

Breanna Allen

Based on the essential packet name and excerpts, I missed a question about

Caput Succedaneum

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?)

- A Caput succedaneum is generalized edematous of the scalp caused by vertex presentation due to pressure at the cervix
- One of the most commonly observed scalp lesions
- This will usually resolve in a few days
- If the vacuum method used it can cause this also.
- Very important to perform head assessment to see if this is present & document

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Breast Feeding

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?)

- Proper way for baby to latch
 - Baby should have as much of the areola as possible
- Signs of effective feeding
 - mom feels firm tugging sensation on nipple, but no pinching or pain
 - baby is sucking & cheeks rounded, not dimpled
 - jaw glides smoothly & sucking
 - audible swallowing
- Signs of ineffective breastfeeding (Defining Characteristics)
 - Actual / Perceived inadequate milk ~~in~~ supply (mom)
 - if arching & crying (baby not getting milk)
 - can't latch or suckling
 - breasts are still full
 - stressful process
- Assessment of breast & mom feeding baby (very important)
- A education - teach mom how to detach baby (insert proper)

Baby should void ^{16 BM} at least 2-3 times in 24 hrs
- shouldn't lose more than 10% of wt within 1st week
- check baby's ability to suck

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Amniotic fluid

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?)

- Membranes may rupture spontaneously any time during labor, but normally in transition phase
- Can be ruptured artificially, but not encouraged if no medical reason (may cause mom more pain/pressure)
- Must ~~note~~ & document - time of rupture, FHR before & after rupture, the color, estimated amount and any odor (this helps not delay/mom rise of infection or determine infection.)
- Rupture can result in prolapsed umbilical cord
- Monitor FHR several min after immediate ROM
- Description of the amount of amniotic fluid
- large = >1,000 mL; moderate = 500 to 1000 mL &
- scant = only a nurse barely able to detect
- * Very important to recognize what colors mean infection

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Intrapartum (Chorioamnionitis)

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?)

- Very serious bacterial infection of the amniotic cavity that can cause complications for mom & baby.
- Usually diagnosed by maternal fever & both mom & fetal heart rate, uterine tenderness, and purulent amniotic fluid
- Most risk factors are associated to long labor
- Often lead to C-sections
- Prompt treatment \bar{c} IV broad-spectrum abx, & Birth of baby is a must
- (Be sure to monitor moms vitals especially if she mentions fever or thrumping.)

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Labor Support

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?)

- Supportive nursing care - helps mom maintain control,
- Acknowledge mom's efforts, & encourage her also acknowledge the partner
- Protect mom's privacy, modesty & dignity
- It's our job to advocate for her to have the labor experience she wants as much as possible
- Inquire about her wishes & relay them to doctor, partner & anyone else that needs to know.
- Latent Phase - Take this time to teach mom breathing techniques, & create and maintain a calm environment for mom during labor. This is a good time to demonstrate to partner how to support mom.

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Therapeutic Management (prolapsed umbilical cord)

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?)

- If fetal death has occurred main focus is on the best care for the mom.
- Priority is to relieve pressure on the cord (this improves blood flow)
- Position the hips higher than head to shift the fetal presenting part toward diaphragm
 - Use knee-chest, Trendelenburg, or elevated hips & pillow on side lying position.
- Initiate IUR
- Remember to have NICU paged along with the delivery doctor.
- Know how to explain each step to the laboring mother to help with her anxiety & fears
- Document how long ROM occurred (the longer the higher risk of infection).

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Post Partum (Vitals) • Take Q4h for the first 24 hours

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?)

- Temp will be ~~can~~ be elevated to 100.4 in 1st 24hr after birth
- If ≤ 100.4 after 1st 24 hours & recurs or persists for 2 days, may be another cause
- Pulse will remain elevated to first hour after birth. It will gradually decrease over 48 hours postpartum.
- * If continuing to increase could be a sign of hemorrhage.
- BP - may take weeks or months to return to normal pre pregnancy.
- * If BP $> 140/90$ on 2 occasions at least 6 hours apart = sign of preeclampsia
- Respiration can be depressed from the spinal tap (use caution & other CNS depressants)

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Post Partum assessment

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?)

- Breast
- Uterus
- Bladder
- Bowels
- * All checks - amount, color, odor (provide Pt education)
- Episiorrhy
- Homans sign
- Emotions
- Bradycardia
- Assess vitals Q4
- * Check if Pt has had headache, blurred vision (signs of eclampsia)
- * follow up to Pt after to check if more bleed after assessment

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Post Partum Fundus Assessment

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?)

- Place Pt in supine position
- Fundus should be firm & contracted at or near umbilicus
- If vaginal nurse can gently massage (this stimulates contraction of uterus)
- When massaging be sure to place hand at the pubic symphysis to anchor uterus (keeps uterus turning inside out)
- If fundus to the right have Pt empty bladder
- * Prior to massaging put on gloves and check lochia (amount, color, & odor)
- * If massage was needed document firm & massage

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Antepartum Multifetal Pregnancies

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?)

- More common in older women, African American women, family Hx of multifetal pregnancies or if used IVF therapy
- Fundal Ht is often 4cm larger than expected
- Respiratory issues due to elevated diaphragm and more uterine pressure
- Require more frequent antepartum visits
Ultrasounds needed q 4-6 weeks starting at 24 weeks gestation
- * Moms are at higher risk of HTN, preterm labor, Placental abruption, Placenta Previa, gestational diabetes, congenital anomalies, low birth weight & hemorrhage.
- * Very important to assess emotions

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Antepartum Fetal Assessment

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(What is most important for you to remember as you prepare for the NCLEX and future patient care?)

- Fetal gestational age determined from menstrual hx, contraceptive history, pregnancy test
- Will measure fundus also to determine gestational age.
- Miscarriage usually occurs between 12 & 20 ~~months~~ weeks of gestation
- Early in pregnancy FHT detected by ultrasound & later in 1st trimester the heart can be heard & a doppler
- Consider fetal movement; Check the fundal height. *This can aid in identifying risk factors (can alert of IUGR)

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Analyzing Cues

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?)

- Examine relevant data that's unexpected
- Determine Pt conditions that line up with these findings.
- Question what these findings mean; think of what's happening to the Pt; & evaluate if these cues support or oppose Pt condition
- Determine if any other information from the clinical situation helps establish significance of the findings.
- Cognitive skill Analyze cues is required to ensure safe effective Pt care planning.

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Recognize Cues

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?)

- Being observant & recognizing findings whether subjective or objective allow you to form what our nursing priority needs to be

- To determine if the findings are relevant first find out the Pt. normal baseline.

- Determine what is the expected if the findings are expected it's probably not relevant

- Whatever is unusual (unexpected) needs follow up & determine what's an immediate concern

* Recognizing these cues are crucial to being a nurse.

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Generate Solutions

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?)

- Consider the patient's problem based on evaluation

- Consider what Pt outcome data shows improvement

- Determine what interventions would need to be implemented to help attain the expected Pt outcome

- * Determine patient's mental state & ability to work towards this outcome

- * Be sure to evaluate Pt baseline & make goal attainable

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Take Action

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?)

- Cognitive skill must have clinical knowledge to generate solutions, determine necessary actions, meet goals understand why actions needed, & Be able to implement.
- Ask myself what will I do? Why do I need to do this? What support do I need? and How do I accomplish this?
- Know which actions are appropriate & needed to address #highest priority of care.
- Then determine how to perform these actions for the best pt out come
- *Must be able to cognitively think & implement my clinical skills in a priority need.

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