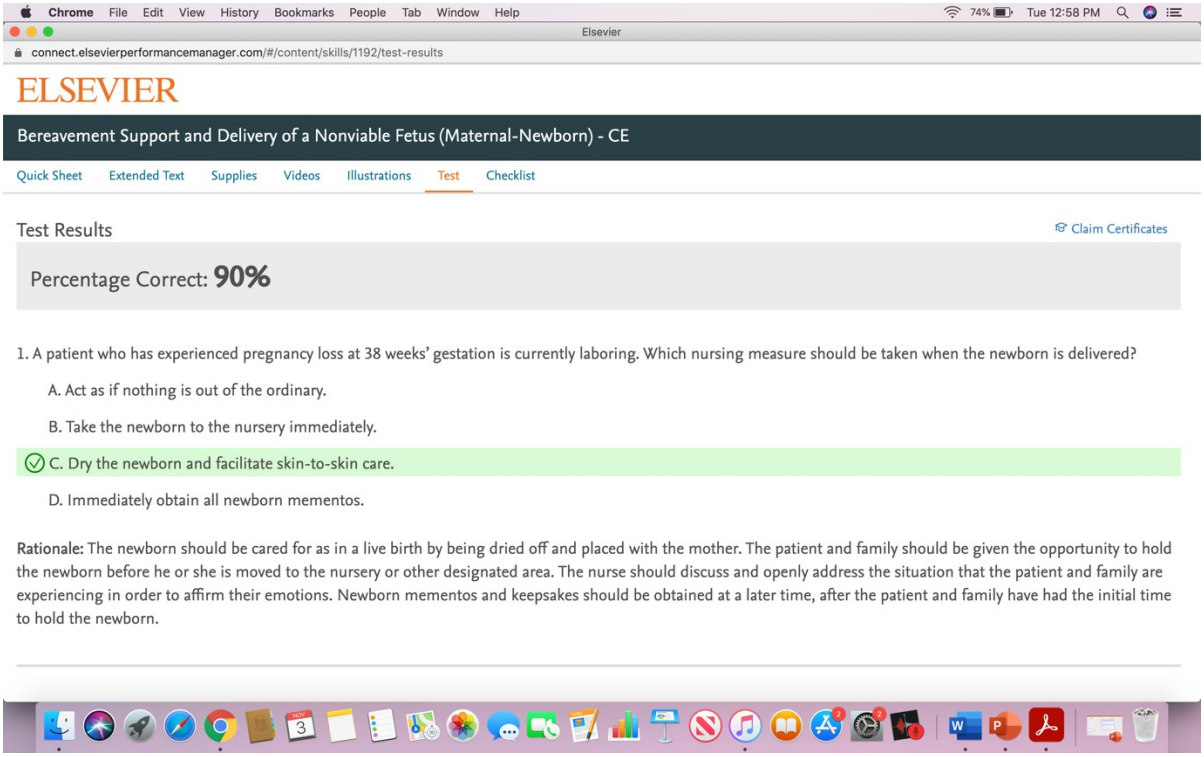
- Bereavement Support of a nonviable Fetus



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ELSEVIER

Bereavement Support and Delivery of a Nonviable Fetus (Maternal-Newborn) - CE

Quick Sheet | Extended Text | Supplies | Videos | Illustrations | Test | Checklist

Test Results

Claim Certificates

Percentage Correct: **90%**

1. A patient who has experienced pregnancy loss at 38 weeks' gestation is currently laboring. Which nursing measure should be taken when the newborn is delivered?

A. Act as if nothing is out of the ordinary.

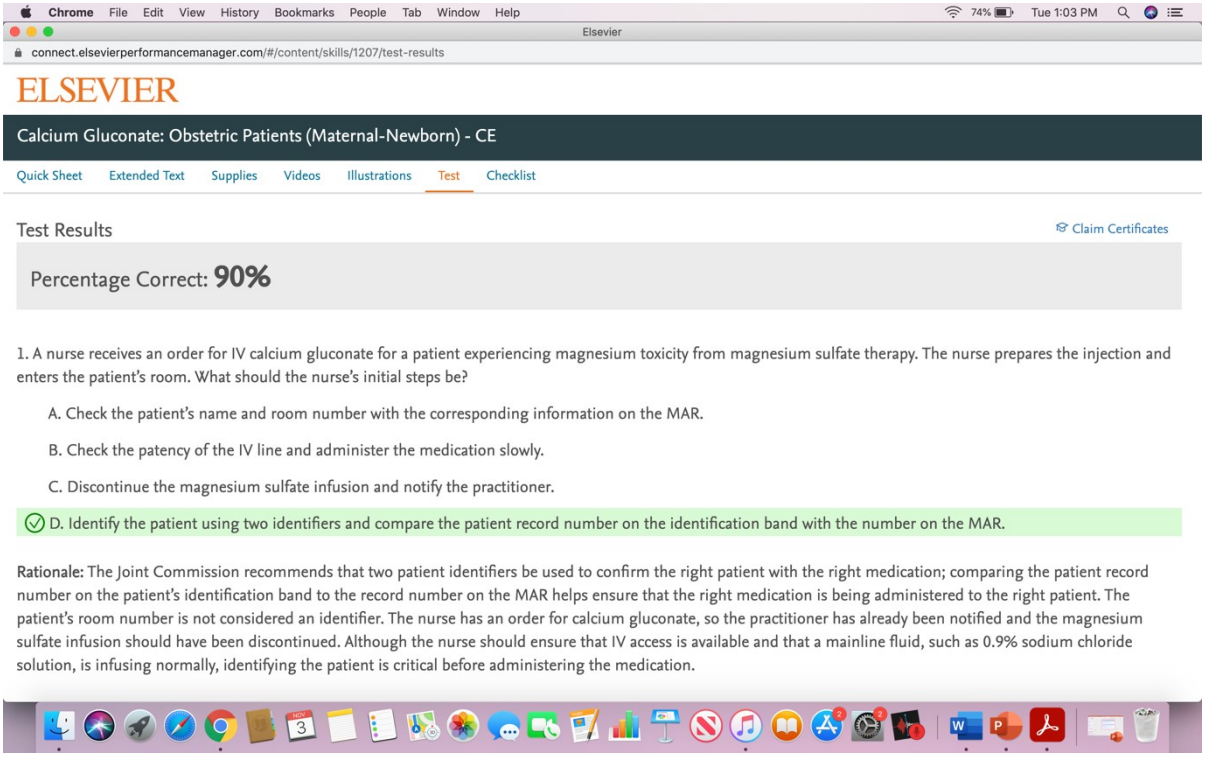
B. Take the newborn to the nursery immediately.

✓ C. Dry the newborn and facilitate skin-to-skin care.

D. Immediately obtain all newborn mementos.

Rationale: The newborn should be cared for as in a live birth by being dried off and placed with the mother. The patient and family should be given the opportunity to hold the newborn before he or she is moved to the nursery or other designated area. The nurse should discuss and openly address the situation that the patient and family are experiencing in order to affirm their emotions. Newborn mementos and keepsakes should be obtained at a later time, after the patient and family have had the initial time to hold the newborn.

- Calcium Gluconate: Obstetric Patient



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ELSEVIER

Calcium Gluconate: Obstetric Patients (Maternal-Newborn) - CE

Quick Sheet | Extended Text | Supplies | Videos | Illustrations | Test | Checklist

Test Results

Claim Certificates

Percentage Correct: **90%**

1. A nurse receives an order for IV calcium gluconate for a patient experiencing magnesium toxicity from magnesium sulfate therapy. The nurse prepares the injection and enters the patient's room. What should the nurse's initial steps be?

A. Check the patient's name and room number with the corresponding information on the MAR.

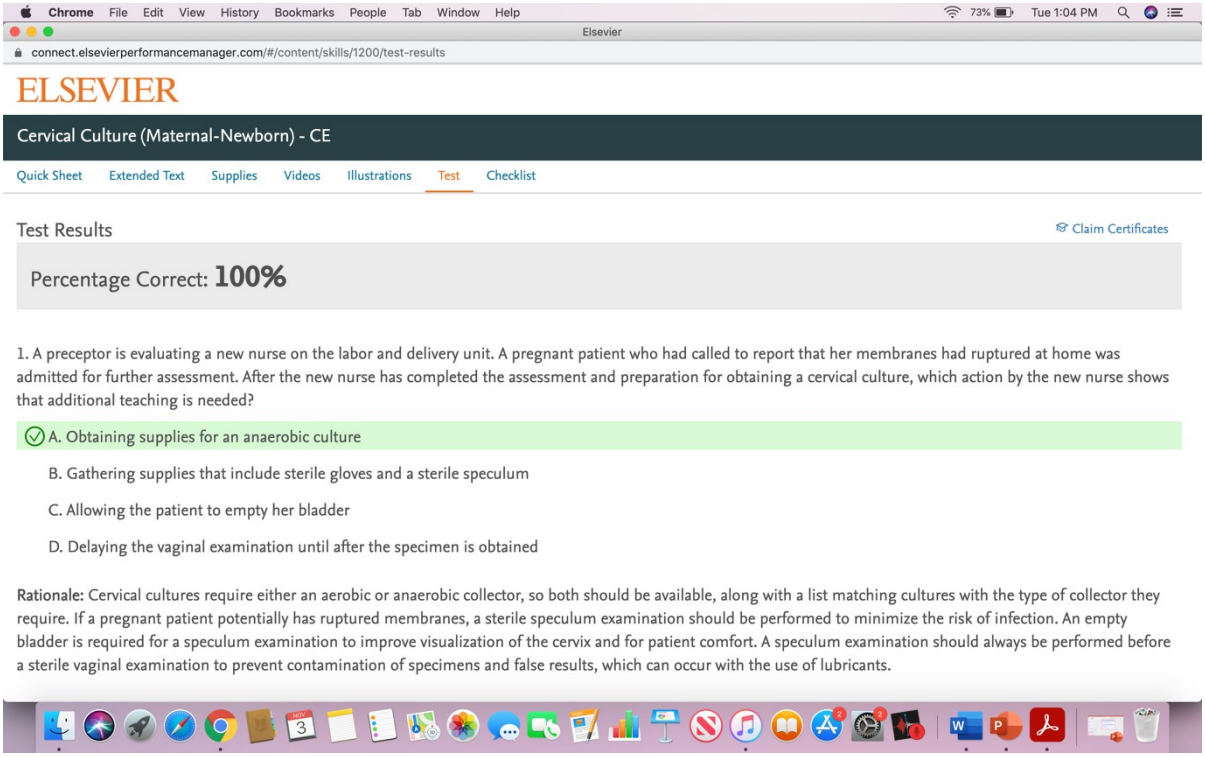
B. Check the patency of the IV line and administer the medication slowly.

C. Discontinue the magnesium sulfate infusion and notify the practitioner.

✓ D. Identify the patient using two identifiers and compare the patient record number on the identification band with the number on the MAR.

Rationale: The Joint Commission recommends that two patient identifiers be used to confirm the right patient with the right medication; comparing the patient record number on the patient's identification band to the record number on the MAR helps ensure that the right medication is being administered to the right patient. The patient's room number is not considered an identifier. The nurse has an order for calcium gluconate, so the practitioner has already been notified and the magnesium sulfate infusion should have been discontinued. Although the nurse should ensure that IV access is available and that a mainline fluid, such as 0.9% sodium chloride solution, is infusing normally, identifying the patient is critical before administering the medication.

- Cervical Culture



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ELSEVIER

Cervical Culture (Maternal-Newborn) - CE

Quick Sheet | Extended Text | Supplies | Videos | Illustrations | Test | Checklist

Test Results

Claim Certificates

Percentage Correct: **100%**

1. A preceptor is evaluating a new nurse on the labor and delivery unit. A pregnant patient who had called to report that her membranes had ruptured at home was admitted for further assessment. After the new nurse has completed the assessment and preparation for obtaining a cervical culture, which action by the new nurse shows that additional teaching is needed?

✓ A. Obtaining supplies for an anaerobic culture

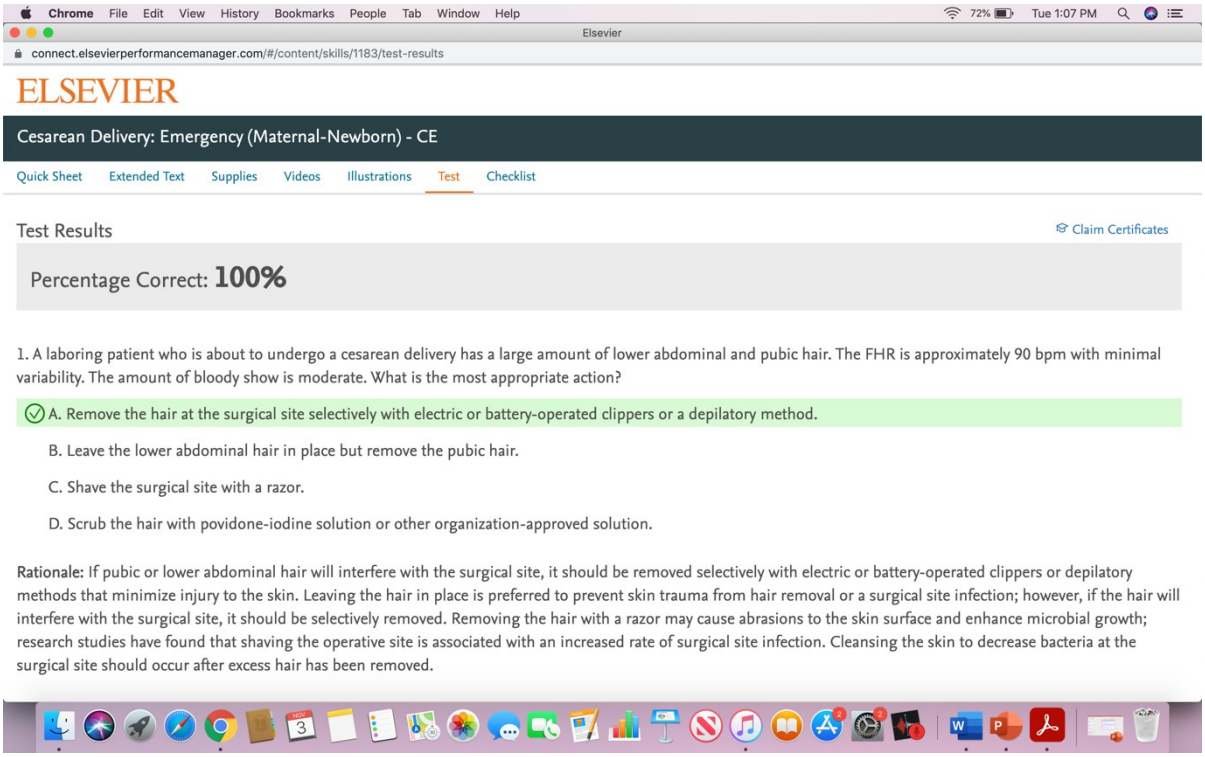
B. Gathering supplies that include sterile gloves and a sterile speculum

C. Allowing the patient to empty her bladder

D. Delaying the vaginal examination until after the specimen is obtained

Rationale: Cervical cultures require either an aerobic or anaerobic collector, so both should be available, along with a list matching cultures with the type of collector they require. If a pregnant patient potentially has ruptured membranes, a sterile speculum examination should be performed to minimize the risk of infection. An empty bladder is required for a speculum examination to improve visualization of the cervix and for patient comfort. A speculum examination should always be performed before a sterile vaginal examination to prevent contamination of specimens and false results, which can occur with the use of lubricants.

- Cesarean Delivery Emergency



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Cesarean Delivery: Emergency (Maternal-Newborn) - CE

Quick Sheet | Extended Text | Supplies | Videos | Illustrations | Test | Checklist

Test Results

Claim Certificates

Percentage Correct: **100%**

1. A laboring patient who is about to undergo a cesarean delivery has a large amount of lower abdominal and pubic hair. The FHR is approximately 90 bpm with minimal variability. The amount of bloody show is moderate. What is the most appropriate action?

✓ A. Remove the hair at the surgical site selectively with electric or battery-operated clippers or a depilatory method.

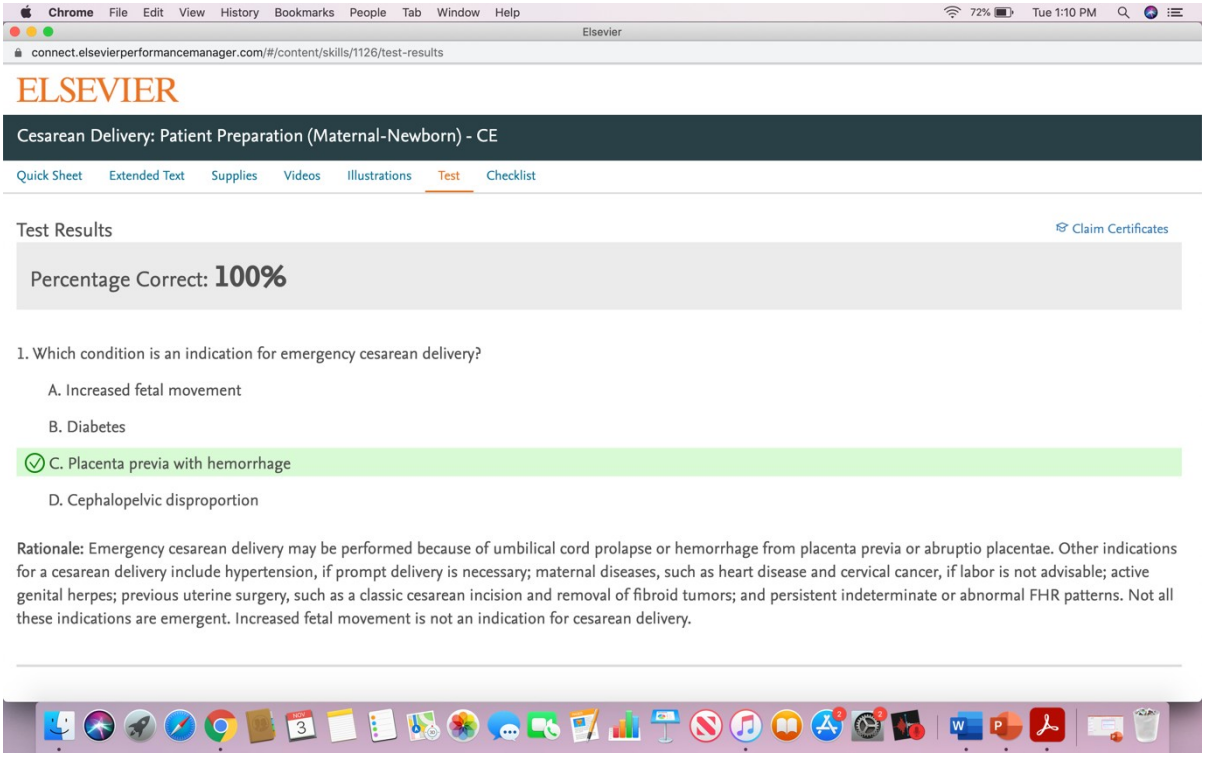
B. Leave the lower abdominal hair in place but remove the pubic hair.

C. Shave the surgical site with a razor.

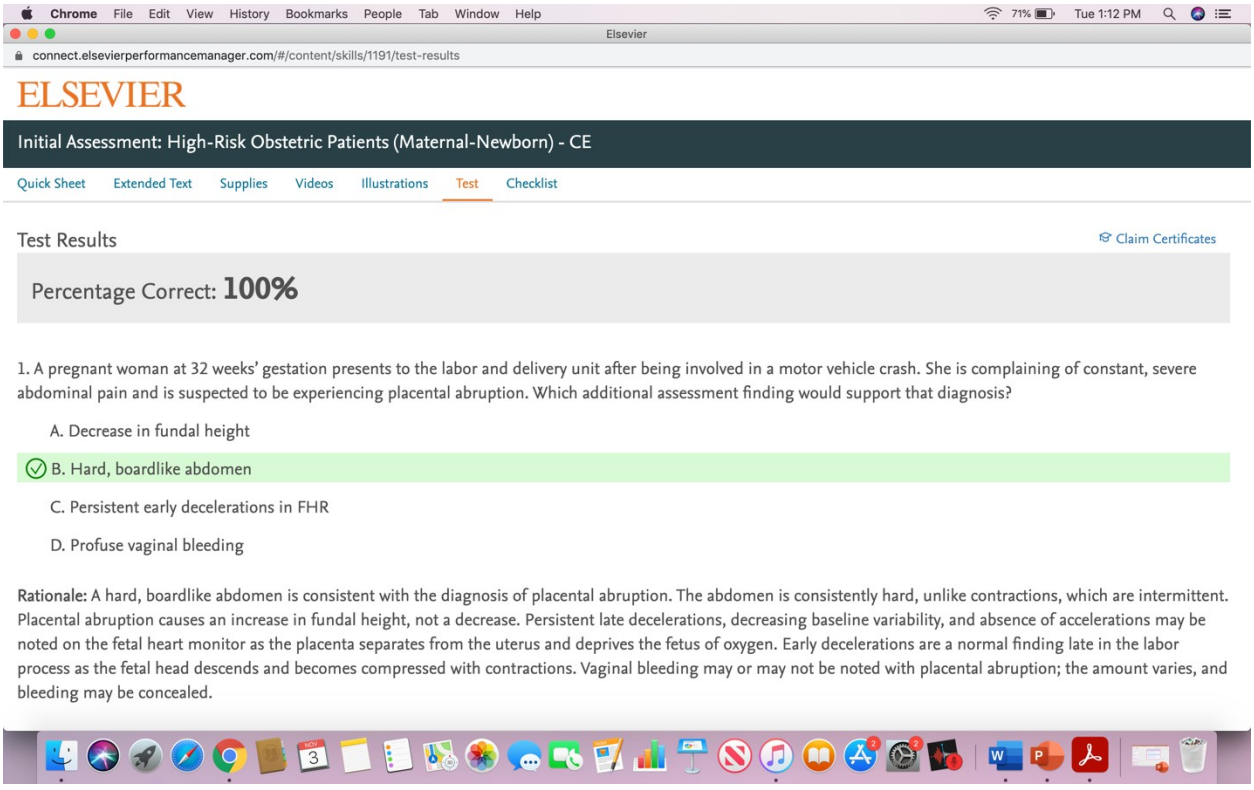
D. Scrub the hair with povidone-iodine solution or other organization-approved solution.

Rationale: If pubic or lower abdominal hair will interfere with the surgical site, it should be removed selectively with electric or battery-operated clippers or depilatory methods that minimize injury to the skin. Leaving the hair in place is preferred to prevent skin trauma from hair removal or a surgical site infection; however, if the hair will interfere with the surgical site, it should be selectively removed. Removing the hair with a razor may cause abrasions to the skin surface and enhance microbial growth; research studies have found that shaving the operative site is associated with an increased rate of surgical site infection. Cleansing the skin to decrease bacteria at the surgical site should occur after excess hair has been removed.

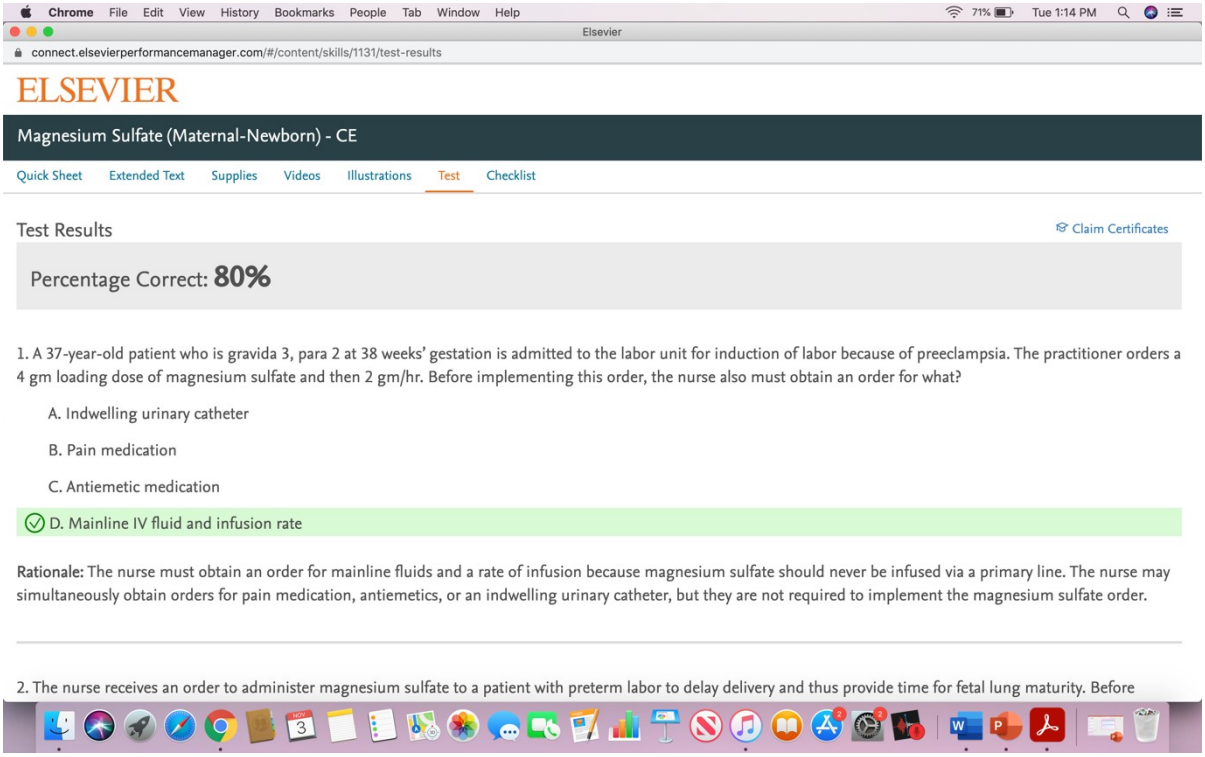
- Cesarean Delivery Patient Preparation



- Initial Assessment: High Risk Obstetric Patients



- Magnesium Sulfate



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ELSEVIER

Magnesium Sulfate (Maternal-Newborn) - CE

Quick Sheet | Extended Text | Supplies | Videos | Illustrations | Test | Checklist

Test Results

Claim Certificates

Percentage Correct: **80%**

1. A 37-year-old patient who is gravida 3, para 2 at 38 weeks' gestation is admitted to the labor unit for induction of labor because of preeclampsia. The practitioner orders a 4 gm loading dose of magnesium sulfate and then 2 gm/hr. Before implementing this order, the nurse also must obtain an order for what?

A. Indwelling urinary catheter

B. Pain medication

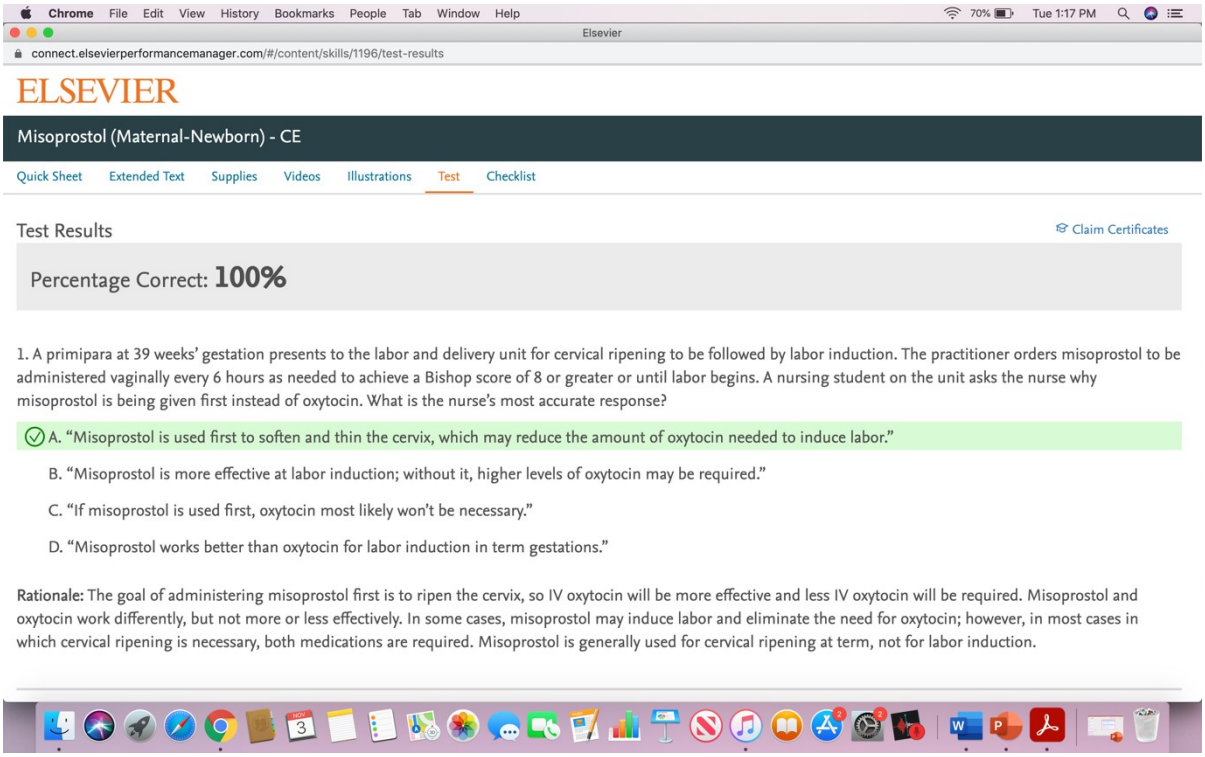
C. Antiemetic medication

✓ D. Mainline IV fluid and infusion rate

Rationale: The nurse must obtain an order for mainline fluids and a rate of infusion because magnesium sulfate should never be infused via a primary line. The nurse may simultaneously obtain orders for pain medication, antiemetics, or an indwelling urinary catheter, but they are not required to implement the magnesium sulfate order.

2. The nurse receives an order to administer magnesium sulfate to a patient with preterm labor to delay delivery and thus provide time for fetal lung maturity. Before

- Misoprostol



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Misoprostol (Maternal-Newborn) - CE

Quick Sheet | Extended Text | Supplies | Videos | Illustrations | Test | Checklist

Test Results

Claim Certificates

Percentage Correct: **100%**

1. A primipara at 39 weeks' gestation presents to the labor and delivery unit for cervical ripening to be followed by labor induction. The practitioner orders misoprostol to be administered vaginally every 6 hours as needed to achieve a Bishop score of 8 or greater or until labor begins. A nursing student on the unit asks the nurse why misoprostol is being given first instead of oxytocin. What is the nurse's most accurate response?

✓ A. "Misoprostol is used first to soften and thin the cervix, which may reduce the amount of oxytocin needed to induce labor."

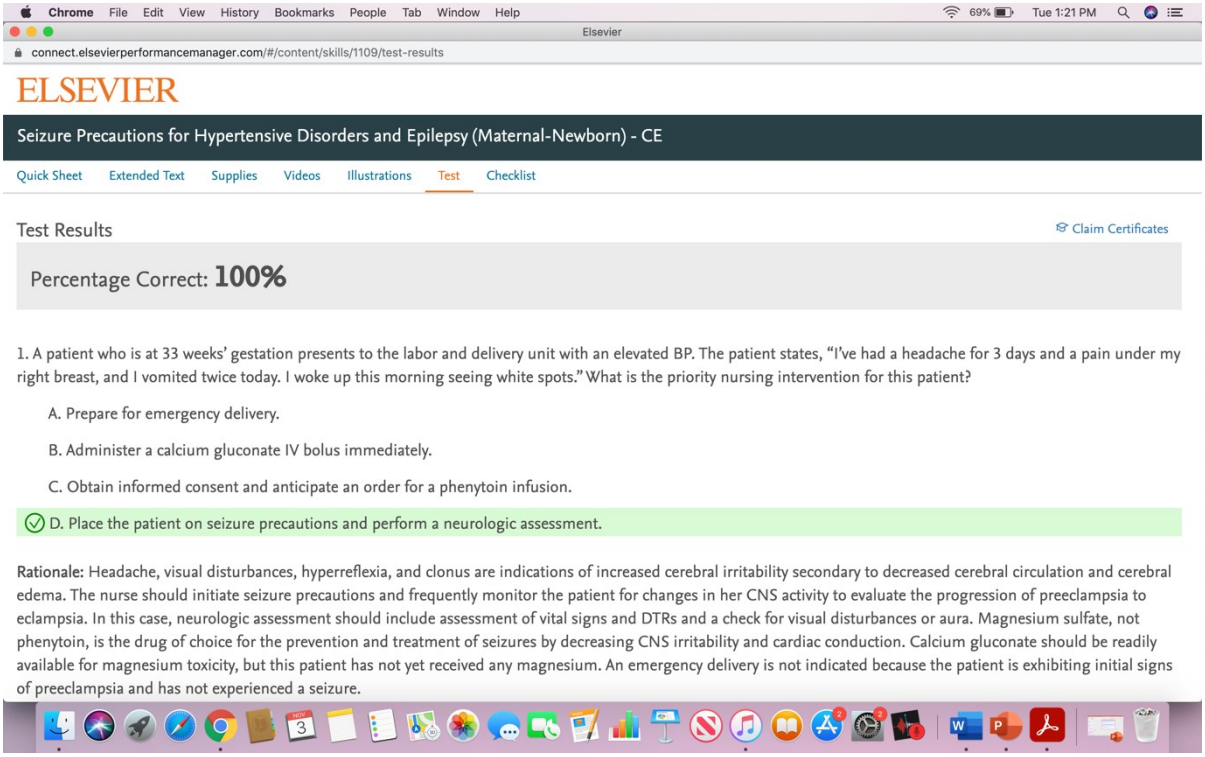
B. "Misoprostol is more effective at labor induction; without it, higher levels of oxytocin may be required."

C. "If misoprostol is used first, oxytocin most likely won't be necessary."

D. "Misoprostol works better than oxytocin for labor induction in term gestations."

Rationale: The goal of administering misoprostol first is to ripen the cervix, so IV oxytocin will be more effective and less IV oxytocin will be required. Misoprostol and oxytocin work differently, but not more or less effectively. In some cases, misoprostol may induce labor and eliminate the need for oxytocin; however, in most cases in which cervical ripening is necessary, both medications are required. Misoprostol is generally used for cervical ripening at term, not for labor induction.

- Seizure Precautions for Hypertensive Disorders and Epilepsy



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Seizure Precautions for Hypertensive Disorders and Epilepsy (Maternal-Newborn) - CE

Quick Sheet | Extended Text | Supplies | Videos | Illustrations | Test | Checklist

Test Results

Claim Certificates

Percentage Correct: **100%**

1. A patient who is at 33 weeks' gestation presents to the labor and delivery unit with an elevated BP. The patient states, "I've had a headache for 3 days and a pain under my right breast, and I vomited twice today. I woke up this morning seeing white spots." What is the priority nursing intervention for this patient?

A. Prepare for emergency delivery.

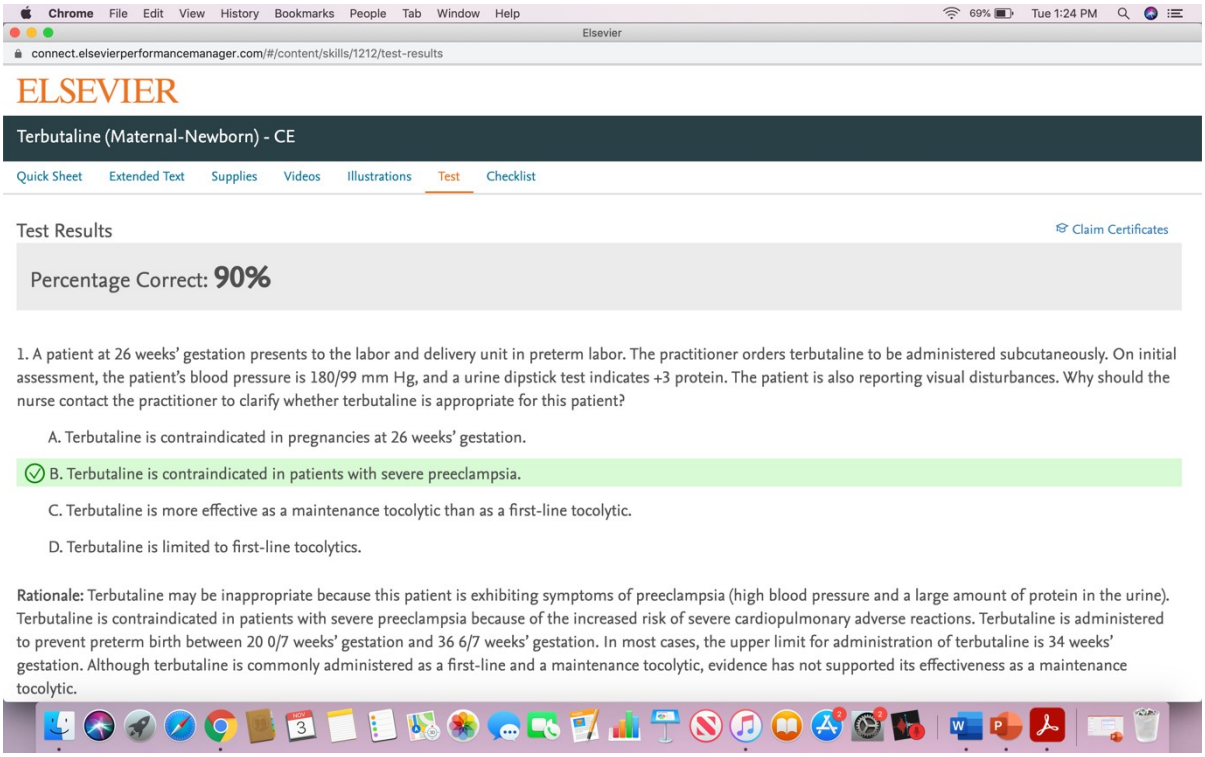
B. Administer a calcium gluconate IV bolus immediately.

C. Obtain informed consent and anticipate an order for a phenytoin infusion.

✓ D. Place the patient on seizure precautions and perform a neurologic assessment.

Rationale: Headache, visual disturbances, hyperreflexia, and clonus are indications of increased cerebral irritability secondary to decreased cerebral circulation and cerebral edema. The nurse should initiate seizure precautions and frequently monitor the patient for changes in her CNS activity to evaluate the progression of preeclampsia to eclampsia. In this case, neurologic assessment should include assessment of vital signs and DTRs and a check for visual disturbances or aura. Magnesium sulfate, not phenytoin, is the drug of choice for the prevention and treatment of seizures by decreasing CNS irritability and cardiac conduction. Calcium gluconate should be readily available for magnesium toxicity, but this patient has not yet received any magnesium. An emergency delivery is not indicated because the patient is exhibiting initial signs of preeclampsia and has not experienced a seizure.

- Terbutaline



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ELSEVIER

Terbutaline (Maternal-Newborn) - CE

Quick Sheet | Extended Text | Supplies | Videos | Illustrations | Test | Checklist

Test Results

Claim Certificates

Percentage Correct: **90%**

1. A patient at 26 weeks' gestation presents to the labor and delivery unit in preterm labor. The practitioner orders terbutaline to be administered subcutaneously. On initial assessment, the patient's blood pressure is 180/99 mm Hg, and a urine dipstick test indicates +3 protein. The patient is also reporting visual disturbances. Why should the nurse contact the practitioner to clarify whether terbutaline is appropriate for this patient?

A. Terbutaline is contraindicated in pregnancies at 26 weeks' gestation.

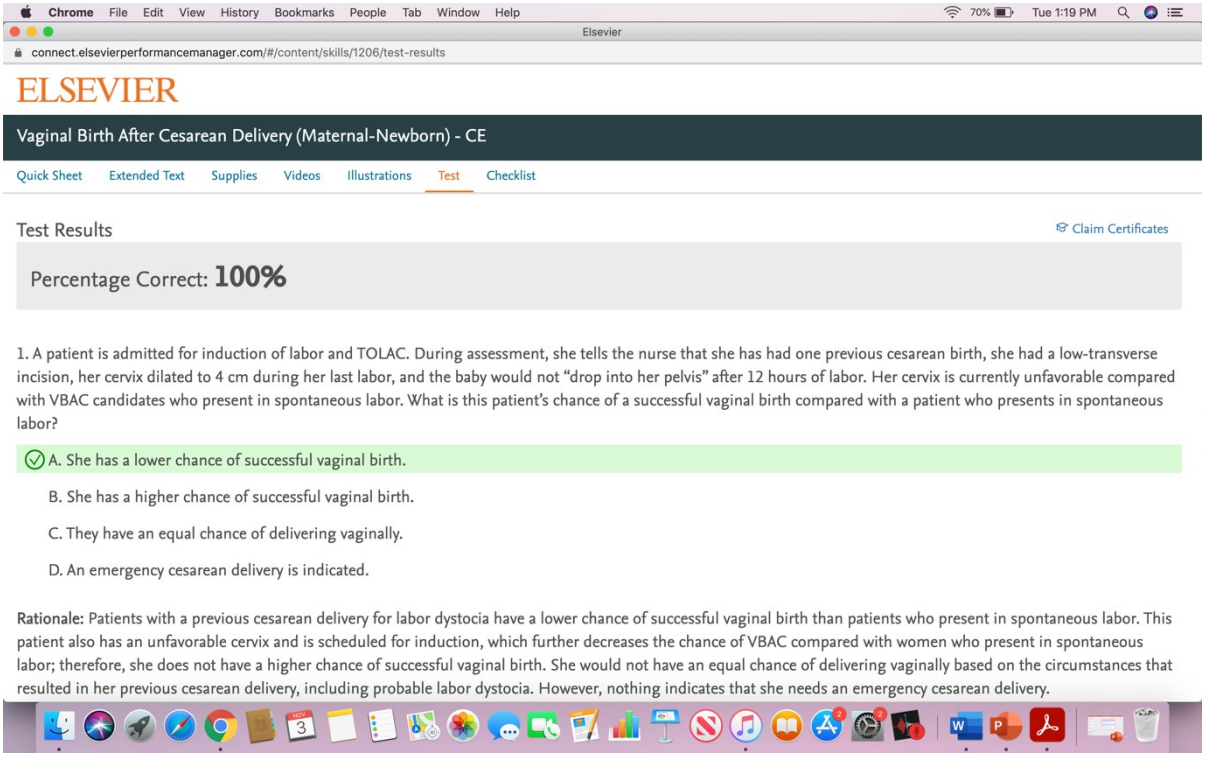
✓ B. Terbutaline is contraindicated in patients with severe preeclampsia.

C. Terbutaline is more effective as a maintenance tocolytic than as a first-line tocolytic.

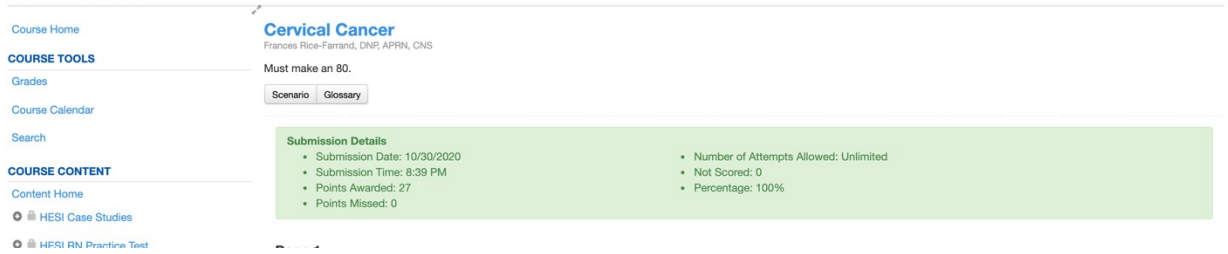
D. Terbutaline is limited to first-line tocolytics.

Rationale: Terbutaline may be inappropriate because this patient is exhibiting symptoms of preeclampsia (high blood pressure and a large amount of protein in the urine). Terbutaline is contraindicated in patients with severe preeclampsia because of the increased risk of severe cardiopulmonary adverse reactions. Terbutaline is administered to prevent preterm birth between 20 0/7 weeks' gestation and 36 6/7 weeks' gestation. In most cases, the upper limit for administration of terbutaline is 34 weeks' gestation. Although terbutaline is commonly administered as a first-line and a maintenance tocolytic, evidence has not supported its effectiveness as a maintenance tocolytic.

- Vaginal Birth after Cesarean Delivery



- Cervical Cancer



- Gonorrhea