

NNF Neonatal Nursing Fellowship Examination

Ne	Neonatology - Paper 2	Roll No	
	50 marks	Duration 90 minutes	
1.	The preferred antenatal steroid given in Indian mothers at high risk of preterm delivery is		
2.	A 30 week preterm baby develops apnoea on day 3 of life. The drug of choice for treatment is		
3.	The Optimal timing of cord clamping after birth in a term breathing baby is		
4.	A meconium stained term neonate without history of leaking membranes, subsequently develops respiratory distress. The most likely diagnosis is		
5.	5. The recommended saturation alarm limits for	preterm infants up to 36 weeks PMA is	
		preterm infants up to 36 weeks PMA is	
6.	The recommended saturation alarm limits for Expand InSurE How do you assess the efficacy of bag & ma		
6. 7.	6. Expand InSurE		
6. 7.	6. Expand InSurE	sk ventilation during neonatal resuscitation neonates to be given with in 1 hour of birth. The of newborn.	

12. Which of the following is not compatible with each other?
a. 10% dextrose, Isolyte P
b. 5% dextrose, Calcium Gluconate
c. Sodium bicarbonate, Calcium Gluconate
13. A baby has HR of 120, pink peripheries, with some flexion, weak cry and good breathing effort at 1 min. What is the APGAR score?
14. What is the recommended formula for Endotracheal tube length fixation according to the latest NRP guidelines
15. A baby is born at term with a bilateral cleft lip and palate and a very small mandible. she requires
positive-pressure ventilation. You are unable to achieve a seal with bag and mask. Intubation
attempt failed twice . What is the likely diagnosis
16. The approximate total blood volume in a 3kg term infant would beml
17. A newborn presents with persistent vomiting since birth and has a scaphoid abdomen. The most
likely diagnosis is
18. Which Seizure type is most common in neonatal seizures:
19. The normal heart rate in newborn varies betweentobeats per minute.
20. The normal respiratory rate in newborn varies betweent0breaths per minute
21. The ratio of Chest compression and Ventilation during Neonatal Resuscitation is:
22. During Triaging you classify the babies in 3 categories. They are,
and
23. In Rh haemolytic diseae the Rh blood group of baby is
24. In ABO incompatibility the ABO blood group of Mother is

25. The Bilirubin production (Per Kg/day	y)in newborns as compared to adults is less or		
more			
26. How many umbilical arteries normally you	see in a cut section of normal umbilical cord		
27. The most commonly involved bone in ceph	nalhematoma is		
28. The capacity of self inflating	bag for neonatal resuscitation should not		
exceedml.			
29. The most commonly used volume expande	r during neonatal resuscitation is		
30. The suction pressure to suck out secretion	ns from oropharynx during neonatal resuscitation shoud		
not exceedmm of H	not exceedmm of Hg.		
31. Match the items from column A to option	ons given in column B. 15		
Column A ITEMS	Column B OPTIONS		
Erb's palsy	Phototherapy in hyperbilirubinemia		
Moro's reflex	Original Siamese twins		
Sister Ward	Brachial plexus injury		
Cheng and Eng	Bilirubin Encephalopathy		
Sun setting sign	Trisomy 21		
Apt test	Respiratory distress assessment in preterm		
Milia	Birth weight <1000g		
Down syndrome	60 Seconds		

Silverman Anderson Score	Aristotle
ELBW	Intra cranial calcification
Term Meconium	Sebacious gland retention cyst
CC & PPV duration	Differentiates fetal and Maternal blood
Congenital toxoplasmosis	Transillumination test positive
Pneumothorax	Colostrum
Natures first vaccination	30 seconds
	Birth Weight <1500g
	Epithelial retention Cysts
	Avery
Q32. Write the full form of:	5
a. HHHFNC	
b. CPAP	
c. INAP	
d. FBNC	
e. MNICU	