

Question #

Student Name:

Sadie Burrow

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

Disseminated Intravascular Coagulation



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. medical management is finding underlying causes (removal of dead fetus, treatment of preeclampsia, remove abrupted placenta)
2. DIC results in a clinical picture of clotting, bleeding & ischemia
3. Diseases that cause DIC fall into 3 categories (infusion of thromboplastin into circulation, endothelial damage, nonspecific effects)
4. Can cause bleeding from vulnerable areas (IV sites, incisions, gums, nose)
5. Nursing interventions: monitor bleeding, urinary catheter, blood replacements & fluids.

Question #

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

Hypoglycemia (Newborn)



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. newborns at risk that need monitoring are; preterm, late-term, SGA, LGA, low birth wt, infants of diabetic mothers, perinatal stress infants.
2. S/S of hypoglycemia in infants: (jitteriness, lethargy, poor feeding, abnormal cry, hypotonia, hypothermia, resp distress, apnea, seizures)
3. Risk factors: nursing considerations (maternal diabetes, sepsis, shock Perinatal asphyxia)
4. Hypothermia increases glucose requirements, so keep neutral thermal environment.
5. Glucose level less than (20-25 mg/dL) IV glucose is given.

Question #	Student Name:
Based on the "Topic" and "Subtopic," I missed a question about: Cephalhematoma (Newborn)	
<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?)	
<ol style="list-style-type: none"> <li>1. Breakdown of RBCs in hematoma causes increased risk for Jaundice.</li> <li>2. Reabsorbs slowly can take 2 wks - 3 months to completely resolve</li> <li>3. bleeding between periosteum &amp; the skull by pressure during birth.</li> <li>4. Swelling usually not present at birth usually occurs 24-48 hrs.</li> <li>5. Has clear edges that doesn't cross suture lines.</li> </ol>	

Question #	
Based on the "Topic" and "Subtopic," I missed a question about: Head trauma (Newborn)	
<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?)	
<ol style="list-style-type: none"> <li>1. Caput succedaneum is vaguely outlined area of edematous tissue situated over the portion of the scalp that presents during vertex delivery.</li> <li>2. Instrumented delivery (vacuum extraction &amp; forceps delivery) increase risk of subgaleal hemorrhage.</li> <li>3. Early sign of subgaleal hemorrhage is boggy mass that moves when baby is moved.</li> <li>4. Nursing interventions: (subgaleal hemorrhage): head circumference measurements, inspection of neck</li> <li>5. Subgaleal hemorrhage newborns need to be monitored for hemodynamic instability &amp; shock</li> </ol>	

Question #	Student Name: <u>Sadie Burrow</u>
Based on the "Topic" and "Subtopic," I missed a question about: <u>Placenta Previa</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?)	
<ol style="list-style-type: none"> <li>1. Risk factors for placenta previa are cesarean births*, advanced maternal age (35+), multiparity, hx of prior suction curettage, smoking &amp; living at higher altitude.</li> <li>2. fundal height is usually greater than gestational age</li> <li>3. major maternal complication is hemorrhage</li> <li>4. Typically characterized by painless bright red vaginal bleeding</li> <li>5. newborn risks; fetal death* (preterm birth), still birth, malpresentation, &amp; fetal anemia &amp; IUGR</li> </ol>	

Question #	<u>Postpartum</u>
Based on the "Topic" and "Subtopic," I missed a question about: <u>"Prevent Excessive bleeding"</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?)	
<ol style="list-style-type: none"> <li>1. most frequent cause <del>is</del> <sup>is</sup> uterine atony.</li> <li>2. Two most important interventions for preventing excessive bleeding is maintaining good uterine tone &amp; preventing bladder distention</li> <li>3. Perineal pad soaked in 15 min or less &amp; pooling of blood under the buttocks indicates excessive blood loss.</li> <li>4. Blood pressure not good indicator of shock b/c doesn't drop until 30-40% blood loss</li> <li>5. Perform periodic assessments of fundus &amp; lochia! *</li> </ol>	

Question #	Student Name: <u>Sadie Burrow</u>
Based on the "Topic" and "Subtopic," I missed a question about: <u>Nursing Interventions "Post Partum"</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?)	
<ol style="list-style-type: none"> <li>1. Monitor lochia</li> <li>2. Monitor &amp; palpate fundus</li> <li>3. Monitor I &amp; O's</li> <li>4. Monitor VS</li> <li>5. Monitor PP hematology studies</li> </ol>	

Question #	
Based on the "Topic" and "Subtopic," I missed a question about: <u>"Care of Mother" Post Partum</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?)	
<ol style="list-style-type: none"> <li>1. Rising maternal pulse &amp; drop of BP can indicate hypovolemia from excessive blood loss.</li> <li>2. Soft (boggy) uterus = doesn't compress large open vessels, so = hemorrhage.</li> <li>3. Full bladder interferes w/contraction of uterus.</li> <li>4. Assess lochia w/each vital sign &amp; fundal assessment.</li> <li>5. Walk to bathroom w/assistance first *</li> </ol>	

Question #	Student Name: Sadie Burrow
Based on the "Topic" and "Subtopic," I missed a question about: Post Partum "Nursing Interventions"	
<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?)	
<ol style="list-style-type: none"> <li>1. Change pad w/each void &amp; defecation at least 4 times daily</li> <li>2. Ice pack to prevent edema formation first 24 hrs, after 24 hrs it helps provide anesthetic affect.</li> <li>3. Pain from uterine contractions can be helped w/heat Pads &amp; lying prone.</li> <li>4. Cabbage leaves or ice packs can help engorged breasts,</li> <li>5. First time women get out of bed hospital staff need to be present.</li> </ol>	

Question #	
Based on the "Topic" and "Subtopic," I missed a question about: Intrapartum "Preeclampsia"	
<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?)	
<ol style="list-style-type: none"> <li>1. Emergency meds preeclampsia: hydralazine, labetalol, nifedipine, magnesium sulfate, calcium gluconate</li> <li>2. Fetal changes preeclampsia w/severe features: IUGR, abnormal HR, preterm birth, placental abruption.</li> <li>3. Pulmonary complications severe preeclampsia: dyspnea, crackles, pulm. edema, hypoxemia</li> <li>4. Preeclampsia severe symptoms: nausea, severe HA, blurred vision, proteinuria</li> <li>5. Establish baseline data, can let you know if improving (clonus, DTRs).</li> </ol>	