

Question #

Student Name:

Meaghan Rose

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

Placenta Previa - Intraforium



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) In placenta previa the placenta is implanted in the lower uterine segment such that it completely or partially covers the cervix
- 2) Characterized by painless bright red vaginal bleeding during second or third trimester. Most cases are diagnosed with ultrasound before significant vaginal bleeding occurs
- 3) vital signs may be normal, even with heavy blood loss.
- 4) Risk factors include smoking, previous C-section, advanced maternal age (>35yrs), multiparity, hx of prior suction curettage and diling in a higher altitude, and can occur more frequently in women carrying male fetus.
- 5) Clinical presentation and decreasing urinary output may be better indicators of acute blood loss than vital signs alone. The FHR is normal unless a major detachment of the placenta occurs.

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

Expectant Management of Placenta Previa



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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?)

- 1) Expectant management (observation and bed rest) is implemented if the fetus is at less than 36 to 37 weeks of gestation with normal fetal growth and if no other pregnancy-associated complications exist.
- 2) If woman is <34 wks of gestation, antenatal corticosteroids should be administered. Tocolytics can/may be given if the vaginal bleeding is preceded by or associated with uterine contractions
- 3) Placenta previa should always be considered a potential emergency because massive blood loss with resulting hypovolemic shock can occur quickly if bleeding resumes.
- 4) The possibility always exists that the woman will require an emergency C-section.
- 5) The woman is initially hospitalized in a labor and delivery unit for continuous FHR and contraction monitoring. LARGE BORE IV access should be initiated immediately. Initial laboratory tests include Hgb & Hct, platelet count, and coagulation studies. A "type and screen" blood sample should be maintained at all times in the transfusion services department of the hospital to allow for immediate crossmatch of blood component therapy if necessary.

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

Intrapartum - MANIFESTATIONS of Placenta Previa



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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?)

- 1) classic sign of placenta previa is the onset of painless uterine bleeding in the later half of pregnancy
- 2) Bleeding may not occur until labor starts, when cervical changes disrupt placental attachment. The admitting nurse may be unsure whether the bleeding represents heavy "bloody show" or is a sign of placenta previa.
- 3) until the location and position of the placenta are verified by ultrasound to determine the cause of excessive vaginal bleeding, manual examinations and administration of oxytocin to stimulate labor should be avoided.
- 4) Assessment: amount and nature of bleeding, pain, maternal vital signs, condition of the fetus, uterine contractions, obstetric history, length of gestation, lab data, and possible referrals
- 5) Emotional response of the mother as well as her partner must be addressed. Provide emotional support and thorough education

Question #

Meaghan Rose

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

Intrapartum - HIV



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) Transmission of the virus from the mother to the infant can occur throughout the perinatal period
- 2) Antiviral therapy is administered orally and continued throughout pregnancy. The major side effect of this medication is bone marrow suppression
- 3) In the intrapartum period, antiretroviral therapy is recommended and the decision to have a C-section vs. vaginal birth is dependent on the viral load.
- 4) Intravenous Zidovudine is recommended for all HIV infected pregnant women during the intrapartum period for those with low viral load
- 5) Avoidance of breastfeeding is recommended in the U.S. and most developed countries
- 6) After the initial bath, the newborn can be with the mother
- 7) Initiate standard precautions for infection prevention

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Student Name:

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

Intrapartum - Assessment (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?)

- 1) Accurate measurement of BP is essential in the early detection of hypertensive disorders
- 2) Assessment for edema is another component of the physical examination, although edema is no longer included in the definition of preeclampsia
- 3) Deep tendon reflexes (DTRs) reflect the balance between the cerebral cortex and spinal cord. They are evaluated as a baseline and to detect any changes.
 - ↳ D → no response
 - 1+ → Sluggish or diminished
 - 2+ → Active or expected response
 - 3+ → More brisk than expected, slightly hyperactive
 - 4+ → Brisk, hyperactive, with intermittent or transient clonus
- 4) The presence of proteinuria is ideally determined by evaluation of 24hr urine collection
- 5) The woman is evaluated for S/S considered to be subtle features of preeclampsia such as severe headaches, epigastric pain, RUQ abdominal pain, or visual disturbances, photophobia or double vision

Question #

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

IV calculations / Dosage calculations



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) Slow down and read the question fully
- 2) Understand what the question is asking
- 3) Pay attention to the units (are they the same or different?)
- 4) Convert correctly so that they are the same measurements

Desired
have $\times Q = X$

D = desired dosage, or what the prescriber has ordered

H = dosage strength available, what you have on hand

Q = quantity or volume in the unit of measurement that contains the dosage that is available

X = the unknown, which is the dosage to be administered

- 5) Calculating the rate in mL/hr from a medication dosage ordered for IV administration is one of the most common calculations the nurse encounters.

$$\frac{\text{mL}}{\text{hr}} = X$$

Question # _____ Student Name: Meaghan Rose

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

Post-Partum Prevent Bleeding

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) Two most important interventions for preventing excessive bleeding are maintaining good uterine tone and preventing bladder distention
- 2) Excessive blood loss after birth can be caused by vaginal or vulvar hematomas or unrepaired lacerations of the vagina or cervix.
- 3) All women who have given birth are at risk for excessive bleeding that can progress to post-partum hemorrhage.
- 4) A perineal pad saturated in 15 mins or less and pooling of blood under the buttocks are indications of excessive blood loss, requiring immediate assessment, intervention, and notification of the primary health care provider.
- 5) Nurse always checks for blood under the mother's buttocks as well as on the perineal pad. Although the amount on the perineal pad can appear to be small, blood can flow between the buttocks onto the linens under the mother. When this happens, excessive bleeding can go undetected.

Question # _____ Student Name: Meaghan Rose

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

Newborn - Cocaine

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) Cocaine crosses the placenta and is found in breast milk.
- 2) Cocaine is a recognized cause of placental abruption
- 3) Infants born to cocaine-abusing mothers show a high rate of perinatal morbidity, IUGR, low birth weight, and preterm birth
- 4) Clinical manifestations of intrauterine cocaine exposure include IUGR, ↓ head circumference; association with preterm delivery, NIC, cerebral infarcts, apnea, tachycardia, and tremors
- 5) Other findings related to neurobehavioral effects include sleep disturbances, increased tone, irritability, delayed language acquisition, behavior problems in school, poor impulse control, hypertension, abnormal reflexes, motor asymmetry, significant cognitive delays, and poor responses to stimuli.

Physical

- preterm birth
- decreased length
- decreased head circumference
- low birth weight
- seizures
- abnormal breathing pattern
- cerebral infarction
- abnormal EEG

Behavioral

- irritability
- tremors
- abnormal sleep pattern
- hyporeactivity
- excessive sucking
- high pitch cry
- disorganized behavior

Question #

Student Name:

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

Weakest Skills - Analyzing clues



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) Analyze clues is a cognitive skill nurses use to interpret the clues recognized in a clinical scenario
- 2) Examine the relevant clues or findings that are unexpected
- 3) Determine the client's conditions that link or connect with the client findings or clues
- 4) Ask yourself: What do these findings mean and what is happening to the client? Are there any findings or clues that support or oppose any client conditions?
- 5) Decide if any other information in the clinical situation would help establish the significance of the findings within the context of the bigger clinical picture

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Meaghan Rose

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

Assessment of the Newborn



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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?)

- 1) If the head is significantly smaller than the crown-to-rump length, microcephaly or premature closure of the sutures (craniosynostosis) is a possibility
- 2) Head circumference 13-14 inches
- 3) Temperature 36.5° - 37° K (97.7° - 98° F)
- 4) Respirations 30-60 breaths/min
- 5) Signs of respiratory distress include tachypnea, grunting, nasal flaring, intercostal retractions, stridor, abnormal breath sounds, cyanosis and pull of
- 6) Hypotonia suggests some degree of hypoxia, neurologic or muscular disorder, or condition such as Down Syndrome.
- 7) It is common for newborn to lose 10% of birth weight in first week usually regained in 10-14 days