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ABOUT THIS GUIDE

This guide lists fees, general policies and provides information that will help you prepare for the examination including sample questions to familiarize you with question format, competency statements and examination content in outline form. Study resources are also suggested for your review. It is recommended that you familiarize yourself with the information in this guide.

NCC examinations are offered in several different test administrations options. The NCC publication Guide to Testing Methods will explain the different rules and policies based on how you are taking the examination. Please download this publication from the NCC website and review the exam administration options. It should answer your questions about the NCC examination process.

If you have other questions, please feel free to contact NCC through the NCC website at NCCwebsite.org.

NCC’S PHILOSOPHY OF TESTING

Certification is an evaluative process that provides the opportunity for health care professionals in the obstetric, gynecologic and/or neonatal specialty to demonstrate publicly what they know and to be recognized for the special knowledge they possess. The NCC certification carries no licensing authority. The ability to practice as a health care professional is regulated by the state, and while certification may be required in some states for specific health care roles, NCC has no regulatory power to require states to recognize NCC certification for this purpose. Practice and educational standards are reflected in the certification process, but the responsibility for development of such standards rests with the professional specialty organizations and the educational community. NCC encourages individual to seek out information about how certification relates to licensure requirements, program accreditation of the educational institutions attended, the educational and practice standards of national specialty organizations, and employment expectations.

2020 Candidate Guide: Neonatal Pediatric Transport

IT IS IMPORTANT TO READ THE INFORMATION IN THIS GUIDE. IT WILL ANSWER YOUR QUESTIONS AND WILL EXPLAIN ALL POLICIES TO WHICH YOU WILL BE SUBJECT.

NCC core and subspecialty programs are accredited by the National Commission for Certifying Agencies
EXAMINATION AND RELATED FEES

EXAMINATION FEES*
Computer Exam Fees are $210 which includes the non-refundable $50 application fee.

*Examination fees are subject to change.

CHANGE REQUEST
Candidates who cannot take their currently scheduled examination, have missed their testing date or need to take a different exam - can request a change for a fee of $125. Details are on the NCC website.

WITHDRAWAL FEE
A computer testing candidate who withdraws from testing is subject to a $105 withdrawal fee. The candidate will receive $105 of their $210 payment, minus any outstanding charges.

RETEST FEE
Retest candidates must pay full application and examination fees. There are no discounts and they must wait at least 90 days from the day they receive their official exam results before resubmitting an application for testing (this date is provided in the results notification). Certifications exams of the same specialty can only be taken TWICE in a calendar year for the same candidate.

SUBSTITUTION FEE
Candidate substitutions are not allowed any reason.

THIRD PARTY PAYMENTS
Applicant fees paid by third parties will be reimbursed to the third party in the event the applicant is determined ineligible or withdraws within the specified time. Reimbursement will be in accordance with stated refund policies.

NO REFUNDS WILL BE CONSIDERED FOR ANY CANDIDATE
- who has taken an examination
- who is not successful in achieving certification
- who failed to take the exam via computer within the 90-day testing window and did not submit a change request within stated time frames
- who is unable to schedule their exam and is beyond the first 30 days of their eligibility window
PAYMENT INFORMATION

- All applications are subject to a nonrefundable application fee.
- All fees are nonrefundable except where otherwise noted.
- Payments can be made by credit card (Visa, American Express and MasterCard only).
- Payments can be made by check: bank routing number and account number required.
- For payments made by third parties, any refund reimbursement will be issued to the third party and not to the applicant.
- All payments must be in US funds.
- NCC does not accept debit cards or split payments (part check and part credit card).
- Exam fees can only be submitted online at the NCC website. Applications will not be accepted by mail, phone or fax.
- NCC will accept group payments for certification exams from institutions. Details are on the NCC website.

OTHER NON-REFUNDABLE PAYMENT RELATED FEES

INCOMPLETE APPLICATION FEE
All incomplete applications (those applications submitted with missing information, containing incomplete or incorrect information, missing required licensure information and upload, or do not include full fee payment) are subject to a non-refundable $30 reprocessing fee upon the submission of proper documentation.

LICENSE VERIFICATION FEE
If licensure information is requested requiring an additional submission the candidate will have 2 weeks to provide the license with all the correct information and pay the non-refundable $30 reprocessing fee. If this is not provided within the two weeks, NCC will attempt to verify the license and a $50 verification fee will be added to your account as arrears. If the candidate is deemed eligible at that point, they may schedule and sit for the exam. However, the exam will not be scored until such arrears are resolved. If NCC is unable to verify the license, you will be found ineligible and you will be refunded your registration fee minus $100 ($50 non-refundable application fee and $50 non-refundable license verification fee).

RETURNED CHECKS AND CREDIT CARD CHARGEBACK FEE
A $30 fee will be assessed for any check or e-check returned or a credit card payment disputed for any reason. Remittance thereafter of all fees and applications must be in the form requested by NCC.

Certification will be revoked or withheld if a returned check or a chargeback request on a credit card payment results in loss of income to NCC and the monies are not recovered in an alternate payment. Fees received at any time will first be applied to any unpaid prior certification/special fees.
**GENERAL POLICIES**

**UNSUCCESSFUL CANDIDATES**
A candidate who sits for the examination and does not receive a passing score is not eligible for any refund nor for any credit on any later NCC exam.

**EXAM CATEGORY CHANGES**
You can only request an exam category change by completing a Change Request Form on the NCC website and submitting with non-refundable payment of $125. **Candidates are only allowed one change option** (e.g. if you reschedule your exam date, you will not be able to change your exam category). All change requests must be approved by NCC. **There will be no refund of original or Change Request fees.** Eligibility must be re-established for the new exam category, and additional documentation and fees may be required. The time to consider eligibility for the new category will count toward the original 90-day window assigned to take the examination. Examinees must take the exam for which they have been determined eligible. No changes will be permitted on examination day. If a candidate knowingly or unknowingly takes an examination other than the one she/he was found eligible to take, the examination will not be scored. No refunds will be allowed, and all fee policies will apply if the candidate reapplies for an examination.

**RETEST POLICY**
You may retake the examination if you do not pass. You must reapply, submit all applicable fees and documentation, and re-establish eligibility according to the appropriate deadlines. There is no limit to the number of times you may retake the examination however candidates must wait at least **90 days from the day they receive their official exam results before making application to retake the examination** by computer or paper and pencil (this date is provided in the results notification). All submission deadlines for application for paper and pencil testing must be met. No accommodation will be given to those who are retesting via paper and pencil mode if they cannot meet application deadline because of the 90 day wait rule. **The maximum number of times a candidate can take the same NCC test in a calendar year is two.**

**AMERICANS WITH DISABILITIES ACT**
Special testing accommodations will be provided pursuant to the Americans with Disabilities Act. Download the special accommodations request form from the website. The request must be signed by a clinician, physician, or another qualified specialist with training and experience appropriate to diagnose and treat the specified disability. The completed form must be submitted with your online certification application.
GENERAL POLICIES (CONTINUED)

TEST DISCLOSURE
NCC does not make test questions available for review. Because test questions may be used for more than one examination administration, distributing this information would compromise the security of the test questions and would increase the cost of certification if the questions had to be replaced each year.

APPEALS PROCEDURE
Any request to waive any policy of the NCC Board of Directors relative to eligibility, administration, examination content issues, or certification maintenance must be received in writing within 60 days of the dispute. All requests should be sent to the attention of the NCC President at nccpresident@nccnet.org. The correspondence should contain a detailed account as to why the NCC policy should be waived or the candidate’s status should be changed. Such requests are referred to the NCC Policy Review Committee of the Board of Directors. All decisions will be provided in writing. Cases not resolved by the Policy Review Committee will be referred to the full Board of Directors.

NONDISCRIMINATION
It is the policy of NCC that no individual will be excluded from the examinations as a result of age, sex, race, religion, national origin, ethnicity, disability, marital status, sexual orientation, military status or gender identity.

REVOCATION
Your certification may be revoked for falsifying any information submitted to determine eligibility to take the certification examination or for maintaining certification, for losing your license to practice, or for failing to pay designated certification or maintenance fees.

ANSWER SHEET REVIEW OF PAPER AND PENCIL EXAMINATIONS
All answer sheets are scored electronically. If you believe there might be a discrepancy in your results, you may request a Hand Score (a review of your answer sheet) for a fee of $55. This request must be submitted online at the NCC website within 60 days of the exam date. The “Submit Hand Scoring Request” link can be found in your account under “failed certification”. You will be notified of the results by email.

RETENTION OF ANSWER SHEETS AND EXAMINATION BOOKLETS
All answer sheets are kept for one year from the date of the examination. Examination booklets used by the candidates are kept for six months from the date of the examination. Computer answer strings are kept for at least one year from the date of the examination.
ABOUT THE EXAM

TIMED EXAMINATION
Two (2) hours are allotted to complete the examination.

EXAM FORMAT
The Neonatal Pediatric Transport examination consists of up to 125 test questions. 100 scored and the remainder are embedded in the exam as pretest items. The pretest items do not count toward the examinee’s final results.

- There is one question format used for all NCC examinations.
- Each question has a premise (stem) and three alternative answers.
- The answer options are alphabetized by the first word in each answer option to randomize the answers.
- Computer tests are delivered in a different random order for each candidate.
- Questions will test both basic knowledge and application of knowledge.
- Questions that contain laboratory data will show results in conventional units of measure with international units in parentheses.
- Drugs are listed in both generic and trade names where appropriate.

EXAMINATION CONTENT DEVELOPMENT
The development of NCC certification involves many individuals and involves a meticulous process of review. There are three major groups that contribute to the test development process:

ITEM WRITERS:
MDs, RNCs, Paramedics and others identified with special expertise have the responsibility of drafting test items per designated assignment for review by the content team and expert reviewers. Item writers are solicited from the NCC certified population, by recommendations or through the volunteer portal.

REVIEWERS:
Reviewers are MDs, RNCs, Paramedics or other designated experts who assist the content teams in review of test items developed by the item writers. Reviewers are responsible for reviewing items for content relevance and confirming that references cited for the questions support the items as written.

CONTENT TEAMS:
Content team members are experienced practitioners and are appointed on an annual basis by the NCC President. Content teams are solicited from the NCC certified population, by recommendations or through the volunteer portal. To see the current membership composition of the Content Team responsible for the Neonatal Pediatric Transport examination, please visit the NCC website under the section on NCC Leadership.

Content team members are MDs, RNCs, Paramedics or other identified experts who:
- develop and update the test outline and competency statements
- review test items developed by item writers
- review item statistics from exam administrations and pretest examinations
- approve the exam forms to be administered
- review item banks

In addition, NCC uses volunteers for standard setting and content validation studies.
The chart shows the percentage distribution of questions on the Neonatal Pediatric Transport exam across the major content categories covered on the examination.
EXAMINATION CONTENT
FOR TESTS TAKEN BEFORE APRIL 1, 2020

EXAM OUTLINE
Areas of knowledge to be tested on the Neonatal Pediatric Transport examination are listed in the following outline. This list is not intended as an all-inclusive review. It is provided only to help candidates evaluate their own practice.

Percentages identified for the topic areas represent the number of test questions assigned to each content area. These percentages do not necessarily reflect the content of future examinations.

10.00 Core Knowledge (content is applicable to both neonatal & pediatric transport situation and/or population) (50%)
   - Professional Issues
   - Transport Environment
   - Transport-related Clinical Management and Skills

11.00 Neonatal (content reflects disorders/situations more commonly associated with the neonatal period including pharmacologic management) (25%)
   - Pulmonary
   - Cardiovascular
   - Gastrointestinal
   - Metabolic
   - CNS/Neurological
   - Surgical Emergencies
   - Special Situations -- Care of the Extremely Low Birthweight (ELBW) patient in transport

12.00 Pediatric (content reflects disorders/situations more commonly associated with the pediatric period including pharmacologic management) (25%)
   - Pulmonary
   - Cardiovascular
   - Gastrointestinal
   - Hematologic
   - Metabolic/Endocrine
   - CNS/Neurological
   - Special Situations
   - Trauma
   - Multi-system
EXAMINATION CONTENT
FOR TESTS TAKEN BEFORE APRIL 1, 2020

ASSOCIATED COMPETENCIES

• Obtain and interpret a pertinent history

• Systematically assess all body systems utilizing physical examination, developmental assessment and neurobehavioral assessment

• Utilize biophysical monitoring techniques to identify body system alterations.

• Identify life-threatening states and initiate appropriate interventions for the neonatal and pediatric patient.

• Recognize normal lab values and deviations in clinical laboratory and diagnostic data and identify potential significance.

• Formulate and implement a plan of care in collaboration with physicians and other health care professionals.

• Evaluate benefits and risks of diagnostic and therapeutic interventions

• Understand the impact of transport physiology on both the neonatal/pediatric patient population and the accompanying transport team members.

• Evaluate and document responses to interventions

• Apply safety principles of transport as applicable to both the neonatal/pediatric patient population and the accompanying transport team members.

• Integrate legal and ethical principles into neonatal and pediatric transport.

• Recognize the psychosocial aspects of pediatric/neonatal transport and potential impact on the family.
STUDY GUIDE
FOR TESTS TAKEN BEFORE APRIL 1, 2020

CORE KNOWLEDGE
(content is applicable to both neonatal & pediatric transport situation and/or population)

I. Professional Issues
- Scope of practice of all team members
- Federal regulations regarding transport
  EMATA/ALA
  FAA
- Informed consent
- Documentation

II. Transport Environment
- Environmental Influences
  Barometric pressure effects
  Gravitational forces
  Noise
  Thermal & humidity effects
  Vibration
- Safety
  Scene safety
  Evacuation protocols
  Survival training
  Disaster planning
- Crew Stressors
  Environmental
  Physical
  Psychological
- Communication
  Peer to peer
  Patient (age appropriate)
  Parents & family members

III. Transport-Related Clinical Management and Skills
- Cardiopulmonary Arrest
  (NRP & PALS)
  Airway
  Breathing
  Circulation
- Thermal Management
  Hypothermia
  Hyperthermia
- Special Skills
  Intubation
  Laryngeal mask airway
  Needle cricothyroidotomy
  Intravenous /Intraosseous Access
  Insert UVC/UAC
  Needle aspiration/chest tube insertion
  Pericardiocentesis
  Troubleshooting
- Physical assessment
  Anatomic abnormalities
- Developmental/behavioral status
- Fluid & electrolyte therapy
  Dehydration
  Fluid overload
  Electrolyte abnormalities
- Infection control issues
- Principles of mechanical ventilation support during transport
- Pharmacology
  Pain management
  Sedation
- Physiologic impacts
  Fluid dynamics
  Gas changes
  Laws of science
  Boyle
  Charles
  Dalton
  Oxygen consumption
  Spatial changes
  Third spacing
I. Pulmonary

• Upper Airway
  - Congenital anomalies
  - Choanal atresia
  - Pierre Robin syndrome

• Lower Airway
  - Chronic lung disease
  - Parenchymal
  - Aspiration
  - Pneumonia/pneumonitis

• Respiratory distress syndrome
  - Air leak syndrome
  - Respiratory Failure

II. Cardiovascular

• Congenital heart conditions
  - Cyanotic
  - Ductal dependent lesions
  - Left-to-right shunting
  - Persistent pulmonary hypertension of newborn (PPHN)

• Shock States
  - Anaphylactic
  - Cardiogenic
  - Distributive (septic)
  - Hypovolemic

• Congestive heart failure
  - Pericarditis
  - Dysrhythmias
  - Bradycardia
  - Tachycardia
  - Supraventricular tachycardia (SVT)

III. Gastrointestinal

• Necrotizing enterocolitis

IV. Metabolic

• Hypoglycemia
• Altered electrolyte balance

V. CNS/Neurological

• Seizures
• Perinatal substance abuse
• Increased intracranial hemorrhage

VI. Surgical Emergencies

• Diaphragmatic hernia
• Gastrochisis
• Omphalocele
• Tracheoesophageal fistula

VI. Special Situations – Care of the ELBW neonate during transport
STUDY GUIDE
FOR TESTS TAKEN BEFORE APRIL 1, 2020

PEDIATRIC
(content reflects disorders/situations more commonly associated with the pediatric period including pharmacologic management)

I. Pulmonary
• Upper Airway
  Croup (laryngotracheobronchitis)
  Epiglottis
• Lower Airway
  Asthma
  bronchiolitis
  Parenchymal
  Pneumonia/pneumonitis
• Foreign Body Obstruction

II. Cardiovascular
• Congenital Heart
  Late presentation
  Long term complications
  Postoperative cardiovascular procedure
  Hypertension
• Shock States
  Anaphylactic
  Cardiogenic
  Distributive (septic)
  Hypovolemic
• Congestive heart failure
  Pericarditis
  Dysrhythmias
  Bradycardia
  Tachycardia
  Supraventricular tachycardia (SVT)

III. Gastrointestinal
• Acute obstruction
• Hemorrhage
• Volvulus

IV. Hematologic
• Anemia
• Sickle cell crisis

V. Metabolic/Endocrine
• Diabetic ketoacidosis
• Altered electrolyte balance

VI. CNS/Neurological
• Increased intracranial pressure
• Status epilepticus
• Coma
• Meningitis
• Intracranial hemorrhage

VII. Special Situations
• Bites (Poisonous and non-poisonous)
• Ingestions/Poisoning
• Near drowning
• Hypothermia/Hyperthermia

VIII. Trauma
• Accidental
• Non-accidental
• Disaster-Related
  Hazardous materials

IX. Multi-System
• Burns and smoke inhalation
• Sepsis
Neonatal Pediatric Transport exam

The chart shows the percentage distribution of questions on the Neonatal Pediatric Transport exam across the major content categories covered on the examination.
EXAMINATION CONTENT
FOR TESTS TAKEN ON/AFTER APRIL 1, 2020

EXAM OUTLINE
Areas of knowledge to be tested on the Neonatal Pediatric Transport examination are listed in the following outline. This list is not intended as an all-inclusive review. It is provided only to help candidates evaluate their own practice.

Percentages identified for the topic areas represent the number of test questions assigned to each content area. These percentages do not necessarily reflect the content of future examinations.

10.00 Transport Core Knowledge (48%)
- Regulation, Legal and Ethical
- Safety, Communication and Environment
- Procedures and Management of Invasive Devices
- Pharmacology
- Respiratory Physiology
- Principles of Mechanical Ventilation
- Thermoregulation
- Resuscitation and Stabilization
- Flight Physiology
- Fluid and Electrolytes
- History and Physical assessment

11.00 Clinical Issues in Neonatal Transport (26%)
- Pulmonary
- Cardiovascular
- Glucose and Electrolyte Management
- Neurological
- Surgical Emergencies
- Extremely Low Birth Weight Neonate

12.00 Clinical Issues in Pediatric Transport (26%)
- Pulmonary
- Cardiovascular
- Metabolic and Hematologic
- Neurological
- Exposure to Drugs, Poisons and Toxins
- Accidental and Non-accidental Trauma (e.g. burns and smoke inhalation, penetrating, blunt and submersion injuries)
EXAMINATION CONTENT
FOR TESTS TAKEN ON/AFTER APRIL 1, 2020

ASSOCIATED COMPETENCIES

• Obtain and interpret a pertinent history

• Systematically assess all body systems utilizing physical examination, developmental assessment and neurobehavioral assessment

• Utilize biophysical monitoring techniques to identify body system alterations.

• Identify life-threatening states and initiate appropriate interventions for the neonatal and pediatric patient.

• Recognize normal lab values and deviations in clinical laboratory and diagnostic data and identify potential significance.

• Formulate and implement a plan of care in collaboration with physicians and other health care professionals.

• Evaluate benefits and risks of diagnostic and therapeutic interventions

• Understand the impact of transport physiology on both the neonatal/pediatric patient population and the accompanying transport team members.

• Evaluate and document responses to interventions

• Apply safety principles of transport as applicable to both the neonatal/pediatric patient population and the accompanying transport team members.

• Integrate legal and ethical principles into neonatal and pediatric transport.

• Recognize the psychosocial aspects of pediatric/neonatal transport and potential impact on the family.
STUDY GUIDE
FOR TESTS TAKEN ON/AFTER APRIL 1, 2020

TRANSPORT CORE KNOWLEDGE
(content is applicable to both neonatal & pediatric transport situation and/or population)

I. Regulation, Legal and Ethical
• Scope of practice of all team members
• Federal regulations regarding transport
  EMATA/LA
  FAA
• Informed consent
• Documentation

II. Safety, Communication and Environment
• Environmental Influences
  Barometric pressure effects
  Gravitational forces
  Noise
  Thermal & humidity effects
  Vibration
• Safety
  Scene safety
  Evacuation protocols
  Survival training
  Disaster planning
• Crew Stressors
  Environmental
  Physical
  Psychological
• Communication
  Peer to peer
  Patient (age appropriate)
  Parents & family members

III. Procedures and Management of Invasive Devices
• Special Skills
  Intubation
  Laryngeal mask airway
  Needle cricothyroidotomy
  Intravenous /intraosseous Access
  Insert UVC/UAC
  Needle aspiration/chest tube insertion
  Pericardiocentesis
  Troubleshooting

IV. Pharmacology
• Pain management
• Sedation
• Antibiotics
• Cardiovascular drugs

V. Respiratory Physiology

VI. Principles of Mechanical Ventilation
• Principles of mechanical ventilation support during transport

VII. Thermoregulation
• Thermal Management
  Hypothermia
  Hyperthermia

VIII. Resuscitation and Stabilization
• Cardiopulmonary Arrest
  (NRP & PALS)
  Airway
  Breathing
  Circulation

IX. Flight Physiology
• Physiologic impacts
  Fluid dynamics
  Gas changes
  Laws of science
  Boyle
  Charles
  Dalton
  Oxygen consumption
  Spatial changes
  Third spacing

X. Fluid and Electrolytes
• Fluid & electrolyte therapy
  Dehydration
  Fluid overload
  Electrolyte abnormalities

XI. History and Physical assessment
• Physical assessment
  Anatomic abnormalities
• Developmental/behavioral status

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CLINICAL ISSUES IN NEONATAL TRANSPORT

I. Pulmonary
- Upper Airway
  - Congenital anomalies
  - Choanal atresia
  - Pierre Robin syndrome
- Lower Airway
  - Chronic lung disease
  - Parenchymal
  - Aspiration
  - Pneumonia/pneumonitis
- Respiratory distress syndrome
  - Air leak syndrome
  - Respiratory Failure

II. Cardiovascular
- Congenital heart conditions
  - Cyanotic
  - Ductal dependent lesions
  - Left-to-right shunting
  - Persistent pulmonary hypertension of newborn (PPHN)
- Shock States
  - Anaphylactic
  - Cardiogenic
  - Distributive (septic)
  - Hypovolemic
- Congestive heart failure
  - Pericarditis
  - Dysrhythmias
  - Bradycardia
  - Tachycardia
  - Supraventricular tachycardia (SVT)

III. Glucose and Electrolyte Management
- Hypoglycemia
- Altered electrolyte balance

IV. Neurological
- Seizures
- Perinatal substance abuse
- Increased intracranial hemorrhage

V. Surgical Emergencies
- Diaphragmatic hernia
- Gastrochisis
- Omphalocele
- Necrotizing enterocolitis
- Tracheoesophageal fistula

VI. Extremely Low Birth Weight Neonate
I. Pulmonary
- Upper Airway
  Croup (laryngotracheobronchitis)
  Epiglottis
- Lower Airway
  Asthma
  bronchiolitis
  Parenchymal
  Pneumonia/pneumonitis
- Foreign Body Obstruction

II. Cardiovascular
- Congenital Heart
  Late presentation
  Long term complications
  Postoperative cardiovascular procedure
- Hypertension
- Shock States
  Anaphylactic
  Cardiogenic
  Distributive (septic)
  Hypovolemic
- Congestive heart failure
  Pericarditis
  Dysrhythmias
  Bradycardia
  Tachycardia
  Supraventricular tachycardia (SVT)

III. Metabolic and Hematologic
- Anemia
- Sickle cell crisis
- Diabetic ketoacidosis
- Altered electrolyte balance

IV. Neurological
- Increased intracranial pressure
- Status epilepticus
- Coma
- Meningitis
- Intracranial hemorrhage

V. Exposure to Drugs, Poisons and Toxins
- Bites (Poisonous and non-poisonous)
- Ingestions/Poisoning
- Disaster-Related
  Hazardous materials

VI. Accidental and Non-accidental Trauma (e.g. burns and smoke inhalation, penetrating, blunt and submersion injuries)
- Accidental
- Non-accidental
- Near drowning
- Hypothermia/Hyperthermia
- Burns and smoke inhalation
STUDY RESOURCES

The following references are used by content team members and outside item writers to generate test questions for the NPT examination. This list is not intended as an all-inclusive list of references, nor does it imply that items on the current examinations were necessarily referenced from any of these publications.

JOURNALS
- Advances in Neonatal Care
- Air Medical Journal
- Clinics in Perinatology
- Newborn and Infant Nursing Reviews
- Paediatrics and Child Health
- Pediatric Clinics of North America
- Pediatrics
- Respiratory Clinics of North America
- Seminars in Perinatology
- The Journal of Perinatal & Neonatal Nursing

BOOKS
- Fanaroff & Martin’s Neonatal-Perinatal Medicine, Elsevier Saunders, 2019.
- Walls, et. al., Rosen’s Emergency Medicine: Concepts and Clinical Practice, Elsevier, 2018
- Walsh et al., Neonatal and Pediatric Respiratory Care, Elsevier, 2019.
SAMPLE QUESTIONS

NEONATAL PEDIATRIC TRANSPORT SAMPLE QUESTIONS

Listed below are fifteen sample questions to acquaint you with the test question format. These questions do not reflect the scope or the difficulty level of the questions on the actual examination. The reference from which each question is derived is also cited. However, other references might substantiate a different answer, and the answer shown here might be substantiated by other references. The rigorous review to which actual test questions are subject is not applied to these sample questions. The focus that should be attended to in reviewing these items is format, not content.

Core

1. In transporting a critically ill neonatal or pediatric patient, the priority of care should be
   A. airway management
   B. neuroprotection
   C. thermoregulation

   Answer  A

   • Gleason, et al., Avery's Diseases of the Newborn, 10th ed., Elsevier, 2018, pg. 353

Pediatrics

2. Which of the following is the most common symptomatic cardiac dysrhythmia observed in infants and young children?
   A. Supraventricular tachycardia
   B. Third degree block
   C. Ventricular fibrillation

   Answer  A


3. Monitoring every 5-10 minutes, both visually and by palpation, is recommended for an intraosseous infusion site in order to
   A. confirm that the medication being administered is being absorbed
   B. detect signs of extravasation that could lead to compartment syndrome
   C. identify any signs of bruising developing around the growth plate region

   Answer  B


Core

4. Maintaining appropriate temperature is particularly important in the pediatric or neonatal patient because of a predisposition to heat loss due to
   A. increased norepinephrine production
   B. large body surface area to weight ratio
   C. rapid depletion of fat stores

   Answer  B

   Gardner et al., Neonatal Intensive Care, Mosby Elsevier, St. Louis, 2016, page 116
SAMPLE QUESTIONS

Core

5. In infants and children, the major cause of bronchiolitis is
   A. asthma
   B. croup
   C. respiratory syncytial virus
   Answer C

   Gleason, et al., Avery's Diseases of the Newborn, Elsevier, 2018, page 519

Core

6. To minimize the adverse effects of vibration during ground or air transport, an important intervention would be to
   A. apply and maintain restraints properly
   B. assure adequate hydration
   C. use noise cancelling headset for patient
   Answer A

   Insoft, et al., Guidelines for Air and Ground Transport of Neonatal and Pediatric Patients, AAP, 2016, page 229

Core

7. Increasing altitude in a pressurized aircraft predisposes the transport patient to
   A. cardiac decompensation
   B. dehydration
   C. venous stasis
   Answer B

   Insoft, et al., Guidelines for Air and Ground Transport of Neonatal and Pediatric Patients, AAP, 2016, page 223

Core

8. Disturbances in the middle ear during air transport are most likely a result of changes in
   A. barometric pressure
   B. fluid dynamics
   C. gravitational forces
   Answer A

   Insoft, et al., Guidelines for Air and Ground Transport of Neonatal and Pediatric Patients, AAP, 2016, page 224

Core

9. In neonates and children, a sign often noted in the early stages of compensated shock is
   A. lethargy
   B. metabolic acidosis
   C. tachycardia
   Answer C


Core

10. Diffuse opacity with air bronchograms on a x-ray is a classic finding of
    A. early cystic fibrosis
    B. neonatal respiratory distress syndrome
    C. pneumonia in a two year old child
    Answer B

    Gardner et al., Neonatal Intensive Care, Mosby Elsevier, St. Louis, 2016, page 617
SAMPLE QUESTIONS

Core

11. Increased intrathoracic pressure secondary to overzealous bag-mask ventilation contributes to
   A. a reduction in cardiac output
   B. increased pulmonary vascular resistance
   C. spikes in cerebral blood flow

Answer A

Pediatric Critical Care, Chapter 42: Performance of Cardiopulmonary Resuscitation in Infants and Children, page 528

Core

12. With return of spontaneous circulation (ROSC) following resuscitation of the pediatric patient, it is recommended that oxyhemoglobin saturation be
   A. accepted at 90% in order to avoid hyperoxemia
   B. maintained at 100% to avoid hypoxemia
   C. targeted for less than 100% but at least 94%

Answer C


Neonatal

13. A 34 week gestational age preterm neonate currently being maintained on a conventional ventilator following vigorous resuscitation efforts at birth is being referred to a tertiary center. The transport team notes stable vital signs and laboratory findings at the time of departure. Approximately 15 minutes into the ground transport, the infant becomes irritable and experiences a sudden drop in heart rate and onset of cyanosis. Equipment function and presence of exhaled CO₂ is confirmed. Based upon the history and clinical findings, the infant’s current status is indicative of
   A. developing tension pneumothorax
   B. partial plugging of the endotracheal tube
   C. worsening of the underlying respiratory condition

Answer A

McInerny, et al., Textbook of Pediatric Care, AAP, 2016, pages. 2075-2076, 2081

Neonatal

14. A two day old neonate is referred to a tertiary center for follow-up of persistent bile-stained vomiting and minimal passage of meconium stool. The child is accompanied by an abdominal x-ray which shows a “double bubble sign”. In addition to the need for stabilization based upon the GI obstruction, the team will be aware of the need to
   A. admit directly to the OR for emergency surgery
   B. assess for signs of other congenital abnormalities
   C. prepare for a possible emergent paracentesis

Answer B

McInerny, et al., Textbook of Pediatric Care, AAP, 2016, pages. 2075-2076, 2081
Pediatrics

15. An eight year old child has recently experienced unexplained weight loss and moderate fatigue but no medical follow-up was sought. The child is vomiting and lethargic. He then faints and can’t be easily awakened and seems confused. The child is taken to the local ER and then based on assessment prepared to be transferred to medical center 100 miles away. Based on this history, the transport team’s interventions should focus on addressing

A. development of progressive diabetic ketoacidosis
B. enlargement of a space-occupying lesion
C. infection with West Nile virus

Answer A

Scoring & Test Report

How Exams Are Scored

NCC examinations are criterion-referenced. This means the passing score is based on a predetermined criterion. This criterion is a statistical ability level established by the Content Team based on evaluation of criticality of content and the test questions’ past statistical performance. Questions used to determine pass/fail have proven statistical history that demonstrates the question is appropriate for use to measure an individual’s ability level.

There is no set percentage passing level. An ability level for each candidate is calculated based on the number of questions they answer correctly (there is no penalty for wrong answers). Pass/fail is determined based on this ability level as compared to pass/fail standard which is a predetermined ability criterion. When different forms of the examination are used, a process called equating is initiated. This procedure converts all results to a common scale. So someone who takes a slightly more difficult form of the exam will need to answer fewer questions correctly than someone who takes a slightly easier form of the exam.

NCC utilizes the item response theory of psychometrics for the analysis of its examinations. Item response theory (Rasch analysis) is the study of test and item scores based on assumptions concerning the mathematical relationship between abilities and item responses. This is a commonly used system, and such examinations as the NCLEX and other health related certification examinations utilize this type of psychometric analysis.

Test reports identify pass/fail status, and they give feedback on the various content areas of the examination in the form of word descriptors: very weak, weak, average, strong and very strong. No percentages or standard scores are given. These descriptors are based on the items within a given subtest. The overall pass/fail decisions are based on the full test, and the verbal descriptors are intended to provide suggested feedback on strengths and weaknesses in various content areas. Since this feedback is based on relatively few items, general verbal descriptions are given instead of subtest scores. These word descriptors are for information only, and they should be interpreted cautiously due to the small number of items included in each content area.
SAMPLE TEST REPORT

Whether you take the computer or paper and pencil version of the examination, you will receive an official test results report from NCC. Shown below is a sample test result report for a candidate who has passed the examination.

NEONATAL PEDIATRIC TRANSPORT EXAMINATION

Test Results

NAME
ADDRESS

Pass/Fail: PASS

EXAM CONTENT REPORT

The following provides information regarding your performance on the different content areas tested on the examination.

Test reports identify pass/fail status, and they give feedback on the various content areas of the examination in the form of word descriptors: Very weak, weak, average, strong and very strong. No percentages or standard scores are given. These descriptors are based on the items within a given subtest. The overall pass/fail decisions are based on the full test, and the verbal descriptors are intended to provide suggested feedback on strengths and weaknesses in various content areas. Since this feedback is based on relatively few items, general verbal descriptions are given instead of subtest scores. These word descriptors are for information only, and they should be interpreted cautiously due to the small number of items included in each content area.

<table>
<thead>
<tr>
<th>Content Area &amp; Percentage</th>
<th>Your Results:</th>
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<tbody>
<tr>
<td>Core Knowledge (50%)</td>
<td>VERY STRONG</td>
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<tr>
<td>Neonatal (25%)</td>
<td>WEAK</td>
</tr>
<tr>
<td>Pediatrics (25%)</td>
<td>AVERAGE</td>
</tr>
</tbody>
</table>
SAMPLE TEST REPORT

Whether you take the computer or paper and pencil version of the examination, you will receive an official test results report from NCC. Shown below is a sample test result report for a candidate who has passed the examination.

NEONATAL PEDIATRIC TRANSPORT EXAMINATION

Test Results

<table>
<thead>
<tr>
<th>NAME</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td></td>
</tr>
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</table>

Pass/Fail: PASS

EXAM CONTENT REPORT

The following provides information regarding your performance on the different content areas tested on the examination.

Test reports identify pass/fail status, and they give feedback on the various content areas of the examination in the form of word descriptors: Very weak, weak, average, strong and very strong. No percentages or standard scores are given. These descriptors are based on the items within a given subtest. The overall pass/fail decisions are based on the full test, and the verbal descriptors are intended to provide suggested feedback on strengths and weaknesses in various content areas. Since this feedback is based on relatively few items, general verbal descriptions are given instead of subtest scores. These word descriptors are for information only, and they should be interpreted cautiously due to the small number of items included in each content area.

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<thead>
<tr>
<th>Content Area &amp; Percentage</th>
<th>Your Results:</th>
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<td><strong>Range of Questions Asked:</strong></td>
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<tr>
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<td>(26%)</td>
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<td>Clinical Issues in Pediatric Transport</td>
<td>AVERAGE</td>
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<tr>
<td>(26%)</td>
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</tbody>
</table>
TERMS OF CERTIFICATION AND CERTIFICATION MAINTENANCE

WHEN YOU PASS THE EXAM

CREDENTIAL
Your NCC certification status entitles you to use the credential C-NPT (Certified – Neonatal Pediatric Transport).

TERMS OF CERTIFICATION
NCC certification is awarded for a period of three years.

The effective date for certification is the date on the official NCC letter that tells you that you have successfully completed the certification process.

NO CONTINUING EDUCATION IS ISSUED FOR TAKING THE NEONATAL PEDIATRIC TRANSPORT EXAM.

MAINTAINING YOUR CERTIFICATION

- NCC certification must be maintained every three years.
- Certification that is not maintained will expire
- The NCC certification maintenance program allows you to continue your certification status by obtaining 15 hours of continuing education credit
- For continuing education credit to be used for certification maintenance it must be earned between the date of your notification of certification and the date your maintenance is due.
- The maintenance process includes submitting a maintenance application prior to your maintenance due date with appropriate fees and requested documentation. All CE must be in Neonatal Pediatric Transport. Using NCC CE modules does not automatically maintain your certification. You must submit a maintenance application and pay a maintenance fee in addition to any CE fees.
- Maintenance applications are subject to random audit. If you are chosen for audit, you will be required to upload CE certificates and course descriptions. These records should be maintained during each maintenance cycle, until your maintenance application has been approved. You can upload these documents in your maintenance application throughout your maintenance cycle.

You may apply for maintenance up to 1 year before your maintenance date. As long as you have obtained the required contact hours of continuing education credit—you do not need to wait until your maintenance deadline to apply. Maintenance will be due in the quarter in which you were notified of your certification (not the date on which you took the examination). Your maintenance due date can be found by signing into your NCC account. Sign into your account using your email and password.

The NCC website has more detailed information
For more information about the certification maintenance program, click the purple "Maintain your Certification" box.