

Question #

Student Name:

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

Cleft Lip & 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?)

- The palate is the roof of the mouth, and palpating this area with the finger will determine if the palate is open or closed
- The open cleft can't muffle the sounds of sucking and swallowing meaning feed will be a little noisier.
- Cleft palate repair is usually delayed until 6 to 12 months of age to accommodate palatal repair
- Delaying the close of palate past the time child begins to speak can result in severe speech difficulties
- Following lip repair surgery, infants are placed in elbow restraints to prevent them from rubbing or disturbing suture line.

Question #

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

Preeclampsia

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?)

- Risk for preeclampsia are nulliparity, family hx, preexisting medical or genetic condition and advance maternal age
- HELLP Syndrome stands for hemolysis, ^{elevate} liver enzymes, elevated AST and ALT and decreased platelets
- Magnesium is excreted in urine so if renal function decline it can result in magnesium toxicity
- If magnesium is given fetus will have the same magnesium level as the mother's causing fetus to be sedated
- Neonatal hypermagnesemia manifest hypotonia and a marked decrease in respiratory rate.

Question #

Student Name:

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

Multifetal pregnancy



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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?)

- Multifetal pregnancy fundal height is 4cm larger than expected on basis of GA computed from LMP.
- When uterus becomes overdistended it causes more compression of large vessels resulting in more pronounced + earlier supine hypotension
- Maternal edema and slight proteinuria are common in multifetal pregnancy.
- Normal pregnancy weight with multifetal is advised to gain 17 to 25kg.
- Compression of bowel makes constipation and hemorrhoids persistent problems. Nausea + vomiting occurs 3 times more often because of increase hormones.

Question #

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

Weight gain 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?)

- Low pregnancy weight is associated with preterm labor, SGA and increase Prenatal mortality
- Women that are obese and become pregnant they are higher risk of spontaneous abortions, GD, preeclampsia, prolong labor and other postpartum complication
- The current recommended gain for overweight women is 7 to 11.5 kg to provide sufficient nutrients for fetus and weight gain for obese women 5 to 9 kg.
- Sodium needs are increased during pregnancy to provide for an expanded blood volume and needs of fetus
- Vitamin A can cause fetal anomalies of the bones, urinary tract and CNS when taken in high doses.

Question #

Student Name:

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

maternity / intrapartum - prolapse cord



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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 prolapse cord is important because fetal hypoxia and can result in CNS damage or death
- Women may assist into position such as modified Sim's, Trendelenburg or knee to chest to keep pressure of cord.
- If cord protruding from vagina, wrap loosely in sterile towel saturated with warm sterile NS + don't attempt to replace in cervix
- Avoid or minimize manual palpation or handling of the cord to minimize cord vessel vasospasm
- fetal scalp electrode & scalp pH sampling should be avoided because these procedures may result in inoculation of the HIV virus into the fetus

Question #

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

maternity / newborn - respiratory



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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?)

- Signs of respiratory distress includes nasal flaring, intercostal or subcostal retractions or grunting respiration.
- Suprasternal or subclavicular retraction with stridor or gasping most often represent an upper airway obstruction
- In neonates more serious respiratory problems. Symptoms of distress are more pronounced & tend to last beyond the first 2 hrs after birth
- Nasal flaring helps decrease airway resistance & increase the amount of air entering the lungs. Intermittent flaring may occur first hr after birth.
- Central cyanosis signifies hypoxemia.

Question #

Student Name:

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

Newborn - head traumas



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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?)

- Instrumented delivery, particularly vacuum extraction + forceps delivery, increase risk of subgaleal hemorrhage.
- A boggy fluctuant mass over the scalp that crosses the suture line + moves as the baby is repositioned is an early sign of subgaleal hemorrhage
- Caput succedaneum is outline area of edematous tissue situated over the portion of scalp that present in vertex delivery + requires no treatment.
- Subgaleal hemorrhage is bleeding into subgaleal compartment + occurs because of the force that's compressed and then head is dragged through pelvic outlet
- Nursing care of a newborn w/ a subgaleal hemorrhage includes careful monitoring for sign of hemodynamic instability and shock

Question #

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

Care of newly circumcised infant



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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?)

- Postcircumcision the site is assessed for 15-30 min for first hour and then hourly for next 4 to 6 hrs. Also monitor first void and how much after circumcision
- Infants should have wet diaper 2 to 6 times per 24 hrs the first 1 to 2 days after birth + 6 to 8 times per 24 hrs after 3 to 4 days
- Don't wash penis with soap until the circumcision healed in 5 to 6 days
- The glans penis is dark red after circumcision and becomes covered w/ yellow exudate in 24 hrs is normal + will persist for 2-3 days + shouldn't be removed.
- If bleeding occurs apply gentle pressure w/ a folded sterile gauze square.

Question #

Student Name:

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

Vaccines



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?)

- Women should be cautious to avoid becoming pregnant for 28 days after receiving the rubella vaccine because of potential teratogenic risk to fetus
- Rubella virus is not communicable in breast milk; therefore, breastfeeding mothers can be vaccinated.
- Fever, transient arthralgia, rash and lymphadenopathy are common side effects of rubella vaccine
- Women receiving the vaccine should be tested for immune status at 6-8 weeks to be sure they are immune
- Rubella vaccine is recommended in the postpartum period prior to hospital discharge

Question #

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

Gestational diabetes



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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?)

- Hormonal changes in the second and third trimester result in increased maternal insulin resistance
- Starch and proteins in high fiber complex carbohydrates help regulate blood glucose as a result of more sustained glucose release overtime
- Perform blood glucose monitoring prior to breakfast (fasting) and before each meal.
- When the maternal source of glucose disappears at delivery, the neonates blood sugar levels decrease rapidly leading to fetal hyperinsulinemia
- Breastfeeding that commences early and done in demand helps decrease the risk of hypoglycemia.