

EMERGENCY MEDICAL CONSULTANTS INC.

Florida's Premier Provider Of Quality Medical Training Programs

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CEU Provider

Since 1988



NRP Preparation Packet 7th Edition



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Visit Our Website at EMCmedicaltraining.com

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Welcome to Emergency Medical Consultants Neonatal Resuscitation Program Skills review and validation.

The latest version of the American Academy of Pediatrics NRP course requires the participant to obtain the latest textbook, review the information, then go online to the AAP's site, www2.aap.org/nrp, and complete the exam prior to the course. Review chapters 1-11 for providers. Initial providers and renewals. A passing score score of 80% must be obtained.

Please note the AAP program contains no teaching or remediation. The fee to take the test is \$35.00 and, with unlimited attempts, there is also a pause feature to save if you have to step away.

Skills validation must be completed within 90 days of completing the online exam and eSim cases. The skills validation that we provide is mandatory, but separate from the AAP's online exam.

Our staff will spend a few hours reviewing concepts, skills and scenarios. Then the instructor will document efficiency and proficiency with you as a member of a neonatal medical team. They will also be available to answer questions and assist with any concerns you may have.

The AAP wants you to take your exam prior to the skills day. We suggest you review the information and attempt the exam. If you are not successful, you may attend our program and review the information with our staff in a "teaching and learning" environment. Then you may re-attempt the exam. Remember, all of this must be completed within 90 days of your initial online exam attempt or the exam is invalid and you must re-register with the AAP.

We are happy to assist with any questions you may have and have attached some pre-test information you may find helpful. Feel free to contact us if we can be of further assistance.

Thank you,

Shaun Fix and the NRP Staff

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NRP Provider Course Overview

Lesson 1: Foundation of Neonatal

Lesson 2: Preparing for Resuscitation

Lesson 3: Initial Steps of Newborn Care

Lesson 4: Positive Pressure Ventilation

Lesson 5: Alternative Airways: Endotracheal tubes and Laryngeal Masks

Lesson 6: Chest Compressions

Lesson 7: Medications

Lesson 8: Post Resuscitation Care

Lesson 9: Resuscitation Stabilization of Babies Born Preterm

Lesson 10: Special Considerations

Lesson 11: Ethics and Care at the End of Life

Introduction

Pg viii (Lesson Completion)

1. Successful completion of the online examination and eSim cases is required before learners attend the skills/simulation portion of the course within 90
2. To successfully complete the course, participants must pass the online examination , complete the eSim cases, demonstrate mastery of resuscitation skills in the Integrated skills station, and participate in simulated resuscitation scenarios, as determined by the course instructor(s).
3. Upon successful completion of these requirements participants are eligible to receive a course completion card. * Following the skills/ simulation portion of the course learners will receive an email with a link to complete an online course evaluation.
4. Once the online course evaluation is completed an electronic course completion card will be available in the learners NRP database profile.

Neonatal Resuscitation Program Key Behaviors

- ✧ Know your environment
- ✧ Use available information
- ✧ Anticipate and plan
- ✧ Clearly identify a team leader
- ✧ Communicate effectively
- ✧ Delegate workload optionally
- ✧ Allocate attention wisely
- ✧ Use available resources
- ✧ Call for additional help when needed
- ✧ Maintain professional behavior

Critical Performance Steps

- ◆ Ask the 4 pre-birth questions

- What is the expected gestational age?
- Is the amniotic fluid clear?
- How many babies are expected?
- Are there any additional risk factors?

- ◆ Assemble team

- ◆ Perform pre-resuscitation briefing

- ◆ Perform equipment checks

- ◆ Warm

- ◆ Clear the airway

- ◆ Auscultate

- ◆ Ventilate

Ventilation Corrective Steps "MR SOPA"

M: Mask adjustment

R: Reposition the baby's head

S: Suction the mouth and nose

O: Open the baby's mouth

P: Pressure increase

A: Alternative airway

- ◆ Oxygenate

- ◆ Intubate

- ◆ Medicate

NRP Prep Test

Please complete before the class as the covered content will be discussed and incorporated into the skills demonstrations. The questions at the end of each chapter are very helpful to reinforce the content of the text.

1. At every delivery, how should we anticipate and prepare for resuscitation needs?
 - A. By calling for needed people after birth
 - B. By preparing for all complications with equipment and personnel
 - C. By evaluating chances of complications and only activating resus team for >75% chance
 - D. By depending on the arrival of the medical provider to decide

2. Equipment needed for every resuscitation includes:
 - A. Suction, heart monitor, forms, and transport isolette
 - B. Infant hats, forms, and neonatologist
 - C. Life Pack 12, spinal needle, and suction
 - D. Suction, pulse oximetry, PPV device, warmth device, IV access and meds

3. Which of the following would NOT indicate to anticipate a **certain** problem at the delivery?
 - A. Normal maternal health, term gestation, normal FHR strip/tones, negative Beta strep
 - B. Maternal substance abuse, small for dates gestation, meconium in SROM
 - C. Maternal trauma, maternal fever, maternal Type II diabetes
 - D. Repeated abnormal FHR, strip with decelerations, twin gestation

4. Pulse oximetry is a part of the neonatal assessment. What does that tell us?
 - A. We can charge for the procedure now
 - B. We can leave off counting heart rates except every 5 minutes
 - C. We will have an indication of successful extrauterine transition and oxygenation
 - D. We will not need to intervene with low heart rates

5. 3 devices to provide PPV are discussed in the text – where may they be found (usually)?
 - A. Self inflating bag – EMS, ED, L/D, OR
 - B. T-piece resuscitator – EMS, ED, L/D, OR
 - C. Flow inflating bag – Antepartum, EMS, OR
 - D. None are right – we only use Neo-tee everywhere

6. How can we stimulate a neonate to breathe?
 - A. Suctioning, drying, flicking soles of feet
 - B. Making loud noises to startle the infant
 - C. Vigorous sternal rubs
 - D. Turning the warmer to 105 degrees

7. If you have not completed endotracheal intubation within the recommended time limit, you should;
 - A. Continue the intubation attempt for another 30 seconds using free-flow oxygen to support the baby
 - B. Stop resume PPV with a mask, then try again or insert a LMA

8. A good practice when calculating medication doses for the neonate is to:
 - A. Calculate in your head and use a 5 cc syringe
 - B. Call into the nursery and ask someone to come
 - C. Remember the 1kg to 1ml rule
 - D. Use a chart and verify with another provider

9. It is important to use proper rate and inflation pressure when doing PPV. Why?
 - A. Adequately inflating lungs will positively affect the heart rate to rise
 - B. Following the protocol will always work regardless of size and position
 - C. It will provide a little extra air to leak out the mask
 - D. You will never have to do MR SOPA

10. Laryngoscopes are held in the ___hand and used with a ___to confirm placement of the tube in the trachea
 - A. Right; SPO2
 - B. Left; ETCO2 detector
 - C. Left; ECG monitor
 - D. Right; ETCO2 detector

11. Complications of endotracheal intubation attempts include:
 - A. Right mainstem bronchus intubation
 - B. Pneumonia
 - C. Liver laceration
 - D. CO2 retention and alkalosis

12. Laryngeal mask airway placement is never an adequate airway maintenance strategy
- A. True
 - B. False
13. Access for medications for the resuscitation include:
- A. Scalp vein, cutdown, subclavian central line
 - B. Femoral central line, scalp vein, cutdown
 - C. Umbilical vessel, Intraosseous
 - D. Intraosseous, cutdown, subclavian central line
14. Giving Narcan for respiratory depression is indicated for:
- A. Administration of a benzodiazepine to mother before birth
 - B. Respiratory depression after delivery from a heroin addicted mother
 - C. Administration of the general anesthetic gas for a crash C-section
 - D. Administration of an opiate to mother before birth
15. It is necessary to start chest compressions during resuscitation – what is the correct way?
- A. HR <60, 120 events per minute with 90 compressions and 30 breaths
 - B. HR>60, SPO2 <75
 - C. HR<60, 80 compressions, 40 breaths
 - D. HR>60, Apgar <5
16. Preterm neonates have several risk factors for complications:
- A. Immature immune system, small blood volume, resistance to oxygen
 - B. Tissues easily damaged from oxygen, small BSA/mass ratio
 - C. Lungs lacking surfactant, heat loss related to large BSA/mass ratio, weak muscles
 - D. Immature immune system, small blood volume, small BSA/mass ratio
17. When faced with an ethical resuscitation decision, what may be done?
- A. Call for an ethics consult and determine what the parents understand and want to be done
 - B. Resuscitate regardless of gestational age or anomaly or parental wishes
 - C. Do not initiate resuscitation unless required by law
 - D. Resuscitate regardless of DNA testing results or parental wishes or anomaly

18. To decompress the gastric cavity after PPV, we can insert a _____?
- A. Chest tube
 - B. Peripheral IV
 - C. Uri-catheter to bladder
 - D. Orogastric tube
19. We expect ___% of neonates to need assistance at birth and prepare for ___% of births to have complications.
- A. 5 and 100
 - B. 5 and 50
 - C. 10 and 100
 - D. 10 and 50
20. Newborns always need _____ and rarely need _____
- A. Routine care and medications
 - B. Routine care and intubation of the trachea
 - C. Routine care and PPV
 - D. Routine care and blow by oxygen
21. What conditions may make us suspect an interruption in normal transition to extrauterine breathing?
- A. Tachycardia and high systolic blood pressure
 - B. Tachypnea and bradycardia
 - C. Tachypnea with acrocyanosis
 - D. Tachycardia and Apgar of 9
22. What conditions may cause an in utero compromise?
- A. Maternal hypotension, drug use, multiple gestations
 - B. Deterioration of the umbilical cord or placental integrity
 - C. Placental abruption
 - D. All of the above
23. You have stated PPV for an apneic newborn the HR is 40 bpm and is not improving with PPV. Your assistant does not see chest movement. You should:
- A. Start the ventilation corrective steps
 - B. Proceed to chest compression's
 - C. Consider terminating efforts
 - D. Consider giving epinephrine via scalp vein IV

24. We have to intubate a neonate of 32 weeks gestational age and weight of 2000 grams. What size ET tube should we select and where is the lip to tip marker?
- A. 4.0 and 12
 - B. 3.5 and 12
 - C. 4.0 and 8
 - D. 3.5 and 8
25. You recognize your resuscitated baby will require an emergent transfer to a Level III nursery. You are in the state of FL. You are 2 hours from the nearest facility. What is the best decision for the safety of your neonate?
- A. Arrange transport with your local EMS and send a labor nurse with the baby
 - B. Arrange transport with the nearest neonatal transport team (available in 6 hours)
 - C. Arrange transport with the nearest immediately available neonatal transport (ground or air)
 - D. Arrange transport with your RT and your local EMS agency

NRP Prep Test Answer Key

1. B
2. D
3. A
4. C
5. A
6. A
7. B
8. D
9. A
10. B
11. A
12. B
13. C
14. D
15. A
16. C
17. A
18. D
19. C
20. A
21. B
22. D
23. B
24. D
25. C

Accessing Your 7th Edition NRP eCard

- ❖ Only 7th Edition eCards can be accessed.
- ❖ To access your eCard:
 - ❖ Click the Profile tab to open the options list.
 - ❖ Select the Resuscitation Cards option to open the My Resuscitation Cards page.
 - ❖ You can view and email your eCard from the My Resuscitation Cards page.



Neonatal Resuscitation Program® Provider Course Individual Recording Sheet

RETURN THIS SHEET TO ANY INSTRUCTOR AT THE END OF THE COURSE

Provider Course Date: _____ Name: _____

Credentials: RN MSN NNP RCP MD DO PA Other _____

Performance Skills Stations Checklists Completed (per instructor assessment of learning needs)

Instructor Initials

- _____ Preparing for Resuscitation (includes Equipment Check)
- _____ Initial Steps of Newborn Care
- _____ Positive-Pressure Ventilation
- _____ Intubation (perform or assist)
- _____ Laryngeal Mask Placement (perform or assist)
- _____ Chest Compressions
- _____ Prepare Emergency Umbilical Venous Catheter for Placement
- _____ Place or Assist With Placement of Emergency Umbilical Venous Catheter
- _____ Prepare Epinephrine for Administration
- _____ Administer Epinephrine via Umbilical Venous Catheter
- _____ Administer Epinephrine via Endotracheal Tube
- _____ **Integrated Skills Station (required course component)**
- _____ **Simulation and Debriefing (required course component)**

INSTRUCTOR INITIALS/SIGNATURES

Instructor Reminder: Participant must pass all components of the course within 90 days of completing Part 1 of the NRP Provider Course Curriculum.