Question #	Student Name: Macei Sierra

Based on the "Topic" and "Subtopic," I missed a question about:
Physical Assessment - Newborn

☑ **I have reviewed each of the excerpts/activities listed under the Packet> Remediation Content**

List five or more bullet points with your "take-aways" from this packet.
(What is most important for you to remember as you prepare for the NCLEX and future patient care?)

1. Crackles after birth may indicate areas of atelectasis or fluid which is normal. Report wheezes, persistant crackles or stridor.

2. Signs of respitary distress are tachyprea, grunting, nasal flaring, intercostal retractions, Strider, abnormal breath sounds, cyanosis, paller.

3. Pseudomenstration can happen from the abrupt decrease in maternal hormones & disappear 2-4wks of age.

4. Preterm babys have absent/partial creases on sole of foot, Full term have creases all over and Post term have deep creases.

5. Asymmetric or partial moro reflex should alert practitioner to evaluate upper extremities mobility.

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(What is most important for you to remember as you prepare for the NCLEX and future patient care?)

1. Grasp reflex is touching palms or soles with the digits causing flexion/grasping.

2. Babinski reflex is stroking the outer sole of foot upward from heel across the ball of the foot causing the bigtoe to dorsiflex & other toes to hyperextend.

3. Preterm and hypoxic infants don't assume an attitude of total flexion but rather one of limp or hypotonic extension.

4. Observe the infants behaviors, alertness, drowsiness and irritability are common signs of neurologic problems.

5. Assessing neuro status is a critical part of the neuro exam.

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1. Perform quiet procedures first. Such as auscultating the lungs, heart, abdomen. Then lastly test reflexes, measure head, crown to rump & head-heel length.
2. Head circumference is 33-35cm. Molding can alter measurement.
3. loss of 10% birth weight in 1st week. Regained in 10-14 days.
4. Normal newborn temp is 97.7-98. Crying increase temp slightly.
5. Normal newborn heart rate is 120-140. Bradycardia <80-100 and tachycardia >160-180.

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Physical Assessment - Newborn

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1. Respirations for newborn 30-60 breaths/min. Tachypnea >60 and apnea- cessation of respirations for 20 sec or more.
2. Blood pressure for newborn 65/41 in arm & calf.
3. Cephalhematoma (uncomplicated) is a hematoma between periosteum and SKULL bone.
4. Absence of startle (moro) reflex in response to loud noise or stimulus is a concern. We want a startle (moro) reflex.
5. Coughing, crying or lying down may temporarily cause the fontanels to bulge.

Question #	Student Name: Macei Sierra

Based on the "Topic" and "Subtopic," I missed a question about:
Caput Succedaneum - Newborn

☑ **I have reviewed each of the excerpts/activities listed under the Packet> Remediation Content**

List five or more bullet points with your "take-aways" from this packet.
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- Generalized identifiable edamatous area of the scalp, most often on the occiput. (bruise on scalp)
- Infants born with vacuum extraction usually have a caput in the same area.
- Presents at birth, extends across suture lines of the skull & disappear spontaneously within 3-4 days (12-48hrs). No treatment needed
- Bruising of the scalp is usually from caput succedaneum.
- From vertex presentation & the sustained pressure of the presenting part against the cervix results in compression of those vessels, slowing blood return → causing a bruise.

Question #	Macei Sierra

Based on the "Topic" and "Subtopic," I missed a question about:
Head and Chest Circumfrence - Newborn

☑ **I have reviewed each of the excerpts/activities listed under the Packet> Remediation Content**

List five or more bullet points with your "take-aways" from this packet.
(What is most important for you to remember as you prepare for the NCLEX and future patient care?)

- Diameter of head is measured around the occiput & above the eyebrows.
- Normal range of head circumfrence for newborn is 33-35cm.
- Molding may affect measurment. Remeasure head after regaining normal shape.
- Chest is measured at level of nipples and is usually 2-3cm. smaller than head.
- Normal chest circumfrence is 33cm. Molding of the head can cause head & chest circumfrence to be equal.

Question #	Student Name: Macei Sierra

Based on the "Topic" and "Subtopic," I missed a question about:
Intrapartum Care - Intrapartum

☑ **I have reviewed each of the excerpts/activities listed under the Packet> Remediation Content**

List five or more bullet points with your "take-aways" from this packet.
(What is most important for you to remember as you prepare for the NCLEX and future patient care?)

- Important signs of preclampsia with severe features - Nausea, upper right quadrant or epigastric pain, blurred vision, headaches, HTN, proteinuria, seizures, low platlet count, elevated liver enzymes, elevated serum creatine levels.
- Magnesium sulfate toxicity signs - drowsiness, lethargy, slurred speech, loss of DTR, depressed respirations, cardiac arrest.
- Emergency medications for Preeclampsia - Hydralazine, Labetalol, Nifedipine, Magnesium sulfate, calcium gluconate/chloride.
- Women with severe preclampsia need to be on bedrest in a quiet and darkened room.
- Monitor for signs of impaired gas exchange - increased respirations, dyspnea, altered blood gases, hypoxemia.

Question #	Macei Sierra

Based on the "Topic" and "Subtopic," I missed a question about:
Supporting Thermoregulation - Newborn

☑ **I have reviewed each of the excerpts/activities listed under the Packet> Remediation Content**

List five or more bullet points with your "take-aways" from this packet.
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- Hypothermia can cause hypoglycemia because the infant uses glucose to generate heat and respitory distress.
- Infant remains in radiant warmer until temperature is stabilized.
- Temperature of a newborn is 96.8°-97.7° skin or 97.7°-98.6° axillary.
- Dry infant quickly after birth and cover their head to help promote thermoregulation.
- Conduction, convection & radiation can be used to add heat to their bodies.

Question #	Student Name: Macei Sierra

Based on the "Topic" and "Subtopic," I missed a question about:
Prolapsed umbilical cord - Intrapartum

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List five or more bullet points with your "take-aways" from this packet.
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- Use a sterile gloved hand into the vagina & holding the presenting part of the umbilical cord to relieve pressure.
- The mom can be in positions such as, modified Sims, Trendelenburg, or knee chest. Gravity keeps the pressure off the presenting part.
- Medical emergency, call for assistance & dr but don't leave patient. - C-section is needed
- Administer oxygen by non-rebreather mask at 8-10L/min until birth.
- Signs of prolapsed umbilical cord → variable or prolonged decelerations during contractions, woman feels the cord after ROM, cord is seen or felt protruding from the vagina.
- Position womans hips higher than her head to shift fetal presenting part towards her diaphragm.

Question #	Macei Sierra

Based on the "Topic" and "Subtopic," I missed a question about:
Care managment - Intrapartum

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List five or more bullet points with your "take-aways" from this packet.
(What is most important for you to remember as you prepare for the NCLEX and future patient care?)

- Prompt recognition of prolapsed umbilical cord is important. It can result in fetal hypoxia if there was cord compression for more than 5 minutes.
- If cervix is fully dilated, forceps/vacuum assisted birth can happen if the fetus is in a cephalic presentation, if not C-section is needed.
- Bradycardia, absent or minimal variability and variable or prolonged decelerations, inadequte uterine relaxation, bleeding can result in prolapsed cord.
- Do Not move hand! Another person can place a rolled towel under womans right or left hip.
- If cord is protruding from vagina, wrap loosely in sterile towel Saturated with warm sterile normal saline.

Question #	Student Name: Macei Sierra

Based on the "Topic" and "Subtopic," I missed a question about:
Preeclampsia - Case Study

☑ **I have reviewed each of the excerpts/activities listed under the Packet> Remediation Content**

List five or more bullet points with your "take-aways" from this packet.
(What is most important for you to remember as you prepare for the NCLEX and future patient care?)

- 1st pregnancy places a client at higher risk for preeclampsia than multiparity with the same partner.
- Age over 40 puts the patient at increased risk for developing Preclampsia.
- Blood pressure usually remains the same during the 1st trimester. Both systolic & diastolic then decrease gradually up to 20wks.
- Prenatal blood pressure is the most important info to get if you suspect preeclampsia.
- Pre-existing medical conditions & genetic conditions put the patient at higher risk.

Question #	Macei Sierra

Based on the "Topic" and "Subtopic," I missed a question about:
Preeclampsia - Case Study

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- As fluid leaks into extravascular spaces, organ edema as well as peripheral edema occurs. This in conjunction with brain spasms causes the headaches and increased DTR and clonus.
- Don't give diuretics to preeclamptic patients because the disease has already caused a volume deficit. Diuretics decrease blood flow to the placenta by decreasing blood volume.
- Signs of dizziness, blurry vision, abdominal pain, shortness of breath or chest discomfort are signs of preeclampsia.
- Lab results that indicate HELLP are decrease hemoglobin & hematocrit with burr cells, elevated liver enzymes, and decreased platelets.
- The fetus has the same magnesium level as the mothers. It can cause sedation to the fetus, causing a decrease in fetal heart rate with minimal variability.

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Based on the "Topic" and "Subtopic," I missed a question about:
Preeclampsia - case study

☑ **I have reviewed each of the excerpts/activities listed under the Packet> Remediation Content**

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- Magnesium sulfate is a CNS depressant thats given to prevent seizures.
- Closely monitor urine output with magnesium sulfate. If decreased output occurs it can result in magnesium toxicity bc of it not all getting excreted.
- If magnesium toxicity is suspected stop the med immediatly and give calcium gluconate.
- 1st priority intervention for a seizing preeclamptic mother is to turn them on their side to prevent aspiration.
- Do LIONPit intervention for late decceterations.

Question #	Macei Sierra

Based on the "Topic" and "Subtopic," I missed a question about:
Preeclampsia - case study

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- Preeclamptic patients are at high risk for hypotension after recieving an epidural.
- Hyporeflexia and respritory depression are complications that can happen to the newborn that recieved magnesium sulfate from mom. NICU needs to be there when baby is born.
- Magnesium is continued 12-24hrs after birth dependent on patients condition to prevent seizures.
- Mother is still at risk for complications after delivery. Take her to a quiet room for close evaluation & one to one care.
- Magnesium relaxes smooth muscle so that puts patient at high risk for postpartum hemorrhage.

Question #	Student Name: Macei Sierra

Based on the "Topic" and "Subtopic," I missed a question about:
Gestational Diabetes - Case Study

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List five or more bullet points with your "take-aways" from this packet.
(What is most important for you to remember as you prepare for the NCLEX and future patient care?)

- Birth of an infant weighing more than 9lbs is a risk factor for gestational diabetes.
- Follow an unrestricted diet and exercise pattern for at least 3 days before 3-hour oral glucose tolerance test.
- Hormonal changes in the second and third trimester result in increased maternal insulin resistance.
- Do fingerstick blood glucose monitoring prior to breakfast (fasting) and before each meal.
- 2 episodes of acceleration (≥15 beats/min, lasting more than 15sec) related to fetal movement in a 20 min period indicates a reactive non-stress test.

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