

Question #	Student Name: Juliana Adams Pogoy
Based on the "Topic" and "Subtopic," I missed a question about: Intrapartum care management	
<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"> - SIs that there is prolapsed umbilical cord happening: variable or prolonged decels during contractions, can feel the cord after ROM, and cord can be seen, felt, or protruding from vagina. - An intervention can be inserting two fingers into vagina, putting one finger on either side of the cord or both fingers to one side and put upward pressure against the presenting part to relieve cord compression. - Woman can be in Trendelenburg (extreme) or Sims' position (modified) or knee-chest position to help relieve pressure. - Nurse can loosely wrap the protruding cord from vagina with sterile towel saturated with warm normal saline solution. - Prepare for immediate vaginal birth if fully dilated or cesarean if not. 	

Question #	
Based on the "Topic" and "Subtopic," I missed a question about: Intrapartum therapeutic management	
<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"> - If there is a cord prolapse, we must position the woman's hips higher than her head to shift the presenting part toward diaphragm. Can be done through knee-chest position, trendelenburg, or hips elevated with pillows, side-lying position. - Vaginal elevation of presenting part with a gloved hand is maintained until there is cessation order from physician. - Avoid manipulating cord as much as possible because it can cause cord vessel vasospasm. - Give woman 8-10 L/min of oxygen using face mask to ↑ maternal blood O₂ saturation while waiting for surgery/preparing. - Tocolytic is used to slow down contractions resulting in ↑ placental blood flow and reduction of intermittent pressure of fetus against pelvis and cord. 	

Question #	Student Name:
Based on the "Topic" and "Subtopic," I missed a question about: Pregnancy and HIV	
<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"> - Triple drug antiviral therapy or highly active antiretroviral therapy is the treatment for HIV infected women during pregnancy and is started as soon as first trimester and throughout pregnancy. This is given orally (antiviral therapy). - A major side effect for antiviral therapy is bone marrow suppression. Periodic hematocrit, WBC count, and platelet count should be assessed. - The decision for cesarean birth vs. vaginal birth depends on viral load. Scheduled cesarean birth at 38 weeks gestation is recommended for women with >1000 copies/ml viral load while vaginal is an option for <1000 copies/ml at 36 weeks; has ruptured membranes, or declined cesarean delivery. - IV zidovudine is recommended during intrapartum except for those with low viral load. It is administered 3 hrs before birth until baby is born. - There is ↑ risk for PP UTI, vaginitis, PP endometritis, and poor wound healing for immunosuppressed women with HIV symptoms. 	

Question #	
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"> - Dependent edema is edema of the lowest or most dependent part of the body. If pregnant woman walks it's seen at the feet and ankles. If confined to bed then it's seen at her sacral region. - DTR's reflect the balance between cerebral cortex and spinal cord and is used as baseline to detect changes. Biceps and patellar reflexes are assessed. - The examiner strikes a downward blow over the thumb which is over the biceps tendon to assess biceps reflex. Normal response would be flexion of the arm at elbow, described as 2+ response. With patellar reflex, the patellar tendon is tapped and the normal response would be extension of the leg. - To assess clonus at ankle joint, the examiner dorsiflexes the foot and maintains the position. Once released, an abnormal response would show jerks when in dorsiflexion and plantar-flexed position. - Proteinuria can be assessed using a 24-hr urine collection and dipstick measurement of at least 1+ on two occasions. 	

Question #	Student Name:
Based on the "Topic" and "Subtopic," I missed a question about: Intrapartum care	
<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"> - Maternal intrapartum care includes continuous FHR and contraction monitoring, signs of placental abruption (tense, tender uterus), central nervous, cardiovascular, pulmonary, hepatic, and renal assessment. VS is also monitored. - S/S of preeclampsia with severe features: nausea, upper right quadrant or epigastric pain, blurred vision, HA unresponsive to treatment, HTN, proteinuria, seizure activity, abnormal lab results (low platelet count, elevated liver enzymes, elevated creatinine) - When administering magnesium sulfate, prepare calcium gluconate or calcium chloride in case of magnesium sulfate toxicity. - S/S of decreased tissue perfusion: HA, blurred vision, HTN, oliguria, ↑ creatinine level, ↑ plasma uric acid level, ↓ uteroplacental perfusion. - Emergency meds for preeclampsia: hydralazine, labetalol, nifedipine, magnesium sulfate, calcium gluconate or chloride. 	

Question #	
Based on the "Topic" and "Subtopic," I missed a question about: Maternity PP WBC count	
<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"> - WBC protects the body from cancer cells and microorganisms that invade our body. - Normal total WBC range: 5000-9000 - Differential WBC count is more accurate in showing the total number of different types of WBC in a blood sample. It shows as a percentage for different types of WBC from the total WBC count. - AIDS is a disease that is characterized by marked leukopenia which is a low WBC count (<5000) - Types of granulocytes: neutrophils, eosinophils, basophils - Types of agranulocytes: monocytes, lymphocytes, - Normal leukocytosis in pregnancy is 5000-15000 and may rise to 30000 during and after labor. Leukocytosis with ↑ erythrocyte sedimentation rate can obscure diagnosis of acute infection. 	

Question #	Student Name:
Based on the "Topic" and "Subtopic," I missed a question about: DIC pathophysiology	
<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"> - DIC is a result of abnormally widespread and ongoing activation of clotting in small and midsize vessels which can lead to ischemia, microvascular thrombotic obstruction, and organ failure. - DIC involves both clotting and bleeding because of simultaneous procoagulant activation, fibrinolytic activation, and consumption of platelets and coagulation factors. - Conditions associated with DIC: malignancy, infections, pregnancy complications, severe trauma, liver disease, intravascular hemolysis, medical devices, hypoxia and low blood flow states, vascular disorders. - Women with DIC is at risk for hemorrhage. - Clotting activation can lead to other inflammatory pathway activation which contributes to ↑ vascular permeability, hypotension, and shock. 	

Question #	
Based on the "Topic" and "Subtopic," I missed a question about: DIC	
<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"> - DIC is a pathologic form of clotting that causes widespread external bleeding, internal bleeding, or both, and clotting. - DIC physical findings: spontaneous bleeding from gums, nose; oozing, excessive bleeding from venipuncture site, IV site, or urinary cath insertion site; petechiae, other signs of bruising, hematuria, GI bleeding, tachycardia, diaphoresis. - DIC lab results: ↓ platelets, fibrinogen, factor V (proaccelerin), factor VIII (antihemolytic factor); prolonged prothrombin time, partial prothrombin time; ↑ fibrin degradation products, d-dimer test; fragmented RBC for red blood smear. - Medical management involves correcting underlying cause, volume expansion, rapid replacement of blood products and clotting factors, O₂, normal body temp, reassess labs. - Nursing interventions include assessing signs of bleeding, fluid or blood replacement admin, protection from injury, monitoring urinary output w/ indwelling catheter, VS, continuous EFM if before birth, side lying tilt position, O₂ w/ nonrebreather mask 	

Question #	Student Name:
Based on the "Topic" and "Subtopic," I missed a question about: Preventing excessive bleeding	
<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"> - PP excessive bleeding is frequently caused by uterine atony and can be prevented by maintaining good uterine tone and preventing bladder distention. - Excessive bleeding can also be caused by vaginal or vulvar hematoma or unrepaired laceration of vagina or cervix. This is suspected if there's bleeding & firmly contracted uterus. - Must check perineal pad and under mother's buttock to prevent undetected bleeding. - Blood loss can be assessed on perineal pad and is described as scant, light, moderate, or heavy based on pad saturation. - Respirations, pulse, skin condition, urinary output, and LOC should be assessed to identify hypovolemic shock. - S/S of excessive bleeding: persistent significant bleeding, feeling weak or lightheaded, anxious or exhibits air hunger, ash or grayish skin color, cool & clammy skin, ↑ pulse rate, ↓ BP. 	

Question #	
Based on the "Topic" and "Subtopic," I missed a question about: PP care of mother	
<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"> - Important assessments for PP hemorrhage: VS, fundus, bladder, lochia, perineal and labial areas. - An early sign for excessive blood loss regarding VS would be ↑ pulse rate. A late sign would be ↓ BP, this is the late sign for hypovolemia. - Uterus not contracting firmly is one reason for excessive bleeding. It should be firm, midline, and below umbilicus. Nipple stimulation and oxytocin helps contraction. - A full bladder interferes w/ contraction and may lead to hemorrhage. A sign would be fundus above umbilicus or displaced to the side, usually the right. - Observe perineal and labial areas for hematoma. Large and rapidly expanding hematoma may cause tissue enlargement, bluish color, and pain. 	

Question #	Student Name:
Based on the "Topic" and "Subtopic," I missed a question about: PP Nursing interventions	
<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"> - Clean environment is important to prevent infection. - Staff members with cold, cough, infection, strep throat, etc. must follow hospital protocol or encouraged to avoid contact with mothers and infants. - Proper perineal care helps prevent infection in GV area and aids in healing process. - Education about perineal care such as wiping front to back, using squeeze bottle filled w/ warm water to clean perineal area, washing hands before & after, etc. - Interventions for episiotomy, laceration, and hemorrhoids: cleansing, ice pack, squeeze bottle, sitz bath, topical applications. 	

Question #	
Based on the "Topic" and "Subtopic," I missed a question about: PP Nursing interventions	
<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"> - Breastfeeding aids in contracting the uterus and preventing hemorrhage. - Lactation suppression is necessary for non-breastfeeding women. They should wear well-fitted support bra continuously for at least first 72 hrs, avoid breast stimulation. They also experience severe breast engorgement. - Application of ice packs help decrease discomfort with engorgement. - Cabbage leaves help relieve engorgement. With ^{formula} breastfeeding mothers, they are told to put fresh green cabbage over breast and replace when wilted. - Mild analgesic or anti-inflammatory meds can reduce discomfort w/ engorgement. 	

Question # Student Name: Juliana Adams Pogoy

Based on the "Topic" and "Subtopic," I missed a question about:
Maternity / adaptations to 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?)

- Enlarging uterus lifts diaphragm by 4 cm by 3rd trimester which would decrease the total lung capacity by 5%.
- Ligaments of rib cage relax because of progesterone, allowing ↑ in chest expansion. This would cause chest breathing to replace abdominal breathing.
- There is ↑ O₂ consumption during pregnancy to support the needs of the fetus, placenta, and changes in maternal organs.
- Because of rise in uterus, woman's body compensates by flaring her rib cage which ↑ circumference of chest. Dyspnea occurs until there is lightening. This relieves upward pressure on diaphragm.
- There is edema in MM, nose, pharynx, mouth, & trachea because of ↑ estrogen level. This causes nasal stuffiness, epistaxis, and change in voice. Something similar occurs in ears, causing sense of fullness or earaches.

Question #

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

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?)

- Most common way for prolapsed cord is ROM. Gravity washes the cord in front of presenting part. This also happens if presenting part doesn't fit snugly into lower uterine segment and there's ROM. It also happens when there's amniotomy.
- Immediate action is needed because it can cause fetal hypoxia from prolonged cord compression which can result in CNS damage or fetal death.
- Relief of pressure can be done by putting a sterile gloved hand into vagina and holding presenting part off the cord. The woman can also be in modified Sims, Trendelenburg, or knee chest position.
- S/S: abnormal FHR & pattern, inadequate uterine ^{relaxation} contraction, bleeding, feeling the cord after membrane rupture, cord can be seen, felt, or protruding from vagina.
- Forceps or vacuum assisted birth can be done if fetus is in cephalic presentation and cervix is fully dilated. If not, they are more likely to do cesarean birth.

Question #	Student Name:
Based on the "Topic" and "Subtopic," I missed a question about: PP Nursing interventions	
<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"> - Women must not get pregnant 28 days after rubella and varicella vaccination because of possible teratogenic risk to fetus. - Rubella virus is not communicable in breast milk but must caution w/ families who are immunocompromised. - Varicella vaccine is administered before discharge and 2nd dose at PP follow-up visit in 4-8 weeks after 1st dose. - Tdap is for women who are not immunized ^{vaccinated}. It is used to ↓ risk of pertussis. - Rh immune globulin is given within 72 hrs after birth to prevent sensitization. 	

Question #	
Based on the "Topic" and "Subtopic," I missed a question about:	
<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>	