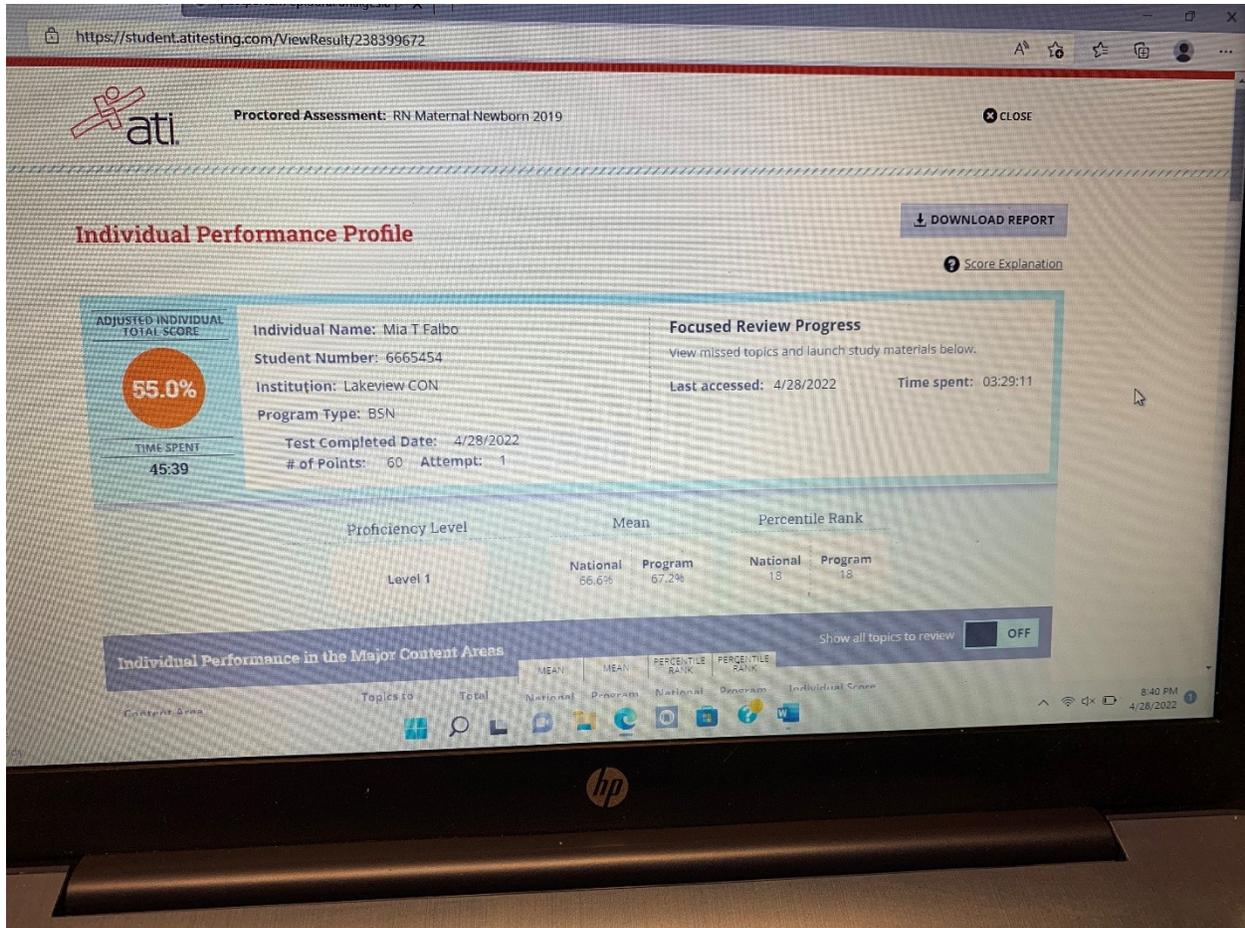


OB remediation

Time Spent:



Infection Control: Initiating isolation precautions for a client who has bacterial infection:

1. Isolation guidelines are grouped actions that include hand hygiene, and the use of barrier precautions, which intend to reduce the transmission of infectious organisms.
2. Streptococcal pharyngitis or pneumonia, Haemophiles influenza type B, rubella, mumps, sepsis all need droplet precautions.

3. Contact precautions are needed by individuals with respiratory syncytial virus, shigella, wold infection, and more.

Infections: treatment for gonorrhea:

1. Early identification and treatment significantly decrease the incidence of perinatal transmission.
2. Erythromycin is administered to all infants following delivery to fight against gonorrhea transmission from birth.
3. Ceftriaxone IM and azithromycin PO is used in treatment of gonorrhea.

Baby friendly care: preparing a toddler for a newborn sibling:

1. Assess for positive responses from the sibling, interest, and concern for the infant.
2. Assess for adverse responses from the sibling, indications of jealousy or sibling rivalry.
3. Let the sibling be one of the first to see the infant, provide a gift from the infant to the sibling.

Client education and discharge teaching: teaching a new mother how to bottle feed:

1. Make sure the infant is not lying supine.
2. Do not prop the bottle when feeding the infant.
3. Make sure to hold the bottle like a pencil.

Contraception: client teaching about proper use of a diaphragm:

1. Diaphragm must stay in place 6 hours after intercourse but for no more than 24 hours.
2. Empty the bladder prior to insertion of the diaphragm.
3. The diaphragm should be washed with soap and water with every use.

Expected physiological changes during pregnancy:

1. Presumptive signs include urinary frequency, breast changes and N/V.
2. Probable signs include abdominal enlargement related to changes in uterine size, shape, and position. Hegar's sign, Chadwick's sign, and Goodell's sign.
3. Positive signs include fetal heart sounds, visualization of fetus by ultrasound and fetal movement.

Postpartum physiological adaptations: client teaching for postpartum rubella immunization:

1. Test the client who receives both a live virus, such as rubella after 3 months to determine immunity.
2. If a client is nonimmune to rubella or has a negative or low titer is administered a subcutaneous injection of rubella vaccine during the postpartum period.
3. The client should not get pregnant for 4 weeks following immunization.

Prenatal care: managing nausea and vomiting during pregnancy:

1. Prenatal care includes getting the patient's history regarding reproductive, medical, abuse and psychological.
2. The first assessment is done within 12 weeks and continues throughout the pregnancy.
3. Make sure you monitor the presence of edema in the client.

Sources of nutrition: teaching a client about high-calcium food:

1. Vitamin D assist in the absorption of calcium.
2. Major sources include dairy, broccoli, kale, and fortified greens.
3. Findings of excess calcium include constipation, renal stones, lethargy, and depressed deep tendon reflexes.

Early onset of labor: findings to report to the provider for a client who is receiving magnesium sulfate:

Medical condition: adverse reactions of magnesium sulfate:

1. Monitor for chest discomfort, palpitations, dysrhythmias.
2. Monitor for nervousness, hyperglycemia, and hypokalemia.
3. Monitor for cardiac dysrhythmias and tachycardia.

Medical conditions: client teaching about magnesium sulfate:

1. Magnesium sulfate is an anticonvulsant used for treatment of CNS depression and a person with severe preeclampsia.
2. Remain on bed rest and inside lying position.
3. Avoid foods high in sodium.

Medical conditions: reportable findings for magnesium sulfate:

1. Monitor for magnesium toxicity with signs of absence of patellar deep tendon reflexes and urine output less than 30mL/hr.
2. Monitor for decreased level of consciousness.
3. If toxicity is suspected immediately discontinue infusion and administer calcium chloride.

Medications affecting labor and delivery: contradictions for receiving terbutaline:

1. Terbutaline is a tocolytic medication that results in smoothing the uterine muscle to relax.
2. Maternal effects include tachycardia, palpitations, chest pain, hypotension, hyperglycemia.
3. Fetal effects include tachycardia.

Prenatal Care: Immunizations for client who is 30 weeks of gestations:

1. The fundal height in centimeters is approximate to the number of weeks gestation.
2. The need for a flu immunization.
3. Administer RhO immune globulin IM around 28 weeks of gestation for clients who are Rh-negative.

Assessment and management of newborn complications: caring for a newborn whose mother has type 2 diabetes mellitus:

1. Prepare the client for possible vacuum-assisted or cesarean birth.
2. Prepare to place the client in McRoberts position.
3. Obtain early and frequent heel sticks.

Assessment and management of newborn complications: interventions for exstrophy of the bladder:

1. Surgical treatment repairing the bladder to close.
2. Make sure the bladder is covered with a clear plastic dressing to protect it.
3. The overall goal is reconstruction.

Assessment of fetal wellbeing: reviewing results of nonstress test:

1. NST is interpreted as reactive if the FHR accelerates at least 15/min for at least 15 seconds and occurs two or more times during a 20-minute period.
2. The test is typically completed within 20 to 30 minutes.
3. Instruct the client to press the button on the handle when they feel the fetus move.

Complications related to the labor process: identifying prolonged decelerations:

1. Use a sterile glove and insert two fingers into the vagina and apply finger pressure on either side of the cord.
2. Fetal monitoring shows variable or prolonged deceleration.
3. Fetal distress is a manifestation of late decelerations.

Medical conditions: clinical findings that indicate hyperglycemia:

1. Macrosomia is cause from hyperglycemia.
2. Ketoacidosis can happen with untreated hyperglycemia.
3. Hyperglycemia includes poly's, flushed dry skin and fruity breath.

Postpartum Disorders: Risk factors for postpartum hemorrhage:

1. Uterine atony or history of is a risk factor.
2. Oxytocin induced labor is a risk factor.
3. Retained placental fragments is a risk factor.

Postpartum physiological adaptations: client following epidural analgesia:

1. Potential side effects include headache, soreness, urination issues and bradycardia.
2. It is important to monitor blood pressure, due to the effect on fetus.
3. Angina pectoris and acute pancreatitis can steam from this.

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

1. One hour glucose tolerance is taken for a client who is 24 weeks.
2. CBC with differential, Hgb and Hct is another lab test done.
3. Rubella titer is another lab exam for this gestational period.

Infections: planning care for a client who has HIV:

1. Testing is recommended in the third trimester for a client who is at increased risk.
2. Encourage immunization against hep B and viral influenza.
3. Wear gloves when caring for the newborn after delivery.

Infections: potential complications for a client who is in labor and has gonorrhea:

1. Use a rapid HIV antibody test for a client in labor.

2. Obtain frequent viral load levels and CD4 cell counts throughout pregnancy.
3. Give the patient ceftriaxone IM and azithromycin.

Oxygen and inhalation therapy: need for suctioning:

1. If a child's SaO₂ is less than expected range usually 90% or 92%.
2. Limit suctioning to less than 5 seconds for infants and less than 10 seconds for children.
3. Allow the child to rest 30 to 60 seconds after each aspiration for oxygen saturation to return to normal.

Prenatal care: findings to report for a client who has gestational diabetes mellitus:

1. Three-hour glucose tolerance is needed for diagnosis.
2. Gestational diabetes is a complication for pregnancy and put the fetus at risk.
3. Fetal movements of less than 3 per hour or movements that cease entirely need for further evaluation.