

**Main Category: Management of Care****Subcategory: Establishing priorities****Topic: Assessment and management of Newborn Complications: Priority Newborn Assessment**

- The priority in treating newborns who are preterm is supporting the cardiac and respiratory systems as needed.
- Manifestations of hypoxia including tachypnea, retractions, cyanosis, nasal flaring, and grunting are potential physical assessment findings for an infant who is LGA.
- Respiratory distress from immature lungs or meconium aspiration is a priority assessment of an infant who is LGA.

**Main Category: Safety and Infection Control****Subcategory: Standard Precautions/Transmission-Based Precautions/Surgical Asepsis****Topic: Infection Control: Initiating Isolation Precautions for a Client Who Has a Bacterial Infection**

- Use of aseptic technique and proper PPE (gloves, masks, gowns, and goggles).
- Administer antibiotics to patients who have a bacterial infection and teach proper use/administration.
- Use proper hand hygiene to help prevent the spread of infection.

**Main Category: Health Promotion and Maintenance****Subcategory: Ante/Intra/Postpartum and Newborn Care****Topic: Client Education and Discharge Teaching: Teaching a New Mother to Bottle Feed**

- Suppression of lactation is necessary for clients who are not breastfeeding.
- Avoid breast stimulation and running warm water over the breast for prolonged periods of time until no longer lactating.
- Instruct the parent to avoid bottle propping.

**Topic: Nursing Care and Discharge Teaching: Providing Discharge Teaching About Newborn Care**

- Parents need to be taught the importance of well-newborn checkups, immunization schedules, and when to call the provider for manifestations of illness.
- Instruct the parents on crying, quieting techniques.
- Instruct the parents on sleep-wake cycles and ways to prevent SIDs

**Topic: Prenatal Care: Managing Nausea and Vomiting During Pregnancy**

- Consume at least 8 to 10 glasses of water each day.
- Encourage the client to drink fluids between meals.
- The client should eat crackers or dry toast before rising in the morning to relieve discomfort
- Instruct the client to avoid spicy, greasy, or gas-forming foods.

**Subcategory: Lifestyle Choices****Topic: Contraception: Client Teaching About Proper Use of a Diaphragm**

- Prior to intercourse, the diaphragm is entered vaginally over the cervix with spermicide jelly or cream that is applied to the cervical sides of the dome and around the rim.
- The diaphragm can be inserted up to 6 hours before intercourse and must be in place for 6 hours after intercourse but no more than 24 hours.
- The diaphragm should be washed with mild soap and warm water after each use.

**Topic: Contraception: Teaching About Birth Control Method**

- Female condoms are vaginal sheaths made of nitrile with flexible rings on both ends that is pre-lubricated with spermicide.
- Coitus interruptus is one of the least effective methods of contraception.
- Combined oral contraception contains estrogen and progestin, which acts by suppressing ovulation, thickening the cervical mucus to block semen, and altering the uterine decidua to prevent

implantation. This medication requires a prescription and follow-up appointments with the provider.

### **Main Category: Basic Care and Comfort**

#### **Subcategory: Non-Pharmacological Comfort Interventions**

**Topic: Pain Management: Teaching About Counterpressure**

- Sacral counterpressure consists of pressure applied by the support person.
- The support person uses the heel of the hand or fist against the client's sacral area to contract the pain in the lower back.
- Counterpressure is considered a cutaneous stimulation strategy that can be performed by a partner/support person.

#### **Subcategory: Nutrition and Oral Hydration**

**Topic: Sources of Nutrition: Teaching a Client About High-Calcium Food**

- A mother should consume 100 mg or more each day.
- Major sources of calcium include dairy, broccoli, kale, and fortified grains.
- Calcium helps with bone/teeth formation, blood pressure, blood clotting, and nerve transmission.

### **Main Category: Pharmacological and Parenteral Therapies**

#### **Subcategory: Adverse Effects/Contraindications/Side Effects/Interactions**

**Topic: Infertility: Teaching About Adverse Effects of Clomiphene Citrate**

- Adverse effects include mood swings and psychological/emotional side effects.
- Adverse effects include ovarian cyst formation.
- Adverse effect includes thinning of the uterine endometrial lining.
- Adverse effect includes reduced production of cervical mucus, which can lower fertility.

#### **Subcategory: Medication Administration**

**Topic: Contraception: Evaluating Teaching About Medroxyprogesterone**

- Medroxyprogesterone is an IM or subQ injection.
- Start injection should be during the first 5 days of the menstrual cycle every 11 – 13 weeks.
- Injections in postpartum non-breastfeeding clients should begin within 5 days following delivery.
- Teach the client to maintain an adequate intake of calcium and engage in weight bearing exercise to decrease the risk of osteoporosis.

**Topic: Medical Conditions: Client Teaching About Magnesium Sulfate**

- Monitor for the absence of patellar DVTs.
- Monitor urine output, which should be more than 30 mL/hr.
- If magnesium toxicity is suspected, immediately discontinue, and administer calcium gluconate.

### **Main Category: Reduction of Risk Potential**

#### **Subcategory: Diagnostic Tests**

**Topic: Assessment and Management of Newborn Complications: Caring for a Newborn Whose Mother has Type 2 Diabetes Mellitus**

- Perform a heel stick on the newborn. (Blood glucose of 25 in the first 24 hours or less than 36 from 4 -24 hours of age, the baby should be offered oral feeding to increase levels >45).
- Initiate IV dextrose for symptomatic newborns.
- Frequent oral or gavage feedings, or continuous parenteral nutrition.

**Topic: Assessment of Fetal Well-Being: Caring for a Client Following Chorionic Villus Sampling**

- Monitor for spontaneous abortion following a CVS.
- Monitor for fetal limb loss following a CVS, especially if performed before 9 weeks of gestation.
- Monitor for chorioamnionitis and ROM.

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

- At least 1 episode or greater than 30 seconds duration of fetal breathing movements in 30 minutes is a reactive nonstress test.
- There should be at least 1 episode of extension with a return to flexion within a normal nonstress test.

- A nonstress test with a score of 8 to 10, is considered normal and has a low risk of chronic fetal asphyxia.

#### **Subcategory: Laboratory Value**

**Topic:** Medical Conditions: Evaluating Laboratory Findings for Client Who Has Preeclampsia

- Hemoglobin is increased in preeclampsia.
- High levels of protein in the urine (proteinuria), which can be seen with a urine dipstick.
- Many women are thrombocytopenic with preeclampsia.

#### **Subcategory: Potential for Complications of Diagnostic Tests/Treatments/Procedures**

**Topic:** Newborn Assessment: Identifying Priority Finding

- Identifying normal vital signs, measurements, and weight are important priority findings.
- Identifying Apgar scores is an important priority to look for.
- Identifying a new Ballard score is an important priority finding for a newborn assessment.

#### **Subcategory: Specific Health Assessments**

**Topic:** Medical Conditions: Clinical Findings that Indicate Hyperglycemia

- Excessive fetal growth (macrosomia) can be an indicator of hyperglycemia.
- Polydipsia, polyphagia, polyuria, and flushed skin are signs of hyperglycemia.
- Nausea, abdominal pain, and fruity breath can indicate hyperglycemia.

### **Main Category: Physiological Adaptation**

#### **Subcategory: Alterations in Body Systems**

**Topic:** Early Onset of Labor: Preterm Premature Rupture of Membranes

- PROM is a spontaneous rupture of the membrane after 20 weeks of gestation and prior to 37 weeks.
- Risk factors for PROM include infection, prior preterm births, shortening of cervix, second and third-trimester bleeding, low BMI, and tobacco or substance abuse.
- Expected findings of PROM include a gush or leakage of clear fluid and potential prolapse umbilical cord.

**Topic:** infections: Manifestations of Cytomegalovirus in a Newborn

- This disease is spread from person to person by infected semen, cervical/vaginal secretions, breast milk, placental tissue, urine/feces, or blood.
- Expected manifestations can include asymptomatic.
- The newborn can have mononucleosis-like symptoms.

**Topic:** Infections: Planning Care for a Client Who Has HIV

- Infants should be bathed after birth before remaining with the mother.
- Instruct the client to not breastfeed the infant.
- Avoid amniocentesis and episiotomy to avoid the risk of maternal blood exposure.

#### **Subcategory: Fluid and Electrolyte Imbalances**

**Topic:** Medical Conditions: Hyperemesis Gravidarum

- Hyperemesis Gravidarum is excessive nausea and vomiting r/t elevated hCG-prolonged past 12 weeks.
- This can result in 5% weight loss from pre-pregnancy weight.
- This medical condition can put the baby at risk for preterm birth.

#### **Subcategory: Unexpected Response to Therapies**

**Topic:** Infections: Potential Complications for a Client Who is in Labor and Has Gonorrhea

- This is a bacterial infection that can cause infertility.
- Spread by genital-to-genital contact, anal-to-genital, and oral-to-genital -untreated women.
- This can be spread to the baby during the birthing process.
- This disease can cause infertility.

**Topic:** Pain Management: Responding to Hypotension Following Epidural Anesthesia

- Give bolus IV fluids to the mother.
- Turn the mother into a side-lying position.
- Elevate the mother's legs.

- Prepare to administer Vasopressor.

**Subcategory:** Medical Emergencies

**Topic:** Assessment and Management of Newborn Complications: Planning Care for a Newborn Who Has a Myelomeningocele

- Do not lay the baby supine, rather lay the baby in a prone position.
- The baby should not be dressed to prevent injury to the lesion. Use an incubator or radiant warmer to prevent hyperthermia.
- The lesions must be immediately covered with a sterile dressing after delivery.