



## 2018 CANDIDATE GUIDE

# NEONATAL PEDIATRIC TRANSPORT

*Congratulations on taking the next step in your career*

*– earning your certification and C-NPT certification!*

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**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***

### 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](http://NCCwebsite.org).

### NCC'S PHILOSOPHY OF TESTING

Certification is an evaluative process that provides the opportunity for nurses 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 nurse is regulated by the state boards of nursing, and while certification may be required in some states for advanced practice 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 nursing specialty organizations and the nursing educational community. NCC encourages individual nurses to seek out information about how certification relates to state licensure requirements, program accreditation of the educational institutions attended, the educational and practice standards of national nursing specialty organizations, and employment expectations in the community.

# FEES & GENERAL POLICIES

## EXAMINATION AND RELATED FEES

### EXAMINATION FEES\*

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

Institutional Certification Program (ICP) Exam Fees are pre-paid by your institution.

*\*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 will receive \$105 of their \$210 payment. ICP candidates cannot withdraw.

### RETEST FEE

Retest candidates must pay full application and examination fees. There are no discounts and they must wait at least 90 days before resubmitting an application for testing.

### SUBSTITUTION FEE

Candidate substitutions are not allowed for ineligible, withdrawal, or candidates who filed a change request.

### 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

- after the candidate has taken an examination
- for any candidate that is not successful in achieving certification
- for candidates who failed to take the exam via computer within their 90 day testing window and did not submit a change request within stated time frames

Computer exam candidates can change their scheduled testing date to another date within their window *once for free*.

Candidates must handle this directly with PSI/AMP.

Refer to the NCC testing guide for details.

# FEES & GENERAL POLICIES

## 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 be submitted only 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 PAYMENT RELATED FEES

### INCOMPLETE APPLICATION FEE

Incomplete applications are those missing any requested information or documentation, contain wrong or no fees, or for any other reason results in an inability to determine applicant eligibility status. Such applications, are subject to a **\$30 re-processing fee** and all documents and fees must be reconciled in full no later than 21 days prior to the exam.

### INELIGIBLE FEE

Any applicant determined ineligible (for any reason) will be assessed the **\$50 nonrefundable application fee**. The examination fee will be refunded.

### RETURNED CHECK FEE

A **\$30 fee** will be assessed to any applicant whose check or e-check is returned to NCC for any reason. Remittance thereafter of all fees and applications must be in the form requested by NCC. Contact NCC for requirements.

### CREDIT CARD CHARGEBACK

A **\$30 fee** will be assessed if an applicant's credit card company issues a notice of retrieval or a chargeback in response to the cardholder's dispute of the credit card charge. Remittance thereafter of all fees and applications must be in the form requested by NCC. Contact NCC for requirements.

### 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.

***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.***

# FEES & GENERAL POLICIES

## VERIFICATION OF CERTIFICATION

Third party notification of status will not be released without authorization from the Certified Professional. A \$30 fee is required for any third party notification or issuance of duplicates of test results reports. Verification requests can only be submitted after official written results have been received in the mail.

Verification requests can only be made via the online verification system on the NCC website. NCC does not issue verifications via the mail or fax.

## 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

Requests to change examination category must be made prior to making an appointment to take the test. 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 Form 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 before making application to retake the examination** by computer or paper and pencil. 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. Contact the NCC office for further information before submitting your application.

# FEES & GENERAL POLICIES

## REVIEW COURSES AND MATERIALS

NCC does not offer or sponsor review courses or review materials for its certification examinations. Examination candidates should review any purported course of study as being independent of NCC. You should carefully examine the merits of any individual exam preparation offering before you participate.

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**POLICIES ARE SUBJECT  
TO CHANGE  
WITHOUT NOTICE.**

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## 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](mailto: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.

### REVOCAION

Your certification may be revoked for falsifying any information submitted relative to eligibility to take the certification examination or for maintaining certification, for losing your license to practice nursing, 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 review of your answer sheet for a fee of \$40. This request must be submitted online at the NCC website within 60 days of the exam date. The online request form is under "Other helpful information" in the Certification Exam section of the "Get Certified" tab. You will be notified of the results by mail.

### 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

## 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 are counted for scoring 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 C-NPT population and through recommendations.

### 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 C-NPT (Certified – Neonatal Pediatric Transport) population, NCC item writer workshop participants and from experts in the field. 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.

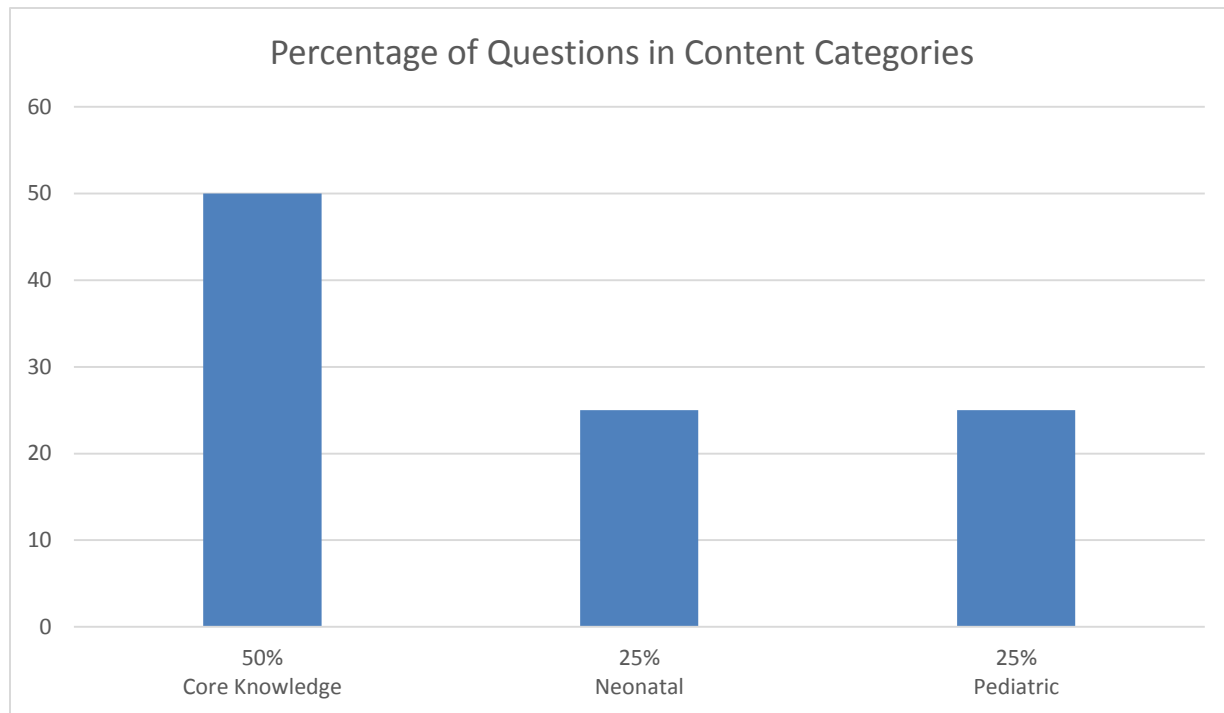
Content team members are MDs, RNCs, Paramedics or other identified experts who:

- develop and update the test outline and competency statements
- review test items developed by item writers
- set the pass/fail standard
- review item statistics from exam administrations and pretest examinations
- approve the exam forms to be administered
- review item banks
- undertake content validation studies

EXAMINATION CONTENT  
CONDENSED EXAM OUTLINE



**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

## TEST CONTENT OUTLINE & ASSOCIATED COMPETENCIES

### CONDENSED 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%)

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- 10.01 Professional Issues
- 10.02 Transport Environment
- 10.03 Transport-related Clinical Management and Skills
  
- 11.00 Neonatal (content reflects disorders/situations more commonly associated with the neonatal period including pharmacologic management) (25%)

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- 11.01 Pulmonary
- 11.02 Cardiovascular
- 11.03 Gastrointestinal
- 11.04 Metabolic
- 11.05 CNS/Neurological
- 11.06 Surgical Emergencies
- 11.07 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%)

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- 12.01 Pulmonary
- 12.02 Cardiovascular
- 12.03 Gastrointestinal
- 12.04 Hematologic
- 12.05 Metabolic/Endocrine
- 12.06 CNS/Neurological
- 12.07 Special Situations
- 12.08 Trauma
- 12.09 Multi-system



# EXAMINATION CONTENT

## TEST CONTENT OUTLINE & ASSOCIATED COMPETENCIES

### 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.

# EXAMINATION CONTENT

## TEST CONTENT OUTLINE & ASSOCIATED COMPETENCIES

### 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  
EMATALA  
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

# EXAMINATION CONTENT

## TEST CONTENT OUTLINE & ASSOCIATED COMPETENCIES

### NEONATAL

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

#### **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
- Gastroschisis
- Omphalocele
- Tracheoesophageal fistula

#### **VI. Special Situations – Care of the ELBW neonate during transport**

# EXAMINATION CONTENT

## TEST CONTENT OUTLINE & ASSOCIATED COMPETENCIES

### PEDIATRIC

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

#### **I. Pulmonary**

- Upper Airway
  - Croup (laryngotracheobronchitis)
  - Epiglottitis
- 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

# EXAMINATION CONTENT

## STUDY RESOURCES

### 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

- AHA 2010 Guidelines for CPR & ECC: Supplement Circulation, AHA, 2010
- Artman, et al., Neonatal Cardiology, 3<sup>rd</sup> ed., McGraw Hill, 2017.
- Fleisher, et al., Textbook of Pediatric Emergency Medicine, LWW, 2015.
- Fuhrman, et al., Pediatric Critical Care, Elsevier, 2011.
- Gardner, et al., Neonatal Intensive Care, Mosby, St. Louis, 2016.
- Gleason, et al., Avery's Diseases of the Newborn, Elsevier, 2012.
- Goldsmith, et al., Assisted Ventilation of the Neonate, 6<sup>th</sup> ed., Elsevier, 2017.
- Hay, et al., Current Diagnosis & Treatment in Pediatrics, McGraw Hill, NY, 2014.
- Hockenberry, et al., Wong's Nursing Care of Infants and Children, Elsevier-Mosby, 2014.
- Holleran, et al., ASTNA Patient Transport Principles and Practices, Mosby Elsevier, 2010.
- Kliegman, et al., Nelson Essentials of Pediatrics, Elsevier, Philadelphia, 2014.
- Kliegman, et. al Nelson Textbook of Pediatrics, , Elsevier-Saunders, 2015.
- MacDonald, Atlas of Procedures in Neonatology, LWW, 2013.
- Martin, Neonatal-Perinatal Medicine, Elsevier Saunders, Philadelphia, 2014.
- McInerney, Textbook of Pediatric Care, AAP, Illinois, 2016.
- Moller, et. al., Pediatric Cardiovascular Medicine, Wiley-Blackwell, 2012.
- Nichols, et al., Golden Hour, The Handbook of Advanced Pediatric Life Support, Elsevier, 2011.
- Red Book, 2015 Report of the Committee on Infectious Diseases, AAP,IL, 2015.
- Remington & Klein, Infectious Diseases of the Fetus and Newborn, Elsevier Saunders, Philadelphia, 2016.
- Reuter-Rice, et. al., Pediatric Acute Care, A Guide for Interprofessional Practice, Jones & Bartlett Learning, 2012.
- Sawyer, Susan S., Pediatric Physical Examination & Health Assessment, Jones & Bartlett Learning, 2012.
- Taketomo, Pediatric and Neonatal Dosage Handbook, Lexi-Comp, 2015.
- Textbook of Neonatal Resuscitation, AHA, AAP, 2016.
- Verklan, Core Curriculum for Neonatal Intensive Care Nursing, Saunders, Philadelphia, 2015.
- Volpe, Neurology of the Newborn, Saunders Elsevier, Philadelphia, 2008.
- Walsh et al., Perinatal and Pediatric Respiratory Care, Elsevier Saunders, Philadelphia, 2010.
- Wilkins, et al, Egan's Fundamentals of Respiratory Care, Mosby, 2013.
- Woodward, et al., Guidelines for Air and Ground Transport of Neonatal and Pediatric Patients, AAP, Illinois, 2007.
- Yaffe, Neonatal and Pediatric Pharmacology Therapeutic Principles in Practice, LWW, 2011.
- Zitelli, et. al., Atlas of Pediatric Physical Diagnosis, Elsevier-Saunders, 2012.
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# 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

Fleisher, et. al., Textbook of Pediatric Emergency Medicine, LWW,, Philadelphia, 2010, page 99

### Pediatrics

2. Which of the following is the most common cardiac rhythm pattern observed in cases of asphyxial arrest?
  - A. Bradycardia with wide QRS complexes
  - B. Third degree block followed by a pulseless state
  - C. Ventricular tachycardia preceding ventricular fibrillation

Answer            A

AHA Supplement Circulation 2010: "Part 14: Pediatric Advanced Life Support", page S884

### Pediatrics

3. The selection of a pulse or heart rate of less than 60 bpm as the trigger point to begin chest compressions in symptomatic neonates or infants recognizes the fact that
  - A. cardiac output in this age group is largely rate dependent
  - B. scientific data supports 60 bpm as the optimal intervention point
  - C. terminal arrhythmias can be avoided if the heart rate does not fall below 60

Answer            A

AHA Supplement Circulation 2010: "Part 13: Pediatric Basic Life Support", page S865

### 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 a child under the age of 2, the most common cause of bronchiolitis is
- A. asthma
  - B. croup
  - C. respiratory syncytial virus

Answer C

Reuter-Rice, et. al., Pediatric Acute Care A Guide for Interprofessional Practice, Jones & Bartlett Learning, Burlington, MA, 2012, page 1031

## 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

Woodard, et al., Guidelines for Air and Ground Transport of Neonatal and Pediatric Patients, AAP, 2007, page 212

## Core

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

Answer B

Woodard, et al., Guidelines for Air and Ground Transport of Neonatal and Pediatric Patients, AAP, 2007, page 213

## 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

Woodard, et al., Guidelines for Air and Ground Transport of Neonatal and Pediatric Patients, AAP, 2007, page 207

## Core

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

Answer B

AHA Supplement Circulation 2010: "Part 14: Pediatric Advanced Life Support", page S877

## 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, 2011, page 638

# SAMPLE QUESTIONS

## Core

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

Answer            A

AHA Supplement Circulation 2010: "Part 13: Pediatric Basic Life Support", page S868

## Core

12. A characteristic of adenosine that makes it a valuable drug for the treatment of SVT (supraventricular tachycardia) in infants and children is its
- A. absence of side effects
  - B. short half-life
  - C. multiple administration routes

Answer            B

AHA Supplement Circulation 2010: "Part 14: Pediatric Advanced Life Support", page S883

## 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 CO<sub>2</sub> 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

McInerney, et al., Textbook of Pediatric Care, AAP, 2016, pages. 2755-2756

## 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

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



# SAMPLE QUESTIONS

## 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

Reuter-Rice, et. al., Pediatric Acute Care A Guide for Interprofessional Practice, Jones & Bartlett Learning, Burlington, MA, 2012, pages 387-388

# SCORING & SCORE 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 results reports will identify a pass/fail status and will 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 percentage or standard score will be given.

# SCORING & SCORE REPORTS

## SAMPLE SCORE 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 DATE

ADDRESS

Pass/Fail: PASS

#### Exam Content Report

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

This report is provided for informational purposes only to assist in identifying your areas of strength and weakness. There is no requirement that a certain number of questions in each content category must be answered correctly to pass the examination. Passing the examination is based on the total number of questions answered correctly on the entire examination.

#### Content Area & Percentage

#### Your Results:

#### Range of Questions Asked:

Core Knowledge	VERY STRONG
Neonatal	WEAK
Pediatrics	AVERAGE

# 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.

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

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## MAINTAINING YOUR CERTIFICATION

- NCC certification must be maintained on an ongoing basis 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 filing 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 file 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 may apply for maintenance up to 1 year prior of 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*). Please refer to the following for guidance:

<b>Date of Notification of Certification</b>	<b>Certification Maintenance Due Dates</b>
<i>January-March 2018</i>	<i>March 15, 2021</i>
<i>April-June 2018</i>	<i>June 15, 2021</i>
<i>July-September 2018</i>	<i>September 15, 2021</i>
<i>October-December 2018</i>	<i>December 15, 2021</i>

### **The NCC website has more detailed information**

For more information about the certification maintenance program, click the purple "Maintain your Certification" box.