

Main Category: Management of Care

Subcategory: Establishing Priorities

Topic: Assessment and Management of Newborn Complications: Priority Newborn Assessment

- Support respiratory efforts, and suction the newborn as necessary to maintain open airway.
- Monitor for clinical findings of opportunistic infection and assess infection risks.
- Initiate and maintain IV therapy as prescribed to administer desired medications.

Main Category: Safety and Infection Control

Subcategory: Standard Precautions/Transmission-Based Precautions/Surgical Asepsis

Topic: Infections: Treatment for Gonorrhea

- Bacterial infection that is primarily spread by genital to genital contact. It can also be spread by anal to genital or oral.
- Identify and treat all sexual partners and medication as prescribed.
- Repeat the culture within 3-4 weeks to assess the medication effectiveness.

Main Category: Health Promotion and Maintenance

Subcategory: Ante/Intra/Postpartum and Newborn Care

Topic: Expected Physiological Changes During Pregnancy: Calculating Estimated Date of Delivery

- Nagele's rule: take the first day of the client's last cycle, subtract 3 months, and then add 7 days and 1 year.
- Measurement of fundal height approximates weeks of gestation.
- The fundal height is measured in cm from the symphysis pubis to the top of the uterine fundus.

Topic: Prenatal Care: Managing Nausea and Vomiting During Pregnancy

- Nausea and vomiting might occur during the first trimester.
- The client should eat crackers or dry toast before rising in the morning to relieve discomfort.
- Instruct the client to avoid having an empty stomach and ingesting spicy, greasy, or gas-forming foods.

Topic: Therapeutic Procedures to Assist with Labor and Delivery

- External cephalic version is an ultrasound guided hands on procedure to externally manipulate the fetus into a cephalic lie.
- A bishop score is used to determine maternal readiness for labor by evaluating whether the cervix is favorable by rating cervical dilation, effacement, consistency, position, and station.
- Cervical ripening by various methods to increase cervical readiness for labor through promotion of cervical softening, dilation, and effacement.

Main Category: Psychosocial Integrity

Subcategory: Grief and Loss

Topic: Grief, Loss, and Palliative Care: Caring for a Client after a Stillbirth

- Ask the family whether they would like to visit with the body, honoring any decision.
- Swaddle the infant's body in a clean blanket and transport the infant in the nurse's arms.
- Offer mementos of the infant, like identification bracelets, footprints, the cord clamp, photos.

Main Category: Basic Care and Comfort

Subcategory: Non-Pharmacological Comfort Interventions

Topic: Pain Management: Nursing Actions to Reduce Pain

- Assess level, quality, frequency, duration, intensity, and location of pain through verbal and nonverbal cues.
- Help the client maintain the proper position during administration of pharmacological interventions along with positioning for comfort.
- Nonpharmacological pain management may be used to reduce anxiety, fear, and tension.

Topic: Pain Management: Teaching About Counterpressure

- Sacral counterpressure is consistent pressure applied by the support person using the heel of the hand against the sacral area to counteract pain in the lower back.
- It can be done in between contractions.
- Patient is typically on their hands and knees while receiving counterpressure.

Main Category: Pharmacological and Parenteral Therapies

Subcategory: Expected Actions/Outcomes

Topic: Early Onset of Labor: Findings to Report to the Provider for a Client who is Receiving Magnesium Sulfate

- Monitor for magnesium sulfate toxicity and discontinue for loss of deep tendon reflexes, urinary output less than 30 mL/hr, respirations less than 12, pulmonary edema, severe hypotension, and chest pain.
- Administer calcium gluconate or calcium chloride as an antidote for toxicity.
- The nurse should be notified if the client is experiencing blurred vision, headache, N/V, or difficulty breathing.

Subcategory: Medication Administration

Topic: Contraception: Evaluating Teaching about Medroxyprogesterone

- Medroxyprogesterone is an IM or SubQ injection given to a female client every 11-13 weeks.
- This drug inhibits ovulation and thickens cervical mucosa.
- Start of injections should be during the first 5 days of the menstrual cycle and follow up appointments should be kept.

Topic: Prenatal Care: Immunizations for a Client who is at 30 Weeks of Gestation

- A client should be instructed to count and record fetal movements or kicks daily.
- Diagnostic testing for fetal well-being includes non stress test, biophysical profile, ultrasound, and contraction stress test.
- Prenatal education includes health promotion, preparation for pregnancy and birth, common discomforts of pregnancy, and warning signs.

Main Category: Reduction of Risk Potential

Subcategory: Diagnostic Tests

Topic: Assessment of Fetal-Well Being: Reviewing Results of Nonstress Test

- Nonstress test is the most widely used technique for antepartum evaluation of fetal well-being performed during the third trimester.
- It is a noninvasive procedure that monitors response of the FHR to fetal movement.
- The NST is interpreted as reactive if the FHR accelerates at least 15/min for at least 15 seconds.

Subcategory: Laboratory Values

Topic: Medical Conditions: Evaluating Laboratory Findings for Client who has Preeclampsia

- Preeclampsia is gestational hypertension with the addition of proteinuria greater than or equal to 1+.
- Expected findings include nausea, blurred vision, flashes of lights before eyes.
- Elevated liver enzymes, increased creatinine, thrombocytopenia, and hyperbilirubinemia are lab findings indicative of preeclampsia.

Topic: Newborn Assessment: Laboratory Finding to Report

- a CBC can be done by a capillary stick to evaluate for anemia, polycythemia, infection, or clotting problems.
- Hgb should be 14-24, platelets 150-300, and glucose 40-60
- Feedings should be initiated if blood glucose is low, IV glucagon if <40.

Subcategory: Specific Health Assessments**Topic: Newborn Assessment: Expected Findings for the Babinski Reflex**

- Elicit by stroking the outer edge of the sole of the foot, moving up toward toes.
- Toes will fan upward and out.
- This is expected from birth up to 1 year.

Subcategory: Therapeutic Procedures**Topic: Assessment of Fetal Well-Being: Education about Abdominal Ultrasound**

- Advise the client to drink 1 quart of water prior to the ultrasound to fill the bladder and act as an echolucent to better reflect sound waves to obtain a better image of the fetus.
- Apply an ultrasound gel to the client's abdomen before the transducer is moved over the skin to obtain a better fetal image, ensuring the gel is at room temperature.
- Allow the client to empty their bladder at the termination of the procedure and provide them with a washcloth to wipe away gel.

Main Category: Physiological Adaptation**Subcategory: Alterations in Body Systems****Topic: Infections: Manifestations of Cytomegalovirus in a Newborn**

- Cytomegalovirus is transmitted by droplet infection from person to person, through semen, vaginal secretions, breast milk, and placental tissue.
- No manifestations or mono-like manifestations are present with this infection.
- There is no treatment for cytomegalovirus; prevention of exposure is limited with frequent hand hygiene and after handling infant diapers and toys.

Topic: Infections: Planning Care for a Client who has HIV

- HIV is a retrovirus that attacks and causes destruction of T lymphocytes. It causes immunosuppression and patients can acquire AIDS.
- HIV is transmitted from the mother to a neonate through the placenta and postnatally through breastmilk.
- Use of internal fetal monitors, vacuum extraction, and forceps during labor should be avoided due to risk of fetal bleeding.

Topic: Postpartum Disorders: Performing Fundal Massage for a Client who has Uterine Atony

- Uterine atony is a hypotonic or boggy uterus, which increases the client's risk for bleeding.
- Assess lochia for color, quantity, and clots.
- Assess fundus for height, firmness, and position. If the uterus is boggy, massage the fundus to increase muscle contraction.

Topic: Prenatal Care: Findings to Report for a Client who has Gestational Diabetes

- The client should report to their provider if they have severe headaches.
- Blurred vision and edema of face and the hands should also be evaluated.
- Epigastric pain is a red flag during pregnancy and should be evaluated, as well.

Subcategory: Fluid and Electrolyte Imbalances**Topic: Medical Conditions: Hyperemesis Gravidarum**

- Hyperemesis gravidarum is excessive N/V that is prolonged past 16 weeks of gestation or that's excessive and causes weight loss.
- There is a risk to the fetus for intrauterine growth restriction, SGA, or preterm birth if the condition persists.

- Increased pulse rate, weight loss, decreased BP, and poor skin turgor are some physical manifestations of hyperemesis gravidarum.

Subcategory: Medical Emergencies

Topic: Assessment and Management of Newborn Complications: Planning Care for a Newborn who has a myelomeningocele

- Protect the membrane with a sterile covering and plastic to prevent drying.
- Observe for cerebrospinal fluid leakage and position the newborn prone.
- Prevent infection by keeping the area free from contamination by urine and feces.

Topic: Oxygen and Inhalation Therapy: Need for Suctioning

- Suctioning can be accomplished orally, nasally, endotracheally, or through a trach tube.
- Restlessness, tachypnea, tachycardia, and decreased O2 levels are indications of the need for suctioning.
- Limit suction time to less than 5 seconds for infants and less than 10 seconds for children.

Topic: Postpartum Disorders: Assessment Findings of Hypovolemia

- Tachypnea and increased heart rate are assessment findings of hypovolemia.
- Assess vital signs and lochia for color, quantity, and clots.
- Maintain or initiate IV access to replace fluid volume loss.

Subcategory: Unexpected Response to Therapies

Topic: Infections: Potential Complications for a Client who is in labor and has Gonorrhea

- If gonorrhea is left untreated in females, it can cause tubal scarring and can lead to PID, which can cause infertility.
- Preterm birth, PROM, PP sepsis, and neonatal sepsis are potential complications that occur with gonorrhea.
- Adhere to safe sex practices and take all medications as prescribed.

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