

Question # _____ Student Name: Rafaela Colmenero

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

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?)

- Infants have a greater percent of fluid in the extracellular compartment compared to adults, so they have greater and more rapid fluid losses.
- Apply a generous layer of zinc oxide to treat diaper dermatitis
- Isotonic dehydration is treated with administration of IV lactated ringers.
- It is normal for toddlers to regress to a prior developmental level during hospitalization
- S/S of infant water intoxication examples: Irritability, moist mucous membranes bilaterally, specific gravity of 1.005.

Question # _____

Based on the "Topic" and "Subtopic," I missed a question about:
Cleft lip and cleft palate

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?)

- To determine if an infant has a cleft palate, insert a gloved finger and palpate the top of the infant's mouth
- Women should eliminate/avoid use of retinoids, consumption of alcohol, smoking/secondhand smoke to prevent cleft lip and/or palate.
- The first nursing problem that needs to be addressed for a pediatric patient with cleft palate is nutritional status.
- In preparation for surgical repair of cleft lip, place the client in elbow restraints for 15min 5x/day so she will be less resistant to the restraints after surgery.
- Post-op of cleft lip repair, you should feed the client with a breast feeder and then rinse the mouth.

Question #	Student Name: <u>Rafaelia Colmenero</u>
Based on the "Topic" and "Subtopic," I missed a question about: <u>Intrapartum-care management</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"> • A prolapsed umbilical cord can cause fetal hypoxia due to prolonged cord compression; hold presenting part off the umbilical cord • In the case of prolapsed cord, place pt into extreme trendelenburg or a modified sim's position • Avoid or minimize manual palpation or handling of the cord to minimize cord vessel vasospasm • HIV positive moms should be on oral antiviral therapy that is continued through pregnancy. • All women with painless vaginal bleeding after 20 weeks should be assumed to have placenta previa. 	

Question #	
Based on the "Topic" and "Subtopic," I missed a question about: <u>Newborn</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"> • head circumference 32-38 cm; is it normal to see molding after birth which alters head circumference. • signs of NB respiratory distress: tachypnea (>60 breaths/min), grunting, nasal flaring, retractions, stridor, cyanosis, pallor • cocaine-dependent neonates do not experience withdrawal; they show neurotoxic effects especially when they enter school. • most common scalp lesion is caput succedaneum; the swelling consists of serum and/or blood accumulated in the tissue above the bone; crosses suture lines. • NO specific treatment for caput succedaneum; swelling subsides within a few days. • cephalohematoma does not cross suture lines. 	

Question # Student Name: Rafaelia Colmenero

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

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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?)

- cerebral edema causes headache, increased DTRs and clonus in a patient with preeclampsia.
- diuretics can't be used during pregnancy to help relieve edema because they decrease blood flow to the placenta by decreasing blood volume.
- when a patient is on magnesium sulfate, urine output should be monitored closely because if renal function declines, not all of the magnesium sulfate will be excreted, leading to magnesium toxicity.
- A decrease in the FHR with minimal variability while mom is on magnesium sulfate is normal because the fetus has the same magnesium level as mom (fetus is sedated).
- you should anticipate hyporeflexia and respiratory depression in a newborn related to treatment of the mother with magnesium sulfate.

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