

RNC Low Risk Neonatal (LRN) Nursing Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

SAMPLE

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

SAMPLE

- 1. Infants are particularly attracted to which type of visual stimuli?**
 - A. Pastel colors**
 - B. Bright colors and bold patterns**
 - C. Black and white only**
 - D. Pale hues**

- 2. Which condition can be indicated by the presence of soft skull bones in newborns?**
 - A. Osteogenesis imperfecta**
 - B. Down syndrome**
 - C. Neonatal jaundice**
 - D. Congenital heart disease**

- 3. In a 6-day-old infant suspected of herpes simplex meningitis, what cerebrospinal fluid (CSF) findings are anticipated?**
 - A. Elevated RBCs, normal glucose, elevated protein**
 - B. Normal RBCs, normal glucose, normal protein**
 - C. Decreased WBCs, elevated glucose, low protein**
 - D. Elevated WBCs, low glucose, high protein**

- 4. Which of the following is NOT an indication of severe preeclampsia?**
 - A. Blood pressure of 160/110 mm Hg**
 - B. Oliguria**
 - C. Pulmonary edema**
 - D. Blood pressure of 145/95 mm Hg**

- 5. When does postpartum breast engorgement typically occur?**
 - A. 1 to 3 days postpartum**
 - B. 2 to 6 days postpartum**
 - C. 6 to 10 days postpartum**
 - D. 10 to 14 days postpartum**

6. When caring for a 3-day-old infant showing signs of neonatal abstinence syndrome, which method should be avoided?

- A. Encouraging skin-to-skin contact**
- B. Encouraging bottle feeding**
- C. Providing a quiet environment**
- D. Monitoring for weight gain**

7. What state is the infant in if they are inactive with mild, agitated vocalizations?

- A. Quiet alert**
- B. Active alert**
- C. Sleepy**
- D. Deep sleep**

8. What heart rate defines sinus tachycardia in a neonate?

- A. 100 to 120 bpm**
- B. 150 to 180 bpm**
- C. 180 to 200 bpm**
- D. Over 200 bpm**

9. What is a common complication associated with respiratory distress syndrome in neonates?

- A. Hypoglycemia**
- B. Hyperbilirubinemia**
- C. Uncompensated respiratory acidosis**
- D. Esophageal reflux**

10. The concept of quality improvement in healthcare is primarily characterized by what aspect?

- A. Being episodic and static**
- B. Being voluntary and optional**
- C. Being continuous and proactive**
- D. Being retroactive and unnecessary**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Infants are particularly attracted to which type of visual stimuli?

- A. Pastel colors**
- B. Bright colors and bold patterns**
- C. Black and white only**
- D. Pale hues**

Infants are particularly attracted to bright colors and bold patterns because these visual stimuli stand out significantly from their surroundings. At a young age, an infant's vision is still developing, and they are more responsive to high-contrast images, which stimulate their developing visual perception. Bright colors and bold patterns help capture their attention and encourage visual exploration, which is essential for cognitive and sensory development. This attraction is critical as it promotes engagement and interaction with their environment, facilitating learning and development in the early stages of life. While pastel colors and pale hues might be visually appealing to adults, infants generally do not respond to these softer tones with the same level of interest as they do to bold and bright combinations. Black and white patterns are also stimulating, but they are more effective during the initial few months of life; later on, infants show more interest in a varied palette that includes brighter colors. Thus, the choice of bright colors and bold patterns reflects the developmental needs of infants to engage with their visual world effectively.

2. Which condition can be indicated by the presence of soft skull bones in newborns?

- A. Osteogenesis imperfecta**
- B. Down syndrome**
- C. Neonatal jaundice**
- D. Congenital heart disease**

The presence of soft skull bones in newborns is indicative of osteogenesis imperfecta, a genetic disorder characterized by fragile bones and a tendency to fracture easily. This condition results from a defect in collagen production, leading to weaker bones that can impact the skull as well. In neonates, this may present as soft skull bones, sometimes referred to as "cracked" or "thin," which suggests that the underlying structural integrity is compromised. Osteogenesis imperfecta is often diagnosed at birth or shortly after based on physical findings, such as soft skull bones and multiple fractures, often without a clear history of trauma. This is significant as it allows for early recognition and management of the condition to prevent further complications. In contrast, conditions like Down syndrome, neonatal jaundice, and congenital heart disease do not typically present with soft skull bones. Down syndrome can involve various somatic features, but soft skull bones specifically are not a direct indicator. Neonatal jaundice is primarily related to bilirubin levels and does not affect bone structure. Congenital heart disease involves malformations of the heart and related circulation but does not alter the ossification or structure of the skull in the same way that osteogenesis imperfecta does. Therefore, the identification of soft skull bones

3. In a 6-day-old infant suspected of herpes simplex meningitis, what cerebrospinal fluid (CSF) findings are anticipated?

- A. Elevated RBCs, normal glucose, elevated protein**
- B. Normal RBCs, normal glucose, normal protein**
- C. Decreased WBCs, elevated glucose, low protein**
- D. Elevated WBCs, low glucose, high protein**

In a 6-day-old infant suspected of herpes simplex meningitis, the most anticipated cerebrospinal fluid (CSF) findings include elevated white blood cells (WBCs), normal glucose levels, and elevated protein levels. While option A mentions elevated RBCs, it is important to note that the definitive laboratory markers for a viral infection like herpes simplex, which commonly affects neonates, are elevated WBC counts, particularly lymphocytes. Typically, in viral meningitis, you would see a pleocytosis (increased WBCs) with a lymphocytic predominance, an elevated protein concentration, and normal glucose levels in the CSF. The normal glucose is because, unlike bacterial infections, the metabolism and utilization of glucose by viral pathogens do not lead to significant decreases in glucose levels in the CSF. Elevated RBCs could suggest a traumatic tap or hemorrhagic process rather than an infection like meningitis, which specifically involves clear CSF with alterations in cell count and protein levels but generally not a significant increase in red blood cells unless there was an extraneous factor involved. Thus, in true cases of herpes simplex meningitis, one would expect findings of elevated WBCs with a predominance of lymphocytes, normal glucose levels

4. Which of the following is NOT an indication of severe preeclampsia?

- A. Blood pressure of 160/110 mm Hg**
- B. Oliguria**
- C. Pulmonary edema**
- D. Blood pressure of 145/95 mm Hg**

Severe preeclampsia is characterized by specific clinical manifestations, and a key aspect of this condition is elevated blood pressure. A blood pressure reading of 160/110 mm Hg is a classic sign of severe preeclampsia, as hypertension is a major diagnostic criterion. Oliguria, defined as urine output of less than 500 mL in 24 hours, can occur in severe preeclampsia due to reduced renal perfusion. Pulmonary edema arises in these patients as the fluid balance is disturbed, leading to excess fluid in the lungs. In contrast, a blood pressure reading of 145/95 mm Hg does not meet the criteria for severe preeclampsia. While it indicates hypertension, it is not classified as severe. Understanding the criteria for diagnosis is essential for providing appropriate care and managing risks associated with preeclampsia. Thus, the correct answer highlights a scenario that is not associated with severe preeclampsia.

5. When does postpartum breast engorgement typically occur?

- A. 1 to 3 days postpartum**
- B. 2 to 6 days postpartum**
- C. 6 to 10 days postpartum**
- D. 10 to 14 days postpartum**

Postpartum breast engorgement is a common condition that typically occurs between 2 to 6 days after childbirth. This timeframe aligns with the body's natural response to hormone changes following delivery, particularly the increase in prolactin, which stimulates milk production. Initially, during the first few days postpartum, the breasts gradually fill with colostrum and then transition to mature milk, which can lead to swelling, fullness, and discomfort associated with engorgement. While some transient fullness may be experienced as early as the first few days, the peak occurrence usually happens between 2 and 6 days postpartum, marking the period when mothers' milk is fully coming in. Understanding this timeline is crucial for nursing assessments and management strategies. Early recognition of engorgement signs allows for timely interventions, such as proper breastfeeding techniques, to alleviate discomfort and ensure effective milk removal, which can improve the breastfeeding experience for both mother and infant.

6. When caring for a 3-day-old infant showing signs of neonatal abstinence syndrome, which method should be avoided?

- A. Encouraging skin-to-skin contact**
- B. Encouraging bottle feeding**
- C. Providing a quiet environment**
- D. Monitoring for weight gain**

In the care of a 3-day-old infant exhibiting signs of neonatal abstinence syndrome (NAS), encouraging bottle feeding should be approached with caution. Infants with NAS may struggle with feeding due to withdrawal symptoms, which can include poor feeding behavior, irritability, and difficulty coordinating suck and swallow. As a result, breastfeeding is typically preferred, as it can be soothing and help manage the symptoms of NAS. Breastfeeding also provides the infant with essential nutrients and can help foster a better feeding attachment. Bottle feeding may not be the optimal choice for these infants as it can contribute to increased stress and feeding challenges. Infants experiencing NAS often require a sensitive and nurturing approach to feeding that allows for bonding and comfort, both of which can be better supported through breastfeeding. Meanwhile, practices like encouraging skin-to-skin contact, providing a quiet environment, and monitoring weight gain are beneficial for an infant with NAS. These methods promote well-being, stability, and growth in infants, helping to alleviate some of the stress associated with withdrawal while enhancing overall developmental outcomes.

7. What state is the infant in if they are inactive with mild, agitated vocalizations?

- A. Quiet alert**
- B. Active alert**
- C. Sleepy**
- D. Deep sleep**

When an infant is described as inactive with mild, agitated vocalizations, they are most accurately interpreted to be in the active alert state. In this state, infants exhibit a level of attentiveness and can be easily stimulated by their environment, which may lead to agitated vocalizations. These vocalizations suggest that while the infant is not fully engaged or energetic, they are still aware of their surroundings and may be responding to stimuli, indicating a readiness to interact or communicate. In the active alert state, infants are more likely to have their eyes open and may be focusing on objects or faces around them, even if their movements are minimal at times. This level of awareness is contrasted with other states such as quiet alert, where the infant is more calm and largely still, mainly observing without agitation, or in deep sleep, where there is no responsiveness or vocalization whatsoever. The descriptions of sleepy and deep sleep are further characterized by a lack of awareness and engagement with the environment, which would not align with the presence of vocalizations.

8. What heart rate defines sinus tachycardia in a neonate?

- A. 100 to 120 bpm**
- B. 150 to 180 bpm**
- C. 180 to 200 bpm**
- D. Over 200 bpm**

Sinus tachycardia in a neonate is defined as a heart rate exceeding 180 beats per minute. This condition is characterized by a sustained increased heart rate originating from the sinoatrial node while maintaining a normal rhythm. It is important to understand the physiological context of neonatal heart rates, which are typically higher than those seen in older children and adults. While neonates can have varying heart rates influenced by factors such as activity, sleep, and health status, a heart rate above 180 bpm indicates a level of tachycardia that warrants further evaluation. This could arise due to physiological responses, such as fever or pain, or pathological conditions like hypoxia or anemia, making it crucial to monitor and assess the neonate's overall condition when tachycardia is observed.

9. What is a common complication associated with respiratory distress syndrome in neonates?

- A. Hypoglycemia**
- B. Hyperbilirubinemia**
- C. Uncompensated respiratory acidosis**
- D. Esophageal reflux**

Uncompensated respiratory acidosis is a common complication associated with respiratory distress syndrome (RDS) in neonates. When newborns experience RDS, their lungs are not fully developed or functioning optimally, which leads to insufficient gas exchange. One of the primary consequences of this impaired respiratory function is the retention of carbon dioxide in the bloodstream, resulting in respiratory acidosis. In uncomplicated cases, the body can often compensate for changes in acid-base balance; however, in severe cases of RDS where the baby's ability to breathe effectively is significantly compromised, the acidosis may become uncompensated. This can lead to further physiological disturbances, exacerbating the overall condition of the neonate. Understanding this mechanism helps healthcare providers identify and manage complications related to RDS effectively, ensuring timely interventions to restore adequate oxygenation and support respiratory function in affected newborns.

10. The concept of quality improvement in healthcare is primarily characterized by what aspect?

- A. Being episodic and static**
- B. Being voluntary and optional**
- C. Being continuous and proactive**
- D. Being retroactive and unnecessary**

Quality improvement in healthcare is fundamentally characterized by being continuous and proactive. This concept emphasizes an ongoing process where healthcare providers systematically evaluate and enhance their services and outcomes. Continuous quality improvement means that the assessment of practices and processes is not a one-time event but rather an integral and unending part of healthcare delivery. Proactive approaches involve anticipating potential problems or areas for improvement rather than merely reacting to issues after they arise. By being proactive, healthcare teams can implement strategies that address potential inefficiencies, enhance patient safety, and improve the overall quality of care before negative outcomes occur. This commitment to continuous and proactive quality improvement leads to better health outcomes, increased patient satisfaction, and more efficient healthcare systems overall.

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://rnclowriskneonatalnursing.examzify.com>

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

SAMPLE