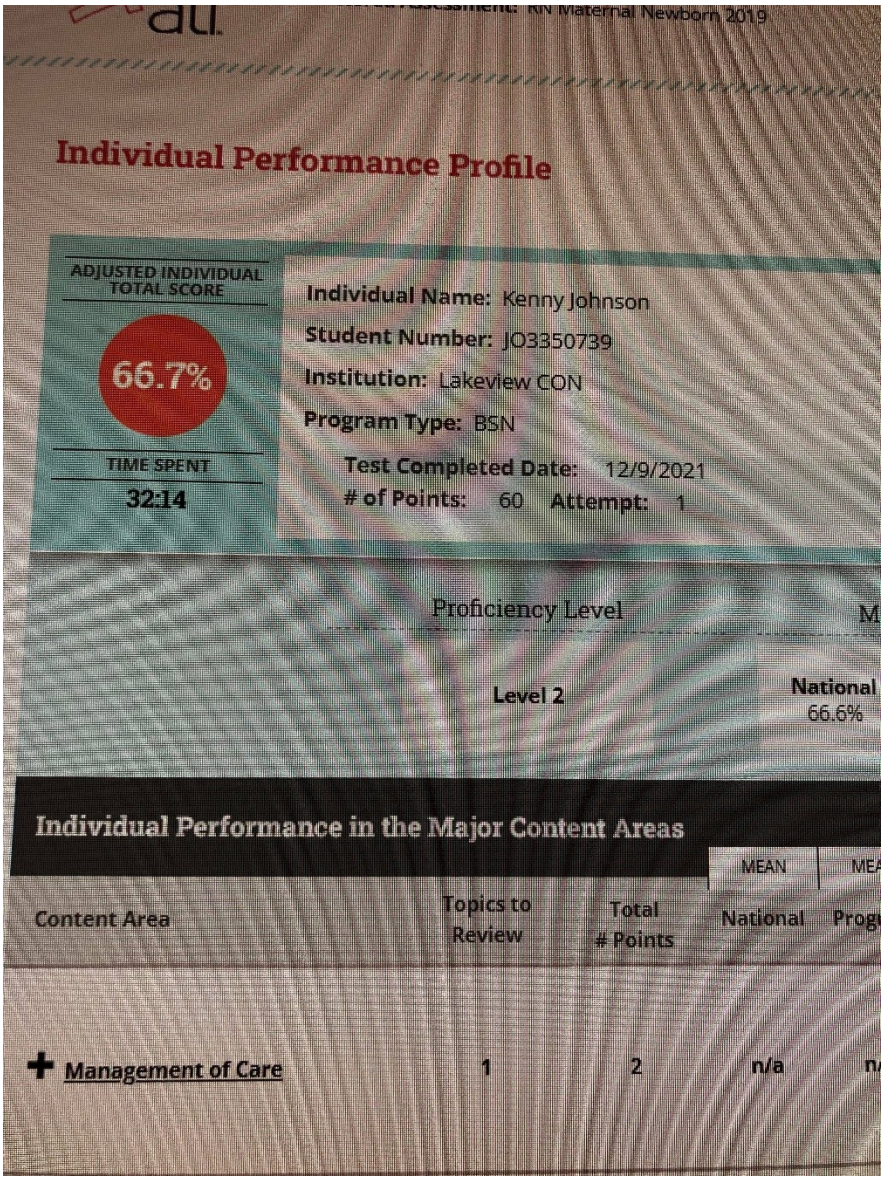


RN Maternal Newborn 2019

Individual Performance Profile

ADJUSTED INDIVIDUAL TOTAL SCORE

66.7%

TIME SPENT

32:14

Individual Name: Kenny Johnson
Student Number: JO3350739
Institution: Lakeview CON
Program Type: BSN
Test Completed Date: 12/9/2021
# of Points: 60 **Attempt:** 1

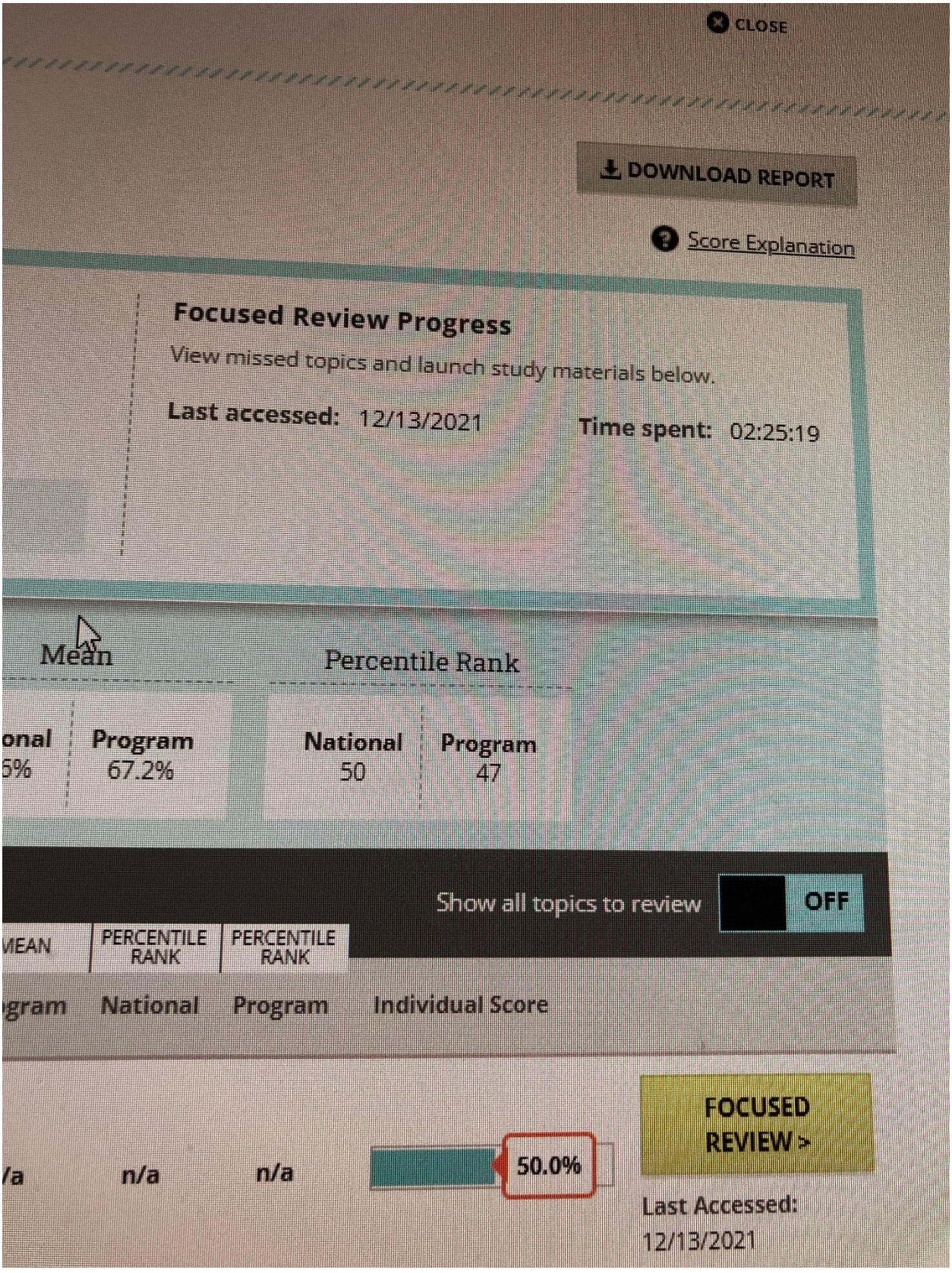
Proficiency Level

Level 2

National
66.6%

Individual Performance in the Major Content Areas

Content Area	Topics to Review	Total # Points	MEAN National
+ Management of Care	1	2	n/a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Medical conditions: Priority finding that requires further assessment

- **Shallow respirations**
- **Clammy pale skin**
- **Rapid pulse**

Medical conditions: Evaluations of third trimester complications for priority intervention

- **NPO until vomiting stops for pt with hyperemesis gravidarum**
- **Give LR for hydration**
- **Monitor vital signs**

Infections: Planning care for a client who has HIV

- **Decrease transmission to child through ART or HAART therapy as prescribed**
- **Vaginal birth can be an option for pt who has viral load less than 1000 copies/ml at 36 weeks gestation**
- **Infant should be bathed after birth before remaining with the mother**
- **Tell the client not to breastfeed**

Assessment and management of newborn complications: Expected findings in a post term newborn

- **Hair and nails can be long**
- **Hypoglycemia**
- **Peeling, cracked, and dry leathery skin from decreased protection of vernix and amniotic fluid**

Prenatal Care: Laboratory testing for client who is at 24 weeks of gestation

- **Hepatitis B screen identifies carriers of hepatitis B**
- **One-hour glucose tolerance test, 3 hour glucose tolerance test if the 1 hour glucose test is elevated**
- **CBC for blood type, Rh factor, Hgb, and Hct**
- **Rubella titer**

Postpartum Disorders: Contraindications to Methylergonovine

- **Hypertension/Eclampsia/Preeclampsia**
- **Coronary artery disease**
- **Headache and nausea/vomiting**

Early onset of labor: Evaluating understanding of teaching about terbutaline

- **Let the nurse know if you have chest discomfort, palpitations, tremors, tachycardia**
- **Inhibits uterine activity and is used as a tocolytic**
- **Notify provider if pulse is over 130/min or BP less than 90/60**

Therapeutic procedures to assist with labor and delivery: Labor induction using oxytocin

- **Prepare the client for cervical ripening (consent form, monitor FHR, notify provider if uterine tachysystole or fetal distress)**
- **Prepare the client for misoprostol tablet to be inserted**

- **Give oxytocin no sooner than 4 hours after the administration**

Postpartum physiological adaptations: Caring for a client who is experiencing sore nipples

- **Ice pack or cabbage leaves**
- **Binders or support bras**
- **Nipple cream and ensuring the baby is latching properly**

Pain management: Teaching about hypnosis

- **Hypnosis is a cognitive strategy that can be used during pregnancy to decrease pain**
- **Biofeedback is another cognitive strategy**
- **Other sensory stimulation strategies include music, aromatherapy, imagery, and subdued lighting**

Sources of nutrition: Teaching a client about high calcium food

- **Excess symptoms include constipation, renal stones, lethargy, and depressed deep tendon reflexes**
- **Found in dairy, broccoli, kale, and fortified grains**
- **Findings of deficiency include tetany, positive Chvostek's and Trousseau's sign, and osteoporosis**

Grief, loss, and palliative care: Caring for a client after a stillbirth

- **Goal is to learn to live with an incurable condition**
- **Focuses on relief of physical manifestations as well as addressing spiritual, emotional, and psychosocial aspect of life**
- **Quality of life is to become enhanced toward a peaceful and dignified death**

Prenatal care: Expected changes during the second trimester

- **Heartburn**
- **Constipation and hemorrhoids**
- **Backaches**

Labor and delivery processes: Caring for a client who is in the second stage of labor

- **Leopold maneuvers**
- **External fetal monitoring**
- **CBC, ABO typing and Rh-factor**
- **Assess fetal FHR**

Assessment and management of newborn complications: Teaching about hemolytic disease

- **Use of sterile and aseptic techniques during delivery along with prophylactic antibiotic treatment**
- **Newborn-sepsis is presence of micro-organisms or their toxins in the blood or tissues of the newborn during the first month after birth**
- **Group B, beta-hemolytic**

Newborn assessment: Identifying expected findings

- **2500 to 4,000 g (5.5 to 8.8 lb) weight**
- **45 to 55 cm (18 to 22 in) length**
- **32 to 36.8 (12.6 to 14.5 in) head circumference**
- **30 to 33 cm (12 to 13 in) chest circumference**

Contraception: Tubal Ligation

- **Permanent immediate contraception**
- **Does not protect against STIs**
- **Considered irreversible in the event the patient desire conception**

Assessment and management of newborn complications: Caring for a newborn who has abstinence syndrome

- **Elicit and assess the newborn's reflexes**
- **Swaddle the newborn with legs flexed and monitor turgor, mucous membranes, fontanels, daily weights, and I&O**
- **Monitor the newborn's ability to feed and digest intake (offer small frequent feedings)**

Nursing Care and discharge teaching: Evaluating understanding of car seat safety

- **Use an approved rear-facing car seat in the back seat preferably in the middle**
- **Keep in rear facing car-seat until age 2**
- **Keep in rear facing car seat until child reaches maximum height and weight for the seat**