

REGISTERED NURSE CERTIFIED IN NEONATAL INTENSIVE CARE UNIT (RNC-NICU) PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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 infant would have the greatest risk for evaporative heat loss?**
 - A. 40 weeks gestation
 - B. 34 weeks gestation
 - C. 30 weeks gestation
 - D. 28 weeks gestation
- 2. Which of the following is a component of the Apgar score?**
 - A. Temperature
 - B. Muscle tone
 - C. Blood pressure
 - D. Capillary refill time
- 3. Among strategies to reduce CLABSI, which is most directly associated with decreased infection risk?**
 - A. Timely line removal.
 - B. Longer line dwell time.
 - C. Frequent line manipulations.
 - D. Avoid dressing changes.
- 4. Ballard exam findings of red translucent skin, sparse lanugo, no plantar creases, barely perceptible breast buds, and fused eyelids correspond to which gestational age range?**
 - A. 23-24 weeks
 - B. 25-26 weeks
 - C. 27-28 weeks
 - D. 29-30 weeks
- 5. The most common clinical presentation of neonatal seizures is?**
 - A. Subtle
 - B. Tonic-Clonic movements
 - C. Apnea alone
 - D. Ocular movements

- 6. The scalp swelling that can rapidly increase in size and shape with significant acute blood loss, resulting in shock as the presenting symptom is called?**
- A. Cephalohematoma
 - B. Caput Succedaneum
 - C. Subgaleal Hemorrhage
 - D. Meningocele
- 7. In growth assessment, which index is used to assess proportional growth in a neonate?**
- A. Height-for-age percentile.
 - B. Weight-for-length percentile is a key index for assessing proportional growth in neonates.
 - C. Head circumference percentile.
 - D. Length percentile.
- 8. Which infection prevention measure is essential in the NICU?**
- A. Strict hand hygiene, aseptic technique for lines and dressings, timely line removal when no longer needed, and minimizing unnecessary handling.
 - B. Only gloves are necessary.
 - C. Regular cleaning of floors.
 - D. Isolation of all infants at all times.
- 9. When considering a site for placement of a peripheral intravenous catheter in a neonate, the nurse should:**
- A. Conserve areas that may later be needed for central line placement
 - B. Use the most distal vein first
 - C. Always place on the scalp
 - D. Avoid any use of peripheral veins
- 10. Herniation of abdominal contents through a defect lateral to the umbilical ring is called what?**
- A. Gastroschisis
 - B. Omphalocele
 - C. Umbilical hernia
 - D. Intestinal atresia

Answers

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

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Explanations

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1. Which infant would have the greatest risk for evaporative heat loss?

- A. 40 weeks gestation
- B. 34 weeks gestation
- C. 30 weeks gestation**
- D. 28 weeks gestation

Evaporative heat loss hinges on how mature the infant's skin barrier is. Water can evaporate from the skin easily when the barrier is immature, and preterm babies lose more heat this way because their skin is thinner, more permeable, and they have a higher surface area-to-body weight ratio. They often have little insulating fat and less vernix, which normally helps retain moisture and protect the skin. Because skin maturity advances with gestational age, the youngest preterm infant has the greatest risk for evaporative heat loss. Among the options, the most premature infant would be at the highest risk, since the earlier the gestational age, the more immature the skin barrier and the greater the potential for water loss. In practice, that means the infant around 28 weeks would have the greatest evaporative heat loss risk, followed by the 30-week infant, then the more mature preterms, and finally term infants. To reduce this risk, keep the infant dry, use humidity or a humidified environment, minimize exposure to dry air, and use occlusive coverings or radiant warmth as appropriate.

2. Which of the following is a component of the Apgar score?

- A. Temperature
- B. Muscle tone**
- C. Blood pressure
- D. Capillary refill time

The question tests what elements are included in the Apgar score, a quick snapshot of a newborn's condition right after birth. The Apgar score assesses five areas: skin color (appearance), heart rate (pulse), reflex response (grimace or irritability), muscle tone, and breathing effort. Muscle tone is one of these five components, scored based on how the infant moves: 0 for limp, 1 for some flexion, and 2 for active motion. That's why it's the correct choice. Temperature, blood pressure, and capillary refill time aren't part of the Apgar scoring system; they're important vital signs or perfusion checks but not included in the Apgar calculation.

3. Among strategies to reduce CLABSI, which is most directly associated with decreased infection risk?

- A. Timely line removal.
- B. Longer line dwell time.
- C. Frequent line manipulations.
- D. Avoid dressing changes.**

The main idea is that CLABSI risk increases the longer a central line stays in place. Each additional day provides more opportunity for bacteria to colonize around the catheter and enter the bloodstream, especially in neonates who have more vulnerable immune systems. Removing the line as soon as it's no longer needed directly eliminates that ongoing source of infection, making it the most effective way to lower risk. If a line must remain, the focus should be on minimizing touches and maintaining strict sterile technique during any access, plus ensuring dressings are kept clean and changed per policy when damp, so the barrier at the insertion site stays intact. Avoiding dressing changes would compromise the site and raise infection risk, rather than reduce it. So, prompt removal when possible directly ties to decreased infection risk, and proper dressing care supports that protection when a line can't be removed immediately.

4. Ballard exam findings of red translucent skin, sparse lanugo, no plantar creases, barely perceptible breast buds, and fused eyelids correspond to which gestational age range?

A. 23-24 weeks

B. 25-26 weeks

C. 27-28 weeks

D. 29-30 weeks

Ballard scoring uses physical maturity signs to gauge gestational age, looking at skin texture, amount of lanugo, plantar creases, breast tissue, and the eyes/ears. The combination described—red, translucent skin with visible superficial vessels; sparse lanugo; no plantar creases; barely perceptible breast buds; and eyelids that are fused—points to an extremely premature infant. Skin that is thin and reddish indicates very little subcutaneous fat and immature vasculature, which is typical of the earliest gestational ages. Lanugo is present but diminishing as the fetus approaches the lower preterm range, and the absence of plantar creases shows the infant hasn't developed the creases seen later in the second trimester. Minimal breast tissue reflects minimal hormonal-driven development, and fused eyelids occur when the eyelids have not yet opened, a hallmark of around 23 to 24 weeks. Taken together, these findings best correspond to about 23 to 24 weeks gestation.

5. The most common clinical presentation of neonatal seizures is?

A. Subtle

B. Tonic-Clonic movements

C. Apnea alone

D. Ocular movements

Neonatal seizures most commonly present with subtle, nonconvulsive signs rather than dramatic convulsions. In newborns, the immature brain often expresses seizures as small, easily overlooked events—eye movements or deviations, eyelid flutter, lip or tongue movements, chewing-like motions, or brief autonomic changes such as apnea or color/fluid shifts. Because many seizures in this age are electrographic-only or have very brief or focal motor components, they can be mistaken for jitteriness or normal newborn behaviors unless careful observation and, often, EEG monitoring are used. While tonic-clonic activity can occur, it is far less common in neonates, making subtle presentations the typical pattern.

6. The scalp swelling that can rapidly increase in size and shape with significant acute blood loss, resulting in shock as the presenting symptom is called?

- A. Cephalohematoma**
- B. Caput Succedaneum
- C. Subgaleal Hemorrhage
- D. Meningocele

Subgaleal hemorrhage is the scenario described. The subgaleal space lies between the galea aponeurotica and the skull, and bleeding into this large potential space can accumulate rapidly after delivery, especially with difficult or assisted births. Because the space is expansive and not tightly bounded by sutures, the hematoma can expand quickly, crossing suture lines and presenting as a scalp swelling that enlarges with significant blood loss. This rapid, extensive bleeding can lead to hypovolemia and shock, making it a life-threatening emergency requiring immediate resuscitation and blood product support. Cephalohematoma is a subperiosteal bleed confined by the periosteum of a single bone and does not cross sutures; it tends to grow slowly and is not typically associated with shock. Caput succedaneum is diffuse scalp edema that crosses sutures but is edema rather than hemorrhage and usually resolves in days without causing shock. Meningocele is a neural tube defect presenting as a sac-like protrusion, not a neonatal scalp hematoma.

7. In growth assessment, which index is used to assess proportional growth in a neonate?

- A. Height-for-age percentile.
- B. Weight-for-length percentile is a key index for assessing proportional growth in neonates.**
- C. Head circumference percentile.
- D. Length percentile.

Proportional growth in a neonate is assessed by how weight relates to length. The weight-for-length percentile gives a measure of body mass relative to the baby's length, indicating whether the infant is underweight for their length (wasting), of appropriate proportionality, or overweight. This index specifically captures the balance between weight and linear growth, which pure length measurements or weight alone cannot show. Length (or height) percentiles describe how long the baby is compared to peers but don't tell you if that length is appropriate for the baby's weight. Head circumference reflects brain growth, not overall body proportionality. So the weight-for-length percentile is the best way to gauge proportional growth in a neonate.

8. Which infection prevention measure is essential in the NICU?

- A. Strict hand hygiene, aseptic technique for lines and dressings, timely line removal when no longer needed, and minimizing unnecessary handling.
- B. Only gloves are necessary.
- C. Regular cleaning of floors.**
- D. Isolation of all infants at all times.

The most essential infection prevention measure in the NICU centers on rigorous hand hygiene and aseptic care of lines and dressings, with timely removal of invasive lines when they're no longer needed and minimizing handling of fragile infants. Neonates, especially preterm ones, have very immature immune systems, so preventing the introduction and spread of pathogens is critical. Hand hygiene—washing with soap and water or using an alcohol-based hand rub before and after contact with each infant, their surroundings, or equipment—greatly reduces the transmission of microbes. Aseptic technique during insertion, care, and dressing changes for lines and catheters prevents contamination of sterile sites. Removing lines promptly when they're no longer indicated cuts off a major source of bloodstream infection. Minimizing handling lowers the opportunities for contamination to pass from staff or the environment to the infant. While cleaning floors and other environmental cleaning are important parts of overall infection control, they do not provide the same direct, high-impact protection against device-related and contact-transmitted infections as proper hand hygiene and aseptic line care. Isolating all infants at all times isn't practical or necessary for routine prevention and can hinder care. So, the best answer emphasizes a coordinated approach built on hand hygiene and meticulous aseptic practices for lines and dressings, along with removing lines when possible and reducing unnecessary handling.

9. When considering a site for placement of a peripheral intravenous catheter in a neonate, the nurse should:

- A. Conserve areas that may later be needed for central line placement**
- B. Use the most distal vein first
- C. Always place on the scalp
- D. Avoid any use of peripheral veins

In neonates, venous access is precious because their veins are small and can be used up quickly. A central venous catheter may be needed for long-term therapy, irritant medications, or parenteral nutrition, and central lines are placed in specific regions (such as the umbilical, jugular, or subclavian veins) depending on the baby's age and condition. When choosing where to place a peripheral IV, the nurse should avoid exhausting sites that could be needed for central line placement later. By conserving areas that may be needed for central venous access, you keep future options open and reduce the risk of having to place a central line in a less ideal location after multiple failed peripheral attempts. Using the most distal vein first can lead to more limited peripheral access later, and scalp veins carry additional risks and aren't universally preferred. Avoiding peripheral veins entirely neglects the infant's immediate need for IV therapy.

10. Herniation of abdominal contents through a defect lateral to the umbilical ring is called what?

A. Gastroschisis

B. Omphalocele

C. Umbilical hernia

D. Intestinal atresia

Gastroschisis is the condition described. It involves herniation of abdominal contents through a defect located to the side of the umbilicus, usually the right, and there is no protective sac covering the exposed viscera. This distinguishes it from other abdominal wall defects: an omphalocele occurs at the umbilicus with the intestines covered by a membranous sac and often associated with other anomalies; an umbilical hernia protrudes through the umbilical ring itself; and intestinal atresia is a blockage or absence of a segment of intestine, not a herniation through a defect.

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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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