Question #	Student Name: Jailene Gonzalez

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

Prolapsed Umbilical Cord - 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?)

- A major sign of this occuring is seeing/feeling cord protruding from vagina
- Intervention; admin oxygen to mother w/nonbreather mask at 8-10 L/minute until delivery.
- Hx bent to position mom in extreme trendelenburg or a modified Sims position, or knee-chest position, to relieve pressure on cord.
- Gently wrap cord in a sterile towel soaked in sterile water, avoid reinserting cord, elevate cord, and then inform PCP, may need to prepare pt for a C-section
- To relieve pressure against presenting part, use sterile glove, place two fingers to feel cervix, & exert cord upward

Question #	Jailene Gonzalez

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

Therapeutic Management -

☑ **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?)

- Priority is to relieve pressure on the cord to eventually, therefore act fast, this is an emergency care, prompt delivery is priority.
- A main intervention is the position of mom; woman's hips should be higher than her head, it shifts fetal presenting part towards diaphragm (knee-chest, trendelenburg, hips elevated w/pillows)
- As the mother is being transported for a c-section, continue to elevate cord to decrease compression w/ gloved hand.
- Do not palpate/handle cord as much as possible, avoids cord vessel vasospasm.
- Tocolytics may be administered (terbutaline), it will help put a pause on contractions, and helps rise placental blood flow while decreasing pressure of baby on the pelvis & cord.

Question #	Student Name: Jailene Gonzalez

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

☑ **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?)

- Placenta Previa is when the placenta implants/adheres low in the uterus, or partially/completely covers cervix. There's different types; complete and marginal.
- The main difference b/w complete is that it totally covers the internal cervical os and marginal is when placenta is 2.5/closer to internal cervical os
- Some common risk of placenta previa is being >35 yrs old, multiparity, smoking, living at higher altitude due to lower uteroplacental oxygenation.
- Remember, vital signs alone are not the best indicators of acute blood loss, better indicators are decreased urine output & clinical presentation.
- Common clinical presentations are; soft, tender uterus, normal tone, painless bright red vaginal bleeding. Keep in mind vital signs/FHR may seem normal even with the blood loss.

Question #	Jailene Gonzalez

Based on the "Topic" and "Subtopic," I missed a question about:
Expectant Management-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?)

- This nursing management is implemented in <36-37 weeks of gestation, while showing normal fetal growth, and there's no pregnancy complications.
- If baby is less than 34 weeks gestation, antenatal corticosteroids are administered to encourage lung development.
- If vaginal bleeding is associated w/contractions, tocolytics are expected to administer.
- If placenta previa is indicated, inform/prepare mom for the high possibility of a C-section, transfer to the NICU, tertiary care center.
- Patient should not receive vaginal exams, nothing should be inserted vaginally

Question #	Student Name: Jailene Gonzalez

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

Intrapartum - Assessment

☑ **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?)

- Crucial maternal vital signs to monitor is the blood pressure to be able to identify hypertension, hypotension, tachycardia, & hypovolemia.
- Due to possible hemorrhage risk, identifying type and Rh factor is important for RhoGAM.
- Don't underestimate the importance of therapeutic communication through labor complication; allow pt to express concern, helps reduce anxiety/fear.
- Pts who are high risk may feel powerless, a nurse can help reduce this feeling by involving mom in their care.
- Obstetric history such as; gravida, para, previous abortions, preterm infants, abruptio placenta is important for hemorrhagic conditions.

Question #	

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

Pregnancy & Human Immunodeficiency Virus

☑ **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?)

- A vaginal birth IS an option based on the viral load of less than 1000 copies/mL at 36 weeks, has ROM, does not want a c-section, or progressing rapidly.
- In intrapartum, HIV infected woman that regularly receive HAART are commonly given IV zidovudine, unless they have a low viral load.
- Due to high possibility of inoculation of the virus to the baby, the nurse should avoid using the fetal scalp electrode & scalp pH sampling.
- During postpartum, immunosuppressed pts (HIV) are at high risk to getting a UTI, vaginitis, post partum endometritis, and poor wound healing.
- Educate mom on bottle feeding, since due to being HIV positive, breastfeeding is to be avoided.

Question #	Student Name: Jailene Gonzalez

Based on the "Topic" and "Subtopic," I missed a question about:
Wong's Nursing Care of Infants & Children - Physical Assessment

☑ **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?)

- common signs and symptoms of respiratory distress can be shown in nasal flaring, intercostal retractions, cyanosis, tachypnea, abnormal breath sounds.
- Head measurement is an initial assessment to determine for microcephaly (small), or hydrocephalus (large), average head circumference is 13 to 14 inches.
- Listening to baby's heart beat can be difficult, its recommended to auscultate when as quiet as possible.
- Its a frequent assessment finding in baby's in breach to have labia majora & minora to be edematous
- When palpating baby during assessment be mindful of making this a comfortable experience for baby, a tip is to examine edema of eyes since eyes are most likely closed after delivery.

Question #	Jailene Gonzalez

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

☑ **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?)

- Due to lower glycogen stores, lower muscle protein, low body fat, premature infants & small for gestational age are at high risk of hypoglycemia
- Common risk factors for neonatal hypoglycemia are maternal diabetes, intrauterine growth restriction, postmaturity.
- Signs and symptoms in infants with hypoglycemia are lethargy, jitterness, poor feedings, high-pitched cry, and hypotonia.
- Not all infants will present symptoms, some will be asymptomatic, therefore a complete perinatal history will be completed.
- A neutral thermal environment is important to decrease risk of hypoglycemia, to not increase infant's glucose requirements.

Question #	Student Name: Jailene Gonzalez

Based on the "Topic" and "Subtopic," I missed a question about:
Antepartum - manifestations (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?)

- The first sign/symptom indicating preeclampsia is the mom's BP, this affects the body's vasoconstriction.
- During an assessment, its common to see the retina vascular constriction is commonly noticed due to the narrowing of the arteries.
- In severe preeclampsia common lab findings are; hemolysis, elevated liver enzymes, and a low platelet count.
- Generalized edema is possible to occur with preeclampsia patients, mostly noticed in the lower legs, some facial edema, and lung edema in severe cases.
- Preeclampsia initial symptoms are frequently ignored, and once they seek medical attention this has progressed in an advanced state.

Question #	Jailene Gonzalez

Based on the "Topic" and "Subtopic," I missed a question about:
Antepartum - mild Gestational Hypertension & Preeclampsia without Severe features

☑ **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?)

- mom should report decreased activity, if 4 or less movements occur in an hour, its important to track baby's activity daily.
- To best help your caregiver/provider to go forward with interventions, mom's should keep a daily log of their self-management assessments.
- Educate mother to report vision changes immediately when having gestational hypertension, especially if seeing blurry.
- If mom has preeclampsia and baby has reached 37 gestational weeks, delivery baby is recommended to not further put mom/baby at risk.
- A major sign of this pregnancy induced disease progressing is proteinuria, decreased urine output, if proteinuria should be reported.

Question #	Student Name: Jailene Gonzalez

Based on the "Topic" and "Subtopic," I missed a question about:
Gestational Diabetes (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?)

- Risks of gestational diabetes are maternal age of >25, stillborn, obesity, family history of type 1 or type 2 diabetes.
- To get a true determination of the body's ability to handle glucose, patient should follow unrestricted diet for glucose tolerance test.
- Maternal insulin resistance increases in the second & third semester due to the hormonal changes, since they're insulin antagonist.
- The results of a reactive nonstress test; two accelerations >15 bpm that last >15 seconds, in a 20-minute period.
- To prevent a bladder puncture during the amniocentesis procedure, the nurse should help pt empty bladder prior to procedure.

Question #	

Based on the "Topic" and "Subtopic," I missed a question about:
Gestational Diabetes (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?)

- The priority assessment due to a rupture of membrane is evaluating the color, amount, viscosity, and odor of amniotic fluid.
- Baby creates more insulin in response to mom's high blood glucose, when delivery the occurs, infant's blood glucose rapidly lowers.
- Obtaining history of opioid dependence, especially when considering butorphanol tartrate being contraindicated with history of opioid dependence since it can cause withdrawal symptoms in both mom and baby.
- In the case of shoulder dystocia, care during birth to help free the shoulder from the symphysis pubis should include McRobert's maneuver immediately.
- Infants of diabetic mothers are at greater risk for jaundice, the nurse should educate that breastfeeding should be initiated early/on demand to lower risk.

Question #	Student Name: Jailene Gonzalez

Based on the "Topic" and "Subtopic," I missed a question about:
Cleft Lip and Cleft Palate (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?)

- Inserting a gloved finger and palpating top of infant's mouth will determine if baby has a cleft palate.
- An ultrasound screening helps determine a cleft lip at 13 to 14 weeks gestation, however it may not be easily diagnosed.
- Colustrum does not need formula supplementation, this milk contains immunoglobins, vitamin K, quality protein.
- Before discharging baby, parents should demonstrate the proper feeding method to determine successful learning of skill
- Infant weight loss is a normal finding, many babies loose 1e to 8% of their birth weight.

Question #	Jailene Gonzalez

Based on the "Topic" and "Subtopic," I missed a question about:
Cleft Lip and Cleft Palate - 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?)

- Delaying closure of palate past the time once child begins to speak puts child at high risk of severe speech difficulties, repair is usually done between 1e to 12 months of age.
- Altered eustachian tube contributes to recurrent otitis media, due to improper ear drainage.
- Educate mom during discharge of possible interventions from orthodontics and prosthodontics to correct teeth & arches.
- To reduce risk of infection, babies mouth should be rinsed with water by drinking water to remove food particles/sugar residual.
- For best child development a multidisciplinary approach is expected to also prioritize child of a healthy personality and self esteem.

Question #	Student Name: Jailene Gonzalez

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?)

- Left lateral position encourages placental perfusion
- magnesium sulfate commonly given to treat preeclampsia, depresses the CNS, helps prevent eclamptic seizures.
- magnesium toxicity can occur, nurse must closely monitor urine output
- In the case magnesium toxicity does occur, calcium gluconate should be readily accessible after immediately discontinued
- During severe preeclampsia, late decelerations will occur in FHR, indicates fetal hypoxemia, mom should receive O2 therapy.

Question #	

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

☐ **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?)