

NAME _____ 2020 DATE _____

Smith Seminars

Respiratory Disorders in Neonates and Infants

1. _____ Differences in the physiology of the respiratory system in infants compared with that of older children and adults include:
 - A) Less reliance on diaphragmatic excursions over intercostal muscles
 - B) Less collapsible extrathoracic airways
 - C) More compliant collapsible chest wall
 - D) All of the above

2. _____ Typical apnea monitors use:
 - A) An elastic band to detect leg movements
 - B) Pulse oximetry to detect heart rate and O₂ saturation
 - C) A & B
 - D) None of the above

3. _____ Bronchopulmonary dysplasia:
 - A) Is typically suspected when a ventilated infant is unable to wean from O₂ therapy, mechanical ventilation, or both.
 - B) Is caused by low concentrations of inspired O₂ typically in patients on prolonged mechanical ventilation
 - C) Incidence increases with degree of prematurity; increased airway resistance and pulmonary artery pressures, and female sex
 - D) All the above

4. _____ Meconium aspiration can cause:
 - A) Chemical pneumonitis
 - B) Mechanical bronchial obstruction producing a syndrome of respiratory distress
 - C) Tachypnea, rales and rhonchi, and cyanosis or desaturation
 - D) All the above

5. _____ Diagnosis of persistent pulmonary hypertension of the newborn includes:
 - A) History and examination
 - B) Electromyogram
 - C) Response to PCO₂
 - D) None of the above

6. _____ Pulmonary surfactant
 - A) Is a mixture of phospholipids and lipoproteins secreted by type II pneumocytes
 - B) Diminishes the surface tension of the water film that lines alveoli
 - C) A & B
 - D) None of the above

NAME _____ 2020 DATE _____

Smith Seminars

Respiratory Disorders in Neonates and Infants

7. _____ Symptoms and signs of respiratory distress syndrome include:
- A) Rapid, labored, grunting respirations appearing a few hours after delivery
 - B) Suprasternal and substernal retractions and nasal flaring
 - C) Cyanosis, lethargy, irregular breathing, and apnea
 - D) All the above
8. _____ ECMO is a form of cardiopulmonary bypass:
- A) Used for infants who cannot be adequately oxygenated or ventilated with conventional ventilators
 - B) Is contraindicated in infants < 34 weeks and/or < 2 kg
 - C) A & B
 - D) None of the above
9. _____ Chronic health conditions:
- A) Are generally defined as those conditions that last > 12 months
 - B) Are severe enough to create some limitations in usual activity
 - C) Affect 10 to 30% of children, depending on the criteria
 - D) All the above
10. _____ A critically ill infant:
- A) Who experiences skin-to-skin contact gains weight faster when compared with those who do not receive such care
 - B) Is never separated from their families because of hospitalization and treatment
 - C) Is never separated from the parents during transport to a different hospital
 - D) None of the above

Evaluation Form

Course Sponsor: Smith Seminars (CRCE Sponsor)

Title of Activity: Respiratory Disorders in Neonates and Infants

Title of Module: Respiratory Disorders in Neonates and Infants

Learner's achievement of each objective. Rate each on a scale of 1=low 5=high. (Circle One)

Objective 1

List the causes of respiratory distress in neonates and infants.

Summarize the factors of apnea in the premature infant.

Identify factors of bronchopulmonary dysplasia & meconium aspiration.

Explain the etiology, diagnosis, pathophysiology, prognosis, and treatment of persistent pulmonary hypertension, respiratory distress syndrome, transient tachypnea, children with chronic health conditions, death and dying, and the sick neonate.

1 2 3 4 5

Purpose/Goal of this activity

Attendee will be aware of the current information and will be able to meet the required continuing education.

Relationship of objectives to overall Purpose/Goal of activity.

1 2 3 4 5

If conflict of interest, off-label use, commercial support, or in-kind support were evident in the education component of this program, were you notified? (Circle One)

N/A — not applicable for any of the above

Yes

No

Comments:

Content was presented without bias of any commercial product or drug. (Circle One)

Yes

No

Comments:

Will the information you gained from this program change your practice? (Circle One)

Yes

No

Comments:

Additional comments or suggestions

Submission Instructions

Print the test, answer the questions, complete the evaluation, and fill out personal information.

Submission Method #1 – Go to www.smithseminars.com complete online test and evaluation

Submission Method #2 – Fax to us at 972-759-9791

Submission Method #3 –Smith Seminars, PO Box 940, Springtown, TX 76082 (if you use this method, your certificate will be dated the day it arrives in the office. If you need your certificate earlier, call the office and you will be instructed to supply the answers on the phone)

AARC members please include AARC membership number, if you have one.

This program is AARC-approved for 2 CRCE credits.

The test must be completed and passed prior to December 31 of the year of purchase.

You must complete 70% correctly to receive your certificate of completion.

Certificate delivery will be according to your request below, please allow 36 hours for emailed and faxed copies.

Regular mailed copies will go out the next business day at the latest.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Best Contact Phone Number: _____

Fax Number: _____

Email Address: _____

Certificate Delivery (check one): Email Regular Mail Fax

Order Confirmation # _____

AARC Member # (if you have one): _____

CEBroker Florida License Number (if applicable) _____