5 packets

Question # 1	Student Name: Jasmine Abalos

Based on the "Topic" and "Subtopic," I missed a question about:
Intrapartum - Labor & Meds

☑ **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?)

- Mag. Sulfate used for preeclampsia as CNS depressant to relax Uterus & reduce vasoconstriction = ↓BP = ↑ circulation to mom & baby
- Mg Sulfate also used to prevent seizures, ↓ freq/intensity of contractions & improving diuresis, but monitor BP, RR, DTR & UO!
- Transition phase is short & intense, contractions are strong, can be 1.5-2min apart, lasting 60-90sec, avg 3.6hrs in multipara
- Counterpressure against sacrum over occiput of fetus head in posterior position helps w pain relief, also double hip or knee squeezes
- Complications of labor signs: IUP >80 or resting >20, UC ≥90sec, >5 UC in 10min & relaxation <30sec

Question # 2	Jasmine Abalos

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

☑ **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?)

- Mastitis prevention: correct infant positioning, avoid nipple trauma & milk stasis (should feed q2-3hrs), change nursing pads once wet (no plastic layer), avoid continuous pressure (bras)
- Tx Mastitis w moist heat, abx, completely empty @ each feeding, if sore express milk/use pump to empty breasts, start on unaffected breast & massage affected one
- abscess tx w surgical drainage + abx, if ruptured into milk ducts, feeding on that side dc temporarily & pump used to empty
- If breast isn't completely emptied @ each feeding, stasis of milk can occur & lead to abscess
- Stopping breastfeeding during Mastitis can lead to engorgement & stasis => abscess formation & recurrent Mtx

Question # 3	Student Name: Jasmine Abalos

Based on the "Topic" and "Subtopic," I missed a question about:
Adaptations to Pregnancy - Breathing & Edema

☑ **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?)

- Breathing becomes more thoracic than abd (=dyspnea) as enlarging uterus lifts diaphragm, lung capacity ↓, & ribs flare / thoracic circum. ↑
- Preg woman breathes deeper but RR ↑ slightly (↑O2/CO2 exchange), dyspnea occurs till fetus descends into pelvis (lightening)
- ↑ estrogen = edema of mucus membranes in nose, mouth & trachea ⇒ nasal stuffiness, nose bleeds (epistaxis), voice changes, fullness / earaches
- Ligaments of rib cage relax due to progesterone = ↑ chest expansion (little change in total lung capacity)
- Thoracic breathing accomplished by diaphragm rather than costal muscles since its harder for diaphragm to descend w inspiration

Question # 4	Jasmine Abalos

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

☑ **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?)

- GCT @ 24-28wks to low & high risk antepartum, OGTT for high risk GDM, OGTT is gold standard for dx diabetes! but must fast & get BG @ 1, 2, 3 hrs
- GDM not associated w ↑ risk of ketoacidosis / spontaneous abortion since it develops after 1st trimester
- Less insulin in 1st trim (due to ↑ NV), more insulin in 2nd & 3rd trim because of placental hormones, then requirements dropped after birth
- NST, contraction stress tests, BPP, kick counts & ultrasounds are recommended to monitor fetal condition especially if GDM
- poorly controlled GDM in 3rd trim. associated w morbidity, macrosomia, birth injury / C sect, neonatal hypoglycemia, hypocalcemia, ↑ bili, resp distress

Question # 5	Student Name: Jasmine Abalos

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?)

- fam hx, preexisting medical/genetic condition, nulliparity, + advanced age are risk factors to preeclampsia
- preeclampsia develops after 20wks, TBP, blurred vision + proteinuria are dx measurements, but generalized edema also common
- have pt in (L) lateral position when taking BP (↑ placental perfusion)
- HELLP syndrome = hemolysis evidenced by burr cells / ↑bili, ↑ liver enzymes evidenced by ↑AST/ALT, ↓ PH
- Mg sulfate used for preeclampsia pt to prevent seizures, but after delivery can pt @ risk for postpartum hemorrhage even though oxytocin also infusing, so tx w Carboprost Tromethamine

Question #	

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

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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?)