

→ **Management of care**

- ◆ Establishing priorities: Medical condition: Priority Antepartum Client for Assessment
 - The optimal blood glucose during pregnancy is 60-99 mg/dL
 - The oral glucose test is performed during 24-29 weeks of gestation.
 - Severe preeclampsia is defined as a blood pressure of 160/110 and proteinuria greater than 3+, oliguria and cerebral disturbances

→ **Health promotion and maintenance**

- ◆ Ante/intra/postpartum and Newborn Care
 - Expected Physiological Changes During pregnancy: Calculating Estimate Date of Delivery
 - Negele's rule determines the client's delivery date.
 - To determine the client's delivery date, you take the first day of the clients last menstrual cycle, subtract 3 months, and then add 7 days and 1 year.
 - The fundal height should measure plus or minus 2 of the gestational weeks.
 - Expected Physiological Changes During pregnancy: Calculating Estimate Date of Delivery
 - Probable signs of pregnancy are physical changes of the uterus which can include abdominal enlargement, Braxton hick's contraction, positive pregnancy test, and fetal outline.
 - Presumptive signs of pregnancy include amenorrhea, fatigue, breast changes, quickening, and uterine enlargement.
- ◆ Health Promotion/Disease Prevention
 - Postpartum Disorder: Identifying Risk Factor for Developing Postpartum Infection
 - A fever of 38C (100.4F) after the first 24H of postpartum is indicative of a postpartum infection.
 - Mastitis is an infection of the breast, which is a painful, tender, redness occurring usually on one breast.
 - Uterine tenderness and enlargement with dark, profuse, foul-smelling lochia is indicative of endometriosis.
- ◆ Health screening: Nursing Care Newborns: Performing a Heel Stick
 - The newborn must have had a capillary heel stick 24H after birth, preferable after they received formal or breast milk.
 - The newborn's heel must be warmed prior to heel stick puncture.
 - A spring-activated lancet must be used and dry gauze with an adhesive bandage to stop the bleeding.

→ **Psychological Integrity**

- ◆ Grief and Loss: Grief, Loss and Palliative Care: Caring for a Client After a Stillbirth

- The nurse should avoid offering false reassurance, giving advice, changing the subject, and taking the focus away from the grieving individual.
- The nurse should name the emotion that the client is feeling.
- The nurse should support efforts to move on in the face of loss.

→ **Basic care and comfort**

◆ Non-pharmacological Comfort Interventions: Pain Management: Nursing Action to Reduce Pain

- The gate control theory states that the brain's perception and sensation of pain can be inhibited when alternate signals travel through the pathway at the same time and the pain signals can be blocked.
- Aromatherapy, breathing techniques, imagery, music, lighting, and focal points are based on gate-control theories and provide pain relief.
- Therapeutic touch (massages), effleurage, sacral counterpressure, acupuncture are cutaneous stimulation strategies to relieve pain.

◆ Nutrition and Oral Hydration: Sources of Nutrition: Teaching a Client about High-Calcium Food

- Major sources of calcium are dairy, broccoli, kale, and fortified grains.
- Manifestations of decreased calcium are tetany, positive Chvostek's and Trousseau's signs, and ECG changes.
- Manifestations of excess calcium are constipation, renal stones, lethargy, and depressed deep-tendon reflexes.

→ **Pharmacological and parenteral therapies**

◆ Medication Administration: Prenatal Care: Immunization for a Client Who is at 30 Weeks of Gestation

- Pregnant women are tested for group B streptococcus (GBS) between 35-37 weeks.
- Pregnant women have the indirect Coombs test done between 24-28 weeks.
- The one-hour glucose tolerance test is done for 24-28 weeks.

→ **Reduction of risk potential**

◆ Diagnostic Test

- Assessment of fetal Well-Being: Reviewing Results of Nonstress Test
 - The nonstress test is performed during the third semester allowing the nurse to assess fetal heart rate in relationship to fetal movement.
 - The client must push the button attached to monitor when they feel fetal movement.
 - The nonstress test observes the fetal heart rate, uterine contractions, and fetal activity.

- Complication Related to the labor process: Identifying Prolonged decelerations
 - Prolonged deceleration can occur due to fetal hypoxia.
 - Prolonged deceleration is defined as 15 beats decreased from the baseline.
 - The Nurse should reposition the client in a knee-chest position, trendelburg, or side lying position.

◆ Laboratory Values

- Newborn Assessment: Laboratory Finding to Report
 - The normal respiration rate is 30-60 breaths per minute and a heart rate of 110-160 beats per minute, and the normal temperature between 36.5-37.5C.
 - The newborn should have a bilirubin level of 2-6 mg/dL in the first 24 H of the birth and 6-7 mg/dL at 48H.
 - The newborn should have glucose level of 40-60 mg/dL.

◆ Therapeutic Procedures

- Assessment of fetal well-being: Education About Abdominal Ultrasound
 - The client should have a full bladder during an abdominal ultrasound.
 - The nurse should advise the client to drink 1 quart of water prior to the procedure.
 - The client should be in a supine position with a pillow under their head and knees.
- Nursing Care and Discharge teaching: Education for Plastibell Circumcision
 - Newborns should have 6 or more wet diapers a day.
 - The newborn should be placed in supine position during sleep.
 - Sponge Baths are given to the newborn until the cord falls off, which usually occurs at 10-14 days.
- Postpartum Physiological Adaptations: Priority Postpartum Assessment for Client Following Epidural Analgesia
 - Oxytocin and misoprostol can cause hypotension.
 - Methylergonovine, can cause hypertension.
 - Educate the client to sit up prior to standing up.

→ **Psychological adaptation**

◆ Alterations in Body Systems

- Assessment and management of newborn Complication: Planning Phototherapy
 - Physiological jaundice occurs 24 after birth. Pathological jaundice occurs within 24H of birth
 - The nurse should avoid applying lotions or ointments during physiotherapy.

- The newborn should have Q4H removed during phototherapy.
- Infection: Planning Care for a client Who Has HIV
 - A client with HIV should not breastfeed their baby.
 - The infant should be bathed before remaining with the mother.
 - Encourage immunization to the client.
- ◆ Fluid and Electrolyte Imbalance
 - Oxygen and Inhalation Therapy: need for Suctioning
 - The expected SaO2 for a newborn is between 90%-92%.
 - The nurse should consider using suction if there is a decrease in saO2, tachypnea, tachycardia, and the absence of spontaneous cough.
 - The newborn should be placed in a high-fowlers, or flowers position.
- ◆ Unexpected Response to Therapies
 - Pain Management: responding to Hypotension Following Epidural Anesthesia
 - If hypotension occurs during epidural anesthesia IV fluid bolus should be administered.
 - The client should be placed in a side-lying position to combat hypotension.
 - The client may be administered IV pressors, positioned laterally, and increased the rate of IV fluid to combat hypotension.
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Proctored Assessment: RN Maternal Newborn 2019

Individual Performance Profile

ADJUSTED INDIVIDUAL TOTAL SCORE
66.7%

TIMS SPENT
4219

Individual Name: Aleisa Gutierrez
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 Program Type: BSN
 Test Completed Date: 12/9/2021
 # of Points: 60 Attempt: 1

Focused Review Progress
 View missed topics and launch study materials below.
 Last accessed: 12/10/2021 Time spent: 03:07:18

Proficiency Level	Mean		Percentile Rank	
	National	Program	National	Program
Level 2	66.6%	67.2%	50	47

Individual Performance in the Major Content Areas

Content Area	Topics to Review	Total # Points	MEAN		PERCENTILE RANK		Individual Score
			National	Program	National	Program	
Management of Care	1	2	n/a	n/a	n/a	n/a	50.0%

FOCUSSED REVIEW >