

Question #	Student Name: <u>Amer Ham</u>
Based on the "Topic" and "Subtopic," I missed a question about: <u>Maternity / 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"> • Signs of respiratory distress includes grunting, nasal flaring, intercostal/subcostal retractions • Xerax or paradoxical respirations instead of abdominal respirations should be reported. • For first 24 hours, Acrocyanosis (bluish discoloration of hands & feet) is a normal finding. • S/S of serious respiratory problems problems are usually more pronounced and tend to last beyond the first 2 hours after birth. • Respiratory rates can exceed 120 breaths/min. 	

Question #	
Based on the "Topic" and "Subtopic," I missed a question about: <u>Intrapartum - Proapsed 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"> • Proapsed of the umbilical cord occurs when the cord lies below presenting of the fetus • Contributing factors include a long cord, malpresentation or an unengaged presenting part • Recognition of a proapsed umbilical cord is important because of fetal hypoxia resulting from prolonged cord compression • S/S - variable/prolonged deceleration during uterine contraction, cord seen during V/E • Do not leave patient! 	

Question #	Student Name: Amer Horan
Based on the "Topic" and "Subtopic," I missed a question about: Intrapartum — Assessment	
<input checked="" type="checkbox"/> 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?)	
<ul style="list-style-type: none"> • Bleeding details are critical — assess amount, onset, description, and some pads to estimate actual blood loss • Maternal & fetal monitoring — VS, urine output, pain characteristic, and fetal monitoring give early clues of worsening hemorrhage or compromise • Uterine activity — irritability, high baseline pressure, or inadequate relaxation may signal placental abruption or worsening condition • Length of gestation — last menstrual period, fundal height • Labs — CBC, blood type, coagulation studies, drug screen 	

Question #	
Based on the "Topic" and "Subtopic," I missed a question about: Antepartum — Rh incompatibility	
<input checked="" type="checkbox"/> 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?)	
<ul style="list-style-type: none"> • Two types of Rh, positive and negative • Rh incompatibility occurs when an Rh- mother carries an Rh+ fetus. Mother's immune system may produce antibodies against fetal red blood cells if exposed. • Prevention — can be prevented by giving RhoGAM @ 28 weeks • RhoGAM prevents the mother's immune system from forming antibodies • Important to test for blood type as early as possible. 	

Question #	Student Name: <u>Ameer Aaron</u>
Based on the "Topic" and "Subtopic," I missed a question about: <u>Antepartum - amniocentesis</u>	
<input checked="" type="checkbox"/>	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?)	
<ul style="list-style-type: none"> • Amniocentesis is typically performed after 14 weeks of pregnancy, when there is enough ^{amniotic} fluid. • It is done for prenatal diagnosis of genetic disorders/congenital anomalies, assessment of fetal lung maturity and fetal hemolytic disease • Rh-negative mother must receive Rho(D) immune globulin or RhGAM to prevent ^{prevent} immunization • Ultrasound Ultrasound should be done to prevent ^{prevent} and monitor risk. • Every woman are offered genetic screening and the option of invasive testing 	

Question #	
Based on the "Topic" and "Subtopic," I missed a question about: <u>Antepartum - Gestational Hypertension</u>	
<input checked="" type="checkbox"/>	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?)	
<ul style="list-style-type: none"> • Gestational hypertension is defined as $> 140/90$ mm Hg - BP • Should be recorded on 2 occasions at least 4 hours apart • Doesn't persist longer than 12 weeks postpartum and usually resolves w/in the first partum ^{partum} week • Can lead to severe preeclampsia • 1/2 of severe preeclampsia - <ul style="list-style-type: none"> proteuria = $2+$/$3+$ BP = $> 160/110$ present pulmonary edema 	

Question #	Student Name: <u>Ameer Horan</u>
Based on the "Topic" and "Subtopic," I missed a question about: <u>Post partum — WBC</u>	
<input 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"> • Types of WBC — neutrophils, eosinophils, basophils, lymphocytes & monocytes • Normal WBC count = 5000 - 9000 mm³ of whole blood • Abnormal → Leukopenia = < 5000, seen in AIDS Leukocytosis = > 10000, seen in most infections • Leukemia is blood cancer of WBC • This can be acute or chronic based on how quickly symptoms appear after the disease begins. 	

Question #	
Based on the "Topic" and "Subtopic," I missed a question about: <u>Postpartum — DIC</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"> • Disseminated intravascular coagulation is a secondary disease complication caused by another condition such as sepsis, trauma, cancer, or obstetric complications • DIC is widespread activation of clotting factors causes microvascular clots • DIC can lead to severe bleeding • Lab abnormalities are hallmark — ↓ platelets prolonged PT & aPTT ↓ fibrinogen • Treatment focuses on underlying issues — treat trigger blood products 	

Question #	Student Name: <u>Amer Horan</u>
Based on the "Topic" and "Subtopic," I missed a question about: <u>Physical changes during pregnancy</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"> • Uterine growth - uterus enlarges significantly to accommodate the growing fetus. • May cause abdominal distention, pressure on the bladder, & back discomfort • Progesterone causes ↑ sensitivity to CO₂ leading to faster breathing and SOB • Slower gastric emptying & relaxation of the esophageal sphincter sphincter can cause heartburn, nausea & constipation • ↑ in kidney filtration and pressure on bladder can lead to polyuria and urinary incontinence. 	

Question #	
Based on the "Topic" and "Subtopic," I missed a question about: <u>Case Study - Gestational Diabetes</u>	
<input 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"> • Diagnosis of LGA baby can support diagnosis of gestational diabetes • S/S of hyperglycemia - poly polydipsia, polyuria, polyphagia, ↑ hunger, HA, flushed skin • Two episodes of acceleration, greater than 15 beats/min for 15 seconds or more of fetal movement in a 20-minute span • Before an amniocentesis, assist the client to the bathroom & ask her to empty her bladder. • An elevated glucose in labor increases the risk of neonatal hypoglycemia 	

Question #

Student Name:

Amer Haron

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

Case Study - 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?)

- Palpate the uterine fundus midline @ the umbilicus
- LPN should be assigned a stable and uncomplicated patients
- Most women w/ gestational diabetes return to normal glucose levels after birth, so insulin is expected to be DC after delivery.
- It is important to use another method of contraception prior to starting the Min Patch.
- Shoulder dystocia can be relieved by doing McRobert's maneuver combined w/ suprapubic pressure

Question #

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

Case Studies - 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?)

- Risk factors of preeclampsia - Nulliparity, family history, preexisting medical or genetic condition + advance maternal age
- Prenatal Blood pressure readings are the most important prenatal record
- Cerebral edema can be the reason for patient's pounding headache + elevated DTRs
- Divertices during pregnancy decreases blood flow to the placenta which can compromise the fetus
- S/s of preeclampsia - dizziness, severe headaches abdominal pain, shortness of breath

Question #	Student Name: <u>Ameer Hasan</u>
Based on the "Topic" and "Subtopic," I missed a question about: <u>Case Studies - Preeclampsia</u>	
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<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"> • Nonstress test evaluates the heart rate of the fetus in response to its own movement • HELLP is a serious complication of preeclampsia • Indicated by decreased hemoglobin + hematocrit w/ burr cells, elevated liver enzymes, + decreased platelets. • Patients w/ HELLP syndrome are priority due to high risk of morbidity + mortality • S/s of HELLP - severe upper right abdominal pain, persistent HA, N/V, blurred vision, swelling of face + hands 	

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Based on the "Topic" and "Subtopic," I missed a question about: <u>Case Studies - Preeclampsia</u>	
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<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"> • Magnesium Sulfate is a central nervous system depressant given to prevent seizures • It is important to monitor urine output to monitor the possibility of magnesium toxicity • Calcium gluconate is the antidote for magnesium sulfate • The person receiving the care/procedure should be the person that signs ^{the} consent - over 18 y/o or other circumstance that allows them to legally sign for themselves • During eclamptic seizures, aspiration is the biggest concern so turn patient to side and make sure side rails are ^{has} padding. 	

Question #	Student Name: <i>Ameer Horan</i>
Based on the "Topic" and "Subtopic," I missed a question about: <i>Case Studies - Cleft lip & Cleft Palate</i>	
<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"> • Insert a gloved finger and palpate the top of the infant's mouth to assess for cleft palate • Sucking reflex, Palates intact, nores patent are signs of cleft palate • Ultrasound screening can detect cleft lip & palate. • Breast milk contains the mother's antibodies which protects infants from viruses & bacteria • Cleft lip repair can be done @ 3 months 	

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