

Question #	Student Name: <u>Cassie Jimenez</u>
Based on the "Topic" and "Subtopic," I missed a question about:	<u>Maturity and Intrauterine / Placenta Previa</u>
<input checked="" type="checkbox"/> I have reviewed each of the excerpts/activities listed under the Packet > Remediation Content	<p>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?)</p> <ul style="list-style-type: none"> o Depending on severity and type of placenta previa will determine plan of action such as total/complere will be C-section and partial/marginal/low lying can be managed with monitoring clothy o Painless, bright red vaginal bleeding usually in 2nd/3rd trimester is hallmark sign o Absolutely no vaginal exams this can trigger bleeding, mother should have ultra sound o monitor maternal vitals and FHR continuously o Strict pelvic and bed rest if patient goes home. Mother needs to know importance of being care to a hospital in case of a medical emergency. <p>The most important thing to remember for NCLEX is signs and symptoms and what the plan of care will be for an emergency.</p>
Question #	
Based on the "Topic" and "Subtopic," I missed a question about:	<u>Intrauterine / Prolapsed Umbilical Cord</u>
<input checked="" type="checkbox"/> I have reviewed each of the excerpts/activities listed under the Packet > Remediation Content	<p>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?)</p> <ul style="list-style-type: none"> o a prolapsed umbilical cord can be occult or frank where you can see it after a Rom, o if the cord gets compressed between the presenting part of the maternal pelvis this can cause serious complications for the fetus such as death, o On the fetal monitor you will see sudden fetal bradycardia or variable decelerations. o Your main priority is relieving pressure off of the cord using a hand to lift the presenting part off of the cord so oxygen can continue to flow to baby. o Do not attempt to push cord back in. Call for immediate help and prepare for an emergency C-section. <p>The most important thing to remember is prolapsed cord means baby gets no oxygen, relieve pressure from the cord immediately and prepare for emergency C-section.</p>

Question #

Student Name: Cassie Jimerz

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

Nurses / Caput Succedaneum

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?)

- o Edema, swelling of fetal scalp that crosses suture lines caused by pressure from birth canal during vaginal delivery. The pressure increases with blood flow.
 - o This is most often caused by a vacuum extraction or prolonged labor or pressure from the cervix on the fetal head during labor.
 - o Swelling consists of serum blood or both accumulated in the tissue around the bone.
 - o No specific treatment is needed swelling subsides within a few days.
 - o Observe for signs of infection if skin over Sella dorum was torn or broken.
- The most important thing to remember is Caput Succedaneum is harmless and found on the occiput. It extends across suture lines and no intervention is needed.

Question #

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

Nurses / Cocaine use during pregnancy

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?)

- o Cocaine crosses the placenta and is found in breast milk.
 - o Causes vasoconstriction and HTN which reduces uteroplacental blood flow.
 - o Increases risk of placental abruption, preterm labor, and stillbirth.
 - o Also IUGR and low birth weight.
 - o There can be an increased risk for SIDS.
 - o Occurs infant to be irritable, fussy, hyperirritability, high pitched cry, excessive sucking and as they enter school age they have a reduced capacity for verbal reasoning and difficulty paying attention.
- The most important thing to remember is as a nurse we need to reduce stimulation for these infants, support their feedings, and ensure safety.

Question #

Student Name:

Cassie Jimenez

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

Newborn / Head and Chest Circumference



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?)

- o diameter of head is measured around occiput and above eyebrows
- o normal range for head circumference is 32 to 38 cm.
- o measurement can be affected by molding of baby skull during delivery
- o if head is abnormally small this can mean poor brain growth or microcephaly.
if head is very large this can be hydrocephalus.
- o chest is measured at nipples and is usually 2 to 3cm smaller than babies head, normal circumference of chest is 33cm.

The most important thing for me to remember is how to perform an assessment and know the size and measurements or ranges for each area being measured to be able to tell if something is abnormal.