

# NCC C-EFM

## Electronic Fetal Monitoring

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### Product Version

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# Latest Version: 6.0

## Question: 1

Increases mom and baby's heart rate and cardiac output

- A. Side effect of terb
- B. Ph 7.24, pco2 54, be -10
- C. Hematocrit should be \_\_x hgb
- D. Memorize fetal circulation and draw a diagram

**Answer: A**

## Question: 2

When mom has a fever oxygen releases more freely thus baby doesn't get as much

- A. What are the benefits of palpating?
- B. Why would the EFM/US double or halve the FHR?
- C. When mom has a fever why does this cause not as much oxygen for baby?
- D. Stimulation of the sympathetic branch releases \_\_\_\_\_ which cause \_\_\_\_\

**Answer: C**

## Question: 3

Waste products are carbon dioxide and water and take seconds to clear

- A. How can you tell the difference between artifact and an arrhythmia?
- B. In aerobic metabolism waste products are what and take how long to clear baby's system
- C. When mom has a fever why does this cause not as much oxygen for baby?
- D. Most cases of metabolic acidemia do not result in injury, but risk increases when pH and BD are what

**Answer: B**

## Question: 4

6.1 minutes

- A. In the 1st stage of labor you can do intermittent monitoring on a low risk patient how often?
- B. D/c oxytocin, lv fluid bolus and repositioning takes how long to resolve tachysystole
- C. CTX of at least 30mmHg causes \_\_\_\_ blood flow
- D. Baroreceptors elicits a \_\_\_\_\_ in FHR, cardiac output and fetal blood pressure

**Answer: B**

### Question: 5

Mixed acidemia

- A. ph 6.83, pco2 75, Be -9
- B. ph 6.95, pco2 58, Be -19
- C. pH 7.19, pCO2 68, BE -14
- D. ph 7.04, pco2 54, Be -17

**Answer: C**

### Question: 6

—

- A. In the fetus CO is essentially \_\_\_\_ dependent
- B. Ph 6.83, pco2 75, be -9
- C. Side effect of terb
- D. Memorize fetal circulation and draw a diagram

**Answer: D**

### Question: 7

When pH is less than 7 and BD greater than 12

- A. What is the primary function and secondary of parasympathetic branch for FHR?
- B. Test question — what does respiratory, metabolic and mixed have in common?
- C. In the 2nd stage (pushing) how often can you intermittently monitor for low and high right patients
- D. Most cases of metabolic acidemia do not result in injury, but risk increases when pH and BD are what

**Answer: D**

## Question: 8

Oxygen

- A. Fetal hgb has a higher affinity for
- B. Intrinsic factor of variable?
- C. Extrinsic factor of variable?
- D. Moms Hgb affinity is less than or greater than baby's?

**Answer: A**

## Question: 9

SA and AV nodes

- A. Having a baby with a two vessel cord increases the risk of what?
- B. Chemoreceptors elicit a \_\_\_ in FHR - typical delayed in timing
- C. The parasympathetic branch innervates where in the heart
- D. What do you NOT document for auscultation documentation?

**Answer: C**

## Question: 10

Respiratory acidemia

- A. pH 6.83, pCO<sub>2</sub> 75, BE -9
- B. pH 7.24, pCO<sub>2</sub> 54, BE -10
- C. pH 7.04, pCO<sub>2</sub> 54, BE -17
- D. pH 6.95, pCO<sub>2</sub> 58, BE -19

**Answer: A**

## Question: 11

Variable

- A. A ——— decel would be a response to baroreceptors detecting change in pressure of cord being smooched
- B. D/c oxytocin to resolve tachystyle takes how long?

- C. In the fetus CO is essentially \_\_\_\_\_ dependent  
D. \_\_\_\_\_ - \_\_\_\_\_ mL of blood perfuse the uterus each minute

**Answer: A**

### Question: 12

pH is less than 7.2  
pCO<sub>2</sub> is elevated >60  
BE/BD is less than 12

- A. The umbilical artery carries what from where?  
B. Category 2 auscultation includes ANY of the following  
C. Contraindications for FSE/IFM?  
D. Respiratory acidemia is diagnosed when

**Answer: D**

### Question: 13

How baby did

- A. An arterial cord gas shows us?  
B. Extrinsic factor of variable?  
C. Late decel - chemo or baro?  
D. Uterine blood flow is dependent on maternal?

**Answer: A**

### Question: 14

Low risk q15 min  
High risk q5 min

- A. In the 2nd stage (pushing) how often can you intermittently monitor for low and high risk patients  
B. When mom has a fever why does this cause not as much oxygen for baby?  
C. Where are sympathetic influence in fetal heart?  
D. Do you ever document that you heart fetal movement? Why?

**Answer: A**

## Question: 15

$CO = HR \times SV$

- A. Respiratory acidemia reflects a transient disruption in
- B. What is the normal range of MVU's?
- C. Chemoreceptors elicit a \_\_\_ in FHR - typical delayed in timing
- D. In an adult how do you calculate cardiac output?

**Answer: D**

## Question: 16

Blood exchange

- A. Mom's Hgb affinity is less than or greater than baby's?
- B. Chemoreceptors elicit a \_\_\_ in FHR - typical delayed in timing
- C. In an adult how do you calculate cardiac output?
- D. Respiratory acidemia reflects a transient disruption in

**Answer: D**

## Question: 17

Standard terminology to prevent perinatal sentinel events

- A. FSE/IFM benefits?
- B. In 2004 JCAHO Sentinel Event Alert #30 recommends
- C. Why would the EFM/US double or halve the FHR?
- D. The parasympathetic branch originates where?

**Answer: B**

## Question: 18

Severe metabolic acidemia cause pH <7

- A. pH 6.95, pCO<sub>2</sub> 58, BE -19
- B. pH 7.19, pCO<sub>2</sub> 68, BE -14
- C. pH 7.04, pCO<sub>2</sub> 54, BE -17

D. pH 6.83, pCO<sub>2</sub> 75, Be -9

**Answer: A**

### Question: 19

Normal

- A. pH 7.24, pCO<sub>2</sub> 54, BE -10
- B. pH 6.95, pCO<sub>2</sub> 58, Be -19
- C. pH 7.19, pCO<sub>2</sub> 68, Be -14
- D. pH 6.83, pCO<sub>2</sub> 75, Be -9

**Answer: A**

### Question: 20

Metabolic acidemia

- A. pH 7.19, pCO<sub>2</sub> 68, Be -14
- B. pH 6.83, pCO<sub>2</sub> 75, Be -9
- C. pH 6.95, pCO<sub>2</sub> 58, Be -19
- D. pH 7.04, pCO<sub>2</sub> 54, BE -17

**Answer: D**

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