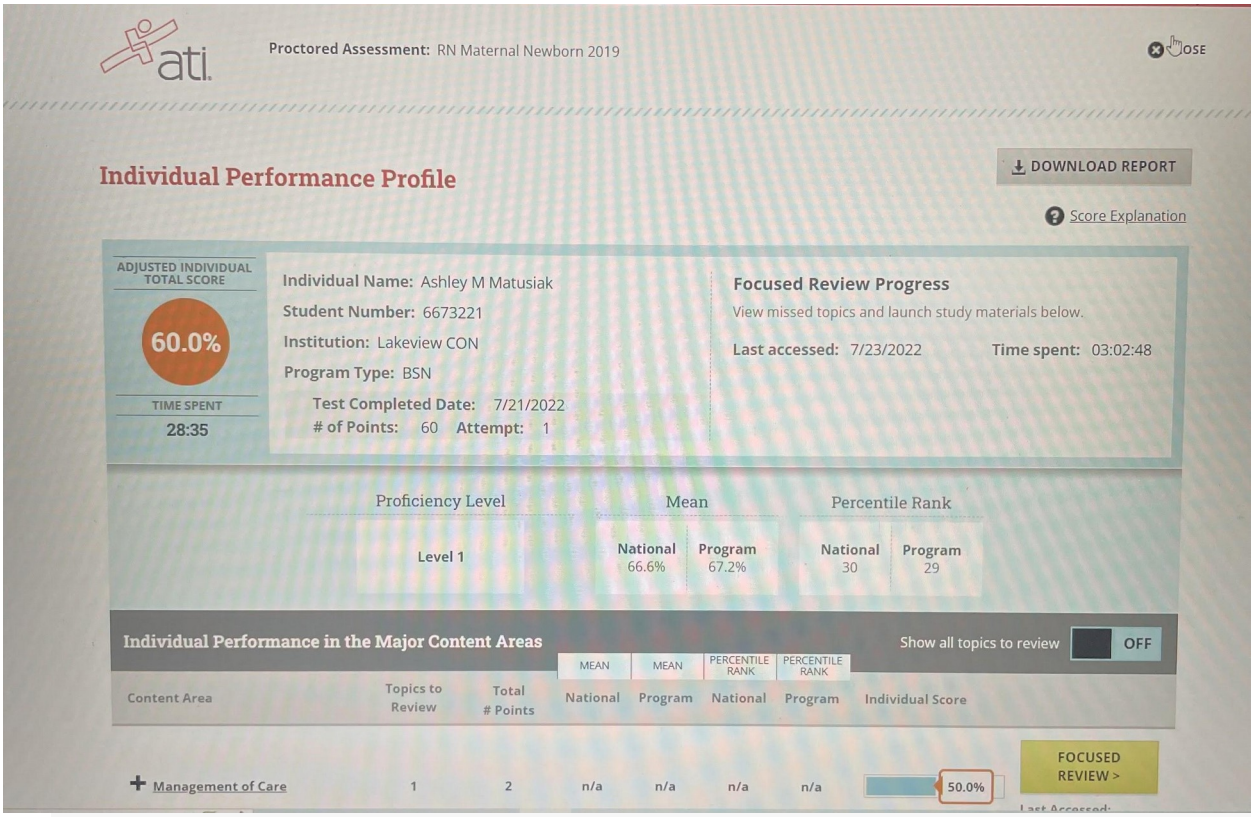

- **Establishing Priorities - (1)**
    - Assessment and Management of Newborn Complications: Priority Newborn Assessment (Active Learning Template - Basic Concept, RM MN RN 11.0 Chp 27 Assessment and Management of Newborn Complications)
        - Obtain blood by heel stick for glucose monitoring.
        - Suction the newborns mouth, nose, and trachea as needed.
        - Maintain thermoregulation, and keep newborn swaddled or skin to skin.
- **Ante/Intra/Postpartum and Newborn Care - (3)**
    - Expected Physiological Changes During Pregnancy: Calculating Estimated Date of Delivery (Active Learning Template - Basic Concept, RM MN RN 11.0 Chp 3 Expected Physiological Changes During Pregnancy)
        - Take the first day of the clients last menstrual cycle, subtract 3 months, then add 7 days and 1 year, adjusting for the year as necessary.
        - Measurement of fundal height can also be used to approximate the gestational age, plus or minus 2 gestational weeks.
        - Fundal height is measured in centimeters from the symphysis pubis to top of uterus fundus
    - Expected Physiological Changes During Pregnancy: Calculating Expected Delivery Date (Active Learning Template - Basic Concept, RM MN RN 11.0 Chp 3 Expected Physiological Changes During Pregnancy)
        - Gravidity is the number of pregnancies for a client.
        - Parity is the number of pregnancies that reach 20 weeks, whether the fetus is stillborn or alive.
        - Positive signs of pregnancy include fetal heart sounds, visualization of fetus on ultrasound, and fetal movement felt by the examiner.

- Therapeutic Procedures to Assist with Labor and Delivery: Indications for Discontinuing Oxytocin (Active Learning Template - Medication, RM MN RN 11.0 Chp 15 Therapeutic Procedures to Assist with Labor and Delivery)
    - Stop Oxytocin if contraction frequency is more often than every 2 minutes.
    - Stop Oxytocin if contraction duration is longer than 90 seconds.
    - Stop Oxytocin if contraction intensity results in pressures greater than 90 mm Hg as shown by IUCP.

- **Grief and Loss - (1)**
    - Grief, Loss, and Palliative Care: Caring for a Client After a Stillbirth (Active Learning Template - Basic Concept, RM Fund 10.0 Chp 36 Grief, Loss, and Palliative Care)
        - Use silence and personal presence to facilitate mourning.
        - Assess for evidence of ineffective coping.
        - Provide information on community resources.
- **Non-Pharmacological Comfort Interventions - (1)**
    - Pain Management: Nursing Actions to Reduce Pain (Active Learning Template - Basic Concept, RM MN RN 11.0 Chp 12 Pain Management)
        - Sensory stimulation strategies such as aromatherapy and breathing techniques can be good nonpharmacologic pain management techniques.
        - Therapeutic touch and massage, things like back rubs can reduce pain.
        - Butorphanol is an opioid that is safe for mothers and fetuses because it has less of an effect on the respiratory system than other opioids.
- **Adverse Effects/Contraindications/Side Effects/Interactions - (2)**
    - Early Onset of Labor: Laboratory Values During Tocolytic Therapy (Active Learning Template - Medication, RM MN RN 11.0 Chp 10 Early Onset of Labor)
        - Notify the provider of heart rate greater than 130 beats per minute.
        - Notify the provider of blood pressure less than 90/60 mm Hg.
        - Notify the provider of urinary output less than 30 ml an hour.
    - Medical Conditions: Reportable Findings for Magnesium Sulfate (Active Learning Template - Medication, RM MN RN 11.0 Chp 9 Medical Conditions)
        - Signs of Magnesium Sulfate toxicity include loss of deep tendon reflexes, urinary output less than 30 ml an hour, respirations less than 12/minute, pulmonary edema, severe hypotension, and chest pain.
        - Monitor for adverse effects such as hot flashes, sweating, burning at the IV site, nausea, vomiting, drowsiness, blurred vision, headache, nonreactive nonstress test, and reduced fetal heart rate variability.
        - Administer calcium gluconate or calcium chloride as an antidote for magnesium sulfate toxicity.
- **Expected Actions/Outcomes - (2)**
    - Early Onset of Labor: Findings to Report to the Provider for a Client Who is Receiving Magnesium Sulfate (Active Learning Template - Medication, RM MN RN 11.0 Chp 10 Early Onset of Labor)
        - Notify the provider of urinary output less than 30 ml an hour.
        - Monitor for adverse effects such as hot flashes, sweating, burning at the IV site, nausea, vomiting, drowsiness, blurred vision, headache, nonreactive nonstress test, and reduced fetal heart rate variability.
        - Monitor closely for pulmonary edema.

- Medical Conditions: Adverse Reactions of Magnesium Sulfate (Active Learning Template - Medication, RM MN RN 11.0 Chp 9 Medical Conditions)
    - Signs of pulmonary edema.
    - Symptoms such as hot flashes, diaphoresis, and nausea.
    - Blurred vision and headaches.

- **Medication Administration - (3)**
    - Contraception: Evaluating Teaching About Medroxyprogesterone (Active Learning Template - Medication, RM MN RN 11.0 Chp 1 Contraception)
        - Do not massage after IM injection because it decreases absorption and effectiveness of the medication.
        - Maintain an adequate intake of calcium and engage in weight-bearing exercise to decrease risk of osteoporosis.
        - Start of injections should begin during the first 5 days of the menstrual cycle and every 11-13 weeks thereafter.
    - Medical Conditions: Client Teaching About Magnesium Sulfate (Active Learning Template - Medication, RM MN RN 11.0 Chp 9 Medical Conditions)
        - Monitor for signs of toxicity such as loss of deep tendon reflexes, urinary output less than 30 ml an hour, respirations less than 12/minute, pulmonary edema, severe hypotension, and chest pain.
        - Monitor for adverse effects such as hot flashes, sweating, burning at the IV site, nausea, vomiting, drowsiness, blurred vision, headache, nonreactive nonstress test, and reduced fetal heart rate variability.
        - Administer calcium gluconate or calcium chloride as an antidote for magnesium sulfate toxicity.
    - Prenatal Care: Immunizations for a Client Who Is at 30 Weeks of Gestation (Active Learning Template - Basic Concept, RM MN RN 11.0 Chp 4 Prenatal Care)
        - The TDap can be given during pregnancy.
        - A flu shot can still be given during pregnancy.
        - MMR and other live vaccines should not be given to pregnant individuals.

- **Diagnostic Tests - (3)**
    - Assessment of Fetal Well-Being: Caring for a Client Following Chorionic Villus Sampling (Active Learning Template - Diagnostic Procedure, RM MN RN 11.0 Chp 6 Assessment of Fetal Well-Being)
        - Obtain informed consent.
        - Provide ongoing education and support.
        - Have the client drink 1 to 2 glasses of fluid prior to the test and avoid urination because a full bladder is needed for this test.
    - Assessment of Fetal Well-Being: Reviewing Results of Nonstress Test (Active Learning Template - Diagnostic Procedure, RM MN RN 11.0 Chp 6 Assessment of Fetal Well-Being)
        - NST is reactive if FHR accelerates at least 15/minutes for at least 15 seconds.
        - This must occur 2 or more times in a 20 minute period.
        - Nonreactive NST is a test that does not demonstrate at least two qualifying accelerations in a 20 minute window.
    - Complications Related to the Labor Process: Identifying Prolonged Decelerations (Active Learning Template - Diagnostic Procedure, RM MN RN 11.0 Chp 16 Complications Related to the Labor Process)

        - Prolonged decelerations can indicate fetal distress.
        - Position the client side lying.
        - Administer 8 to 10 L/min of oxygen via a face mask.

- **Laboratory Values - (2)**
    - Medical Conditions: Evaluating Laboratory Findings for Client Who Has Preeclampsia (Active Learning Template - System Disorder, RM MN RN 11.0 Chp 9 Medical Conditions)
        - Elevated blood pressure 140/90.
        - Proteinuria greater than or equal to 1+.
        - Hgb may be increased, and liver enzymes may be elevated.
    - Newborn Assessment: Laboratory Finding to Report (Active Learning Template - Diagnostic Procedure, RM MN RN 11.0 Chp 23 Newborn Assessment)
        - Report gross structural malformations such as cleft palate.
        - The umbilical cord should have two arteries.
        - Periods of apnea greater than 15 seconds should be reported.
- **Alterations in Body Systems - (2)**
    - Infections: Planning Care for a Client Who Has HIV (Active Learning Template - System Disorder, RM MN RN 11.0 Chp 8 Infections)
        - Goal is to keep CD4 cell counts greater than 500 cells/mm3.
        - Provide counseling prior to and after testing.
        - Use standard precautions.
    - Prenatal Care: Findings to Report for a Client Who Has Gestational Diabetes Mellitus (Active Learning Template - System Disorder, RM MN RN 11.0 Chp 4 Prenatal Care)
        - Concurrent occurrences of clammy pale skin, weakness, tremors, irritability, and lightheadedness, all signs of hypoglycemia.
        - Concurrent occurrences of flushed dry skin, fruity breath, rapid breathing, headache, increased thirst and urination.
        - Monitor urine ketones and blood glucose.
- **Medical Emergencies - (2)**
    - Assessment and Management of Newborn Complications: Planning Care for a Newborn Who Has a Myelomeningocele (Active Learning Template - System Disorder, RM MN RN 11.0 Chp 27 Assessment and Management of Newborn Complications)
        - Protect the membrane with a sterile covering and plastic to prevent drying.
        - Observe area for leakage of cerebrospinal fluid.
        - Assess the newborn for increased intracranial pressure.
    - Oxygen and Inhalation Therapy: Need for Suctioning (Active Learning Template - Basic Concept, RM NCC RN 11.0 Chp 16 Oxygen and Inhalation Therapy)
        - Use clean technique.
        - Use a mushroom tip catheter.
        - Suction mouth before nose.
- **Unexpected Response to Therapies - (2)**
    - Infections: Potential Complications for a Client Who is in Labor and Has Gonorrhea (Active Learning Template - System Disorder, RM MN RN 11.0 Chp 8 Infections)

        - Gonorrhea can lead to tubal scarring and cause PID.
        - If left untreated the infant can contract ophthalmia neonatorum which can cause blindness.
        - Administer erythromycin to all infants following delivery. .
    - Pain Management: Responding to Hypotension Following Epidural Anesthesia (Active Learning Template - Therapeutic Procedure, RM MN RN 11.0 Chp 12 Pain Management)
        - Put up side rails, the patient may be dizzy.
        - Give IV fluids for hypotension
        - Move the client into the side lying position.