

**Margaret H. Rollins School of Nursing**  
**N201- Special Populations**  
**Ticket to Enter – High Risk Newborn: Thermoregulation**

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1. Why is the preterm infant at risk for hypothermia?
  - A. Amount of brown fat greater than at term
  - B. Decreased amount of subcutaneous fat
  - C. Less skin surface exposed
  - D. Position of flexion
  
2. Where is brown fat commonly located? Select all that apply.
  - A. Bilateral axillary areas
  - B. Buttocks and abdomen
  - C. Near large intestines
  - D. Near kidneys and adrenals
  
3. What is a complication of brown fat metabolism?
  - A. Hyperglycemia
  - B. Hyperthermia
  - C. Hypoxia
  - D. Metabolic alkalosis
  
4. What is a consequence of hypothermia in the high risk infant?
  - A. Decreased respiratory rate
  - B. Increased surfactant production
  - C. Pulmonary vasodilation
  - D. Weight loss or failure to gain weight
  
5. Define Neutral Thermal Environment (NTE).

Body temp is maintained at a stable lvl where minimal oxygen and energy expenditure. The air temp surrounding baby will help the neutral thermal body temp.

**Match the following strategies to the mechanism of heat loss (conduction, convection, evaporation, or radiation) that each intervention addresses.**

6. Open incubator /isolette porthole and doors only when necessary \_\_\_Convection \_\_\_
7. Avoid placement of infant bed near windows, doors, or walls \_\_\_Radiation\_\_\_
8. Place cloth on infant scale before weighing the newborn \_\_\_\_\_Conduction\_\_\_\_\_
9. Warm inspired oxygen when administering to the neonate \_\_\_\_\_Convection \_\_\_
10. Always dry infant immediately after bathing \_\_\_Evaporation \_\_\_\_\_