

Fluid and Electrolytes in the Neonatal Environment

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Please read each question carefully. Circle your answer as appropriate.

1. Post-natal physiological diuresis usually occurs
 - a. Within 24 hour of age
 - b. Day of life 2
 - c. Day of life 3-4
 - d. Day of life 5

2. Normal loss of body fluid can occur through:
 - a. Normal respirations
 - b. Kidney function as waste are excreted
 - c. Through the skin
 - d. All the above

3. Mechanism to minimise fluid loss in preterm infants include all of the following except:
 - a. Double walled incubators
 - b. Warm blankets
 - c. Humidity
 - d. Humidified ventilation

4. In addition to its responsibility for fluid balance, sodium is responsible for:
 - a. A good eyesight and vitamin balance
 - b. Bone structure
 - c. Impulse transmission
 - d. Muscle mass

5. Increased serum sodium levels cause thirst and the release of:
 - a. Potassium into the cells
 - b. ADH into the bloodstream
 - c. Aldosterone into the kidneys

6. The sodium-potassium pump transports sodium ions:
 - a. Into cells
 - b. Out of cells
 - c. Into and out of cells in equal amounts
 - d. Into skeletal muscles

7. Sodium regulation is independent of total body fluid status
 - a. True
 - b. False

8. Potassium is responsible for:
 - a. Building muscle mass
 - b. Building bone structure and strength
 - c. Maintaining a heartbeat

- d. Maintaining weight
9. Treatment for hyperkalaemia includes:
- a. Glucose and insulin
 - b. Stopping all K⁺ intake
 - c. Calcium and Na bicarbonate
 - d. All the above
10. Utilisation of blood glucose is greater in:
- a. Prolonged labour
 - b. Difficult labour
 - c. Term infant at birth
 - d. Preterm infant at birth
11. Glucose can pass through the cell membrane by:
- a. osmosis
 - b. diffusion
 - c. facilitated diffusion
12. To increase the rate of glucose passing the cell membrane what do we do:
- a. increase dextrose infusion
 - b. give a bolus of dextrose 10%
 - c. administer Glucagon
 - d. give insulin
13. What is the glucose requirement of the neonate;
- a. 2-4mg/kg/min
 - b. 4-8mg/kg/min
 - c. 4-6mg/kg/min
14. Why are premature infants less tolerant to the glucose rates above:
- a. Because of their electrolytes imbalance
 - b. Because they use a large amount of glucose
 - c. The ability of the tubule to reabsorb glucose
 - d. Due to osmotic diuresis
15. Is glucose truly a function of;
- a. The liver
 - b. The hypothalamus
 - c. Adenosine triphosphate
 - d. metabolic rate
16. Symptoms which can accompany a low blood sugar are:
- a. Apnoeic episodes
 - b. temperature instability
 - c. RDS
 - d. irritability
 - e. all of the above

17. Insulin decreases the transport of glucose across the cell membrane:
- True
 - False
18. Diuretics affect the kidneys by altering the reabsorption and excretion of:
- water only
 - electrolytes only
 - water and electrolytes
 - other drugs
19. The main extracellular cation or ion is:
- Calcium
 - Potassium
 - Bicarbonate
 - Sodium
20. Magnesium is an important electrolyte because it:
- helps control urine volume
 - promotes the production of growth hormone
 - promotes bone growth and strength
 - facilitates neuromuscular transmission
21. Is calcium important for: (please circle appropriate answer/s)
- urine output
 - normal cell function
 - glucose utilization
 - neural transmission
 - circulating blood volume
 - bone and tooth formation
22. How do the neonates achieve extracellular fluid regulation? (Please circle appropriate answer/s)
- appropriate answer/s
 - change in heart rate and contractility
 - Giving Dextrose 10% infusion
 - Renal vascular excretion
 - stopping Enteral feeds
23. If your baby has a low Na on day one of life is this usually due to:
- a sodium deficit from birth
 - low circulating volume
 - connected to the extracellular fluid
 - osmotic diuresis
24. If your IV solution is Isotonic what does this mean?
- the osmotic pressure is unequal inside and out
 - the osmotic pressure draws water into the cell
 - the osmotic pressure is equal in and out of the cell