

Nursing Care of Infants with a Ventriculoperitoneal Shunt

Instructions:

- Read the articles. The test for this CE activity can only be taken online at www.nursingcenter.com/ce/ANC. Tests can no longer be mailed or faxed. You will need to create (its free!) and login to your personal CE Planner account before taking online tests. Your planner will keep track of all your Lippincott Professional Development online CE activities for you.
- There is only one correct answer for each question. A passing score for this test is 13 correct answers. If you pass, you can print your certificate of earned contact hours and access the answer key. If you fail, you have the option of taking the test again at no additional cost.
- For questions, contact Lippincott Professional Development: 1-800-787-8985.

Registration Deadline: December 31, 2019

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This article has been approved by the National Association for Neonatal Nurses Certification Board for Category B credit toward recertification as an NNP.

Payment:

The registration fee for this test is \$11.95 for NANN members and \$17.95 for nonmembers.

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CE TEST QUESTIONS

ANC1217

GENERAL PURPOSE: To provide information about the nursing care of an infant with a ventriculoperitoneal (VP) shunt.

LEARNING OBJECTIVES/OUTCOMES: After completing this continuing education activity, you should be able to:

1. Summarize the treatment of infants with hydrocephalus (HC) using VP shunts.
2. Outline the nursing care of the infant after shunt placement, prevention of complications, and parental preparation for home care.
 1. **The most common cause of HC in the neonatal intensive care unit (NICU) is**
 - a. central nervous system (CNS) malformation.
 - b. intraventricular hemorrhage (IVH).
 - c. neural tube defect.
 2. **Early manifestations of increased intracranial pressure (ICP) in infants include**
 - a. high-pitched cry.
 - b. poor feeding.
 - c. sunset eyes.
 3. **Current practice for the treatment of HC is surgical intervention to divert cerebrospinal fluid (CSF) flow to another body area such as the**
 - a. left atrium.
 - b. peritoneal cavity.
 - c. spleen.
 4. **A Cochrane review examining outcomes in infants receiving endoscopic third ventriculostomy (ETV) showed**
 - a. a reduction in neurological disability.
 - b. subsequent need for a shunt.
 - c. an increased risk for infection.
 5. **The inflow catheter of a VP shunt is placed**
 - a. behind the ear.
 - b. at the peritoneal cavity.
 - c. in the ventricle.
 6. **Pressure in a VP shunt's adjustable pressure valve device can be adjusted**
 - a. with firm pressure to the skin.
 - b. only surgically.
 - c. using magnetic tools.
 7. **To prevent infection associated with shunt placements, which type of shunt system is increasingly being used?**
 - a. antibiotic-impregnated
 - b. silicon-based
 - c. water-resistant
 8. **Key observations that help in the early diagnosis of HC include measurements of head circumference and documentation of**
 - a. feeding tolerance.
 - b. respiratory rates.
 - c. sleep patterns.
 9. **Immediate postoperative care of the infant undergoing placement of a VP shunt includes positioning the infant on the unaffected side or the back with the head**
 - a. elevated 15 to 30 degrees.
 - b. elevated 45 degrees.
 - c. flat.
 10. **Postoperatively, the shunt valve should be "pumped" to ensure effective functioning**
 - a. every 4 hours.
 - b. once per shift.
 - c. only if recommended by the surgeon.
 11. **The most common organism identified in VP shunt infection is**
 - a. *Escherichia coli*.
 - b. *Pseudomonas aeruginosa*.
 - c. *Staphylococcus aureus*.
 12. **Malnourishment, anemia, thin cortical mantle, excessive neck movements, positive intra-abdominal pressure and reexploration are all associated with**
 - a. shunt malfunction.
 - b. infection.
 - c. shunt migration.
 13. **Children shunted early in life can experience excessive CSF drainage, which may be evidenced by**
 - a. decreased blood pressure.
 - b. increased respiratory rate.
 - c. increased urine output.

- 14. A slit ventricle should be suspected when an older child with a VP shunt experiences an acute intermittent headache relieved by**
- lying down.
 - sitting upright.
 - movement.
- 15. Unless otherwise specified by the healthcare provider, caregiver instructions for an infant with a newly placed shunt include**
- strict activity restrictions for one month.
 - sleeping with the head elevated for two weeks.
 - not shampooing the head until the staples are removed.
- 16. Caregivers should be trained to care for what condition that is more likely to occur in a child with a VP shunt?**
- hyperglycemia
 - hypoglycemia
 - seizures
- 17. Caregivers should be instructed to keep which items away from the implanted shunt?**
- cell phones and other magnetic devices
 - head coverings of any kind
 - hair
- 18. What information should be included in the parental discharge education for an infant with a VP shunt?**
- A tight hat can be used to help protect the incision site.
 - Poor feeding is normal in babies and need not be reported.
 - Know the type of shunt device placed in your child.