growth trajectories**
- B. Hydration levels**
- C. Blood sugar levels**
- D. Weight gain**

Glucose monitoring is a critical component of post-resuscitation care, particularly for neonates. After a resuscitation event, it's important to closely monitor the blood sugar levels because these infants may experience disruptions in glucose metabolism. Neonates, especially those who are premature or have experienced significant stress during resuscitation, may be at risk for hypoglycemia, which can lead to serious complications if not promptly identified and treated. In this context, monitoring blood sugar levels allows healthcare providers to assess the metabolic status of the infant and ensure that they are maintaining appropriate glucose levels to support brain function and overall health. Maintaining stable glucose levels is vital in preventing further neurological injury post-resuscitation and aiding in the recovery process of the neonate. While other factors such as hydration and growth may be important in the overall care of a neonate, glucose levels are specifically critical after resuscitation as they directly relate to the immediate physiological needs of the infant.

4. What is a significant predisposing factor for anemia of prematurity?

- A. Increased birth weight**
- B. Decreased RBC lifespan**
- C. Use of vitamin supplements**
- D. Early administration of solid foods**

Anemia of prematurity is primarily associated with decreased red blood cell (RBC) lifespan in premature infants. In these infants, RBCs have a shorter life span compared to those in full-term infants. This shortened lifespan is due to various factors, including the immaturity of the infant's hematopoietic system, which is responsible for producing blood cells. The premature infant's body is less capable of compensating for the loss of red blood cells, leading to a higher incidence of anemia. Increased birth weight does not contribute to anemia of prematurity; in fact, higher birth weight is usually associated with better outcomes regarding hematologic health. The use of vitamin supplements does not typically predispose infants to anemia; rather, certain vitamins like iron are critical for preventing anemia. Early administration of solid foods is not a factor linked to anemia of prematurity as infants are generally fed appropriately according to their development stage to ensure they receive necessary nutrients for growth and blood cell production.

5. What are some potential long-term outcomes for NICU graduates?

- A. Stronger immune systems and fewer allergies**
- B. Developmental delays, chronic health issues, and varying degrees of neurological function**
- C. Higher academic performance and increased social skills**
- D. Better physical health than full-term infants**

NICU graduates often experience a range of outcomes that can include developmental delays, chronic health issues, and varying degrees of neurological function. This is primarily due to the nature of their early birth or the medical conditions that necessitated their admission to the NICU. Many preterm infants or those with specific health complications may face challenges in their growth and developmental milestones, impacting their overall developmental trajectory as they grow. These challenges can manifest in several ways, such as learning disabilities, behavioral issues, and motor skill difficulties. Additionally, NICU graduates may be at a higher risk for conditions including cerebral palsy, vision and hearing impairments, and other health problems that can affect their long-term quality of life and functional capabilities. Understanding the potential for these outcomes helps in planning appropriate follow-up care and interventions aimed at improving the future health and development of NICU graduates. The other options tend to highlight outcomes that are less commonly associated with NICU graduates. While some infants may eventually achieve stronger immune systems or higher academic performance, the reality remains that many face significant hurdles related to their early experiences in the NICU.

6. What is the role of surfactant therapy in neonatal care?

- A. To reduce surface tension in the lungs and improve breathing**
- B. To provide oxygen directly to the lungs**
- C. To stimulate the production of mucus**
- D. To induce coughing for airway clearance**

Surfactant therapy plays a crucial role in neonatal care, particularly for premature infants who may be suffering from respiratory distress syndrome (RDS) due to a lack of surfactant. Surfactant is a substance composed of lipids and proteins that decreases surface tension within the alveoli, the small air sacs in the lungs where gas exchange occurs. By reducing this surface tension, surfactant therapy allows the alveoli to remain open, facilitating easier inflation during breathing and preventing atelectasis (collapse of the alveoli). This improvement in lung mechanics leads to better oxygenation and ventilation, ultimately enhancing the infant's ability to breathe and reducing the work of breathing. In contrast, other options do not capture the specific action of surfactant therapy in the context of neonatal care. Providing oxygen directly to the lungs focuses on delivering oxygen but does not address surface tension issues. Stimulating the production of mucus is not related to the function of surfactant and might even hinder respiratory function instead of supporting it. Inducing coughing for airway clearance is relevant for airway management but does not pertain to the specific role surfactant therapy plays in supporting lung function and improving respiratory outcomes in neonates.

7. Which factor is a major contributor to the development of hypothermia in the NICU?

- A. High ambient temperatures**
- B. Exposure to drafts and low ambient temperature**
- C. Overbundling of the infant**
- D. Excessive skin-to-skin contact**

Exposure to drafts and low ambient temperature is indeed a major contributor to the development of hypothermia in the NICU. Premature and low-birth-weight infants have limited thermal regulatory abilities and a higher surface area-to-volume ratio, making them particularly susceptible to losing body heat. In a NICU setting, if the environment is not adequately controlled for temperature or if there are drafts coming from doors or windows, it can lead to considerable heat loss in these vulnerable infants. Maintaining a stable and warm environment is critical, as hypothermia can lead to a range of complications including increased oxygen demand, respiratory distress, and metabolic instability. Thus, keeping the environment warm and free from cold drafts is essential in protecting these infants from hypothermia.

8. What is respiratory distress syndrome characterized by?

- A. Gradual onset of coughing**
- B. Respiratory difficulty in the first 3-6 hours of life**
- C. Delayed skin coloration**
- D. Intense crying after birth**

Respiratory distress syndrome (RDS) is primarily characterized by difficulty in breathing that typically manifests within the first few hours of life, often between 3 to 6 hours. This condition is especially common in premature infants whose lungs have not fully developed, leading to a deficiency in surfactant—a substance that helps keep the alveoli (air sacs in the lungs) open. The early onset of respiratory difficulty in these newborns is reflective of their immature respiratory systems and is an important diagnostic criterion for RDS. The inability to maintain adequate oxygenation and ventilation translates into significant breathing challenges for the infant shortly after birth. Immediate recognition and intervention are crucial to manage the symptoms effectively and prevent severe complications. Other options do not accurately depict the typical presentation of respiratory distress syndrome. For instance, gradual onset of coughing does not align with the acute respiratory issues seen in RDS, while delayed skin coloration is more commonly associated with other conditions such as asphyxia. Intense crying right after birth may suggest healthy respiratory function, as a strong cry often indicates effective air entry into the lungs, which is contrary to the respiratory distress observed in RDS.

9. What are the signs and symptoms of sepsis in neonates?

- A. Temperature instability, lethargy, poor feeding, and respiratory distress**
- B. Jaundice and irritability**
- C. High fever and vomiting**
- D. Diarrhea and dehydration**

The signs and symptoms of sepsis in neonates involve a combination of various clinical manifestations that reflect the infant's physiological response to an infection. Temperature instability, lethargy, poor feeding, and respiratory distress are classic indicators of sepsis in this population. Temperature instability is particularly significant, as neonates may present with either hypothermia or fever, reflecting an inability to maintain a stable temperature due to their immature immune systems. Lethargy indicates decreased alertness and energy, which is a common symptom indicating that the infant's body is responding to an infection. Poor feeding is crucial to note because a septic infant often becomes too weak or disinterested in feeding. Respiratory distress manifests as changes in breathing patterns, increased work of breathing, or changes in oxygen saturation, and can occur as the body attempts to compensate for infection and inflammation. While jaundice and irritability can be concerning in neonates, they are not specific signs of sepsis. Similarly, high fever and vomiting, as well as diarrhea and dehydration, may be seen in various conditions but do not provide the comprehensive picture of sepsis that the correct answer outlines. Each of the other options presents isolated symptoms that may not effectively indicate sepsis as accurately as the combination of temperature

10. Which congenital condition is characterized by the inability of the newborn's digestive system to absorb nutrients?

- A. Gastroschisis**
- B. Short bowel syndrome**
- C. Meckel's diverticulum**
- D. Trisomy 21**

Short bowel syndrome is the correct answer as it specifically refers to a condition where a significant portion of the small intestine is absent or not functional, leading to the newborn's digestive system being unable to adequately absorb nutrients from food. This can occur following surgical resections for congenital anomalies or conditions such as necrotizing enterocolitis. Infants with short bowel syndrome often require specialized nutritional support, such as total parenteral nutrition (TPN), during their treatment. In the context of the other choices: gastroschisis involves an abdominal wall defect that exposes the intestines outside the body, which can affect nutrient absorption but does not inherently prevent the absorption of nutrients like short bowel syndrome does. Meckel's diverticulum is a congenital abnormality that can lead to complications but does not itself cause nutrient absorption issues. Trisomy 21, or Down syndrome, is a genetic disorder that can affect various systems in the body but is not directly associated with nutrient absorption problems in the newborn's digestive tract.

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://nicunursing.examzify.com>

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

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