

### I Safety and infection control

1. Quieting techniques: swaddling, close skin contact, nonnutritive sucking with pacifier, rhythmic noises, movement like swing, placing a newborn on the stomach, eye contact, and stimulation.
2. Crying education: Newborn cry when they are hunger, overstimulated, wet, cold, hot, tired, and bored. Do not feed newborn every time they cry. Newborn often have fussy time of day when they cry for no reason.
3. Sleep-wake cycle: Newborn sleep approximately 16 to 19 hours a day with period of wakefulness gradually increasing. Many parents believe that adding solid food to the newborn's diet will help with sleep patterns. During the first 6 months of life, it is recommended to breastfeed the newborn. Most newborn sleep through the night without a feeding by 4 to 5 months.

### II Health promotion and maintenance

#### Labor and delivery process:

1. Physiologic changes preceding labor signs are backache, weight loss, lightening, contraction, increased bloody show, energy burst, gastrointestinal changes, cervical ripening, and rupture of the membranes.
2. There are five factors that affect labor, including passenger, passageway, powers, position, and psychological response.
3. After birth nurse need to assess maternal vital signs, fundus, lochia, perineum, urinary output, and maternal/newborn baby-friendly activities.

### III Psychosocial integrity

#### Palliative care:

1. The goal of palliative care is to live fully with an incurable condition. Palliative care improves the quality of life of clients and their families facing end-of-life issues. The care focus on the dying person and the family members who are grieving. Palliative care focus on relieving pain, meet spiritual, emotional, and psychosocial needs. Hospice care focus on client who are not expected to live for more than 6 months.
2. Nursing intervention is to promote continuity of care and communication by limiting assigned staff changes. Assist the patient and family to set priorities for the end-of-life.
3. Nursing action including administering medication, repositioning the patient to maintain airway patency, comfort, and skin integrity. Encourage independency, if possible, promote decision making in food, activities, and health care.

### IV Basic care and comfort

#### Postpartum physiological adaptations

1. Physiological changes consist of urinary involution; lochia flow, cervical involution, decrease in vaginal distention, alteration in ovarian function and menstruation; and cardiovascular, urinary tract, breast, and gastrointestinal; tract changes.
2. The major risk during postpartum such as shock, hemorrhage, and infection.
3. Nurses need to assess lochia, episiotomy, bladder, bowel, uterus, and breast, vital signs, and teach the client about breast feeding, self and newborn care during postpartum period.

#### V Pharmacological and parenteral therapies

##### Infertility:

1. Complications of infertility are ectopic pregnancy, occurs when ovum implants in the fallopian tube or abdominal cavity. Ectopic pregnancy can result in fallopian tube rupture. Another complication is multiple gestation, which poses a risk for the mother and the babies.
2. Nursing interventions are to encourage the couple to express and discuss their feeling. Explain the role of genetic counselor, reproductive specialist, geneticist, pharmacist specialist. Monitor for adverse effect of the medication. Provide information about assisted reproductive therapies and make referral to grief and infertility support group.
3. Therapeutic procedure including nutritional and dietary changes, exercise, yoga, and stress management, herbal medications, only if prescribed, acupuncture, avoid high scrotal temperatures.

#### VI Reduction of risk potential

##### Newborn assessment:

1. Newborn physical assessment includes APGAR score, which consist of heart rate, respiration rate, muscle tone, reflex, and color.
2. Equipment needs to perform a newborn assessment are bulb syringe, stethoscope with a pediatric heart, axillary thermometer, blood pressure cuff, scale, tape, and clean clothes.
3. Some reflex to assess in newborn are sucking and rooting, plantar grasp, palmar grasp, Moro, tonic neck, and Babinski.

#### VII Physiological adaptation

##### Pain management:

1. Pain assessment includes anxiety, fear, level, quality, frequency, duration, intensity, and location of pain through verbal and nonverbal cues.
2. Non pharmacologic pain management are aromatherapy, breathing techniques, imagery, music, use of focal points, and subdued lighting.
3. Pharmacological method such as analgesia, opioid, sedatives, metoclopramide, and epidural analgesia.

Score Explanation

<b>ADJUSTED INDIVIDUAL TOTAL SCORE</b>  <b>63.3%</b>	<b>Individual Name:</b> christine nlandu <b>Student Number:</b> NL1691469 <b>Institution:</b> Lakeview CON <b>Program Type:</b> BSN	<b>Focused Review Progress</b> View missed topics and launch study materials below. <b>Last accessed:</b> 12/11/2021 <b>Time spent:</b> 03:31:14
	<b>TIME SPENT</b> <b>52:54</b>	<b>Test Completed Date:</b> 12/9/2021 <b># of Points:</b> 60 <b>Attempt:</b> 1

Proficiency Level	Mean		Percentile Rank	
Level 1	National 66.6%	Program 67.2%	National 39	Program 37

Individual Performance in the Major Content Areas Show all topics to review  OFF

Content Area	Topics to Review	Total # Points	MEAN		PERCENTILE RANK		Individual Score
			National	Program	National	Program	
Management of Care	0	2	n/a	n/a	n/a	n/a	 100.0%
+ Safety and Infection Control	1	3	n/a	n/a	n/a	n/a	 66.7% <span style="background-color: #90EE90; padding: 2px;">FOCUSED REVIEW &gt;</span> Last Accessed: 12/11/2021