

ATI Video Series- RN Reproduction: Complications of Pregnancy 3.0 Case Study Test



Question: 1 of 5

CORRECT

Time Elapsed: 00:00:32
Pause Remaining: 08:20:00

PAUSE



FLAG

A nurse in a provider's office is assessing a client who is at 35 weeks of gestation. The nurse should identify which of the following findings as the priority to report to the provider?



Bilateral nonpitting ankle edema

INCORRECT

Bilateral nonpitting ankle edema is a discomfort of pregnancy during the third trimester that increases with extended periods of standing, decreased physical activity, and a hot environmental temperature. The nurse should report this finding to the provider; however, there is a greater risk to the client than bilateral nonpitting ankle edema.

Increasing intensity of uterine contractions

CORRECT My Answer

Contractions prior to 37 weeks of gestation that increase in intensity indicate the client is at greatest risk for preterm labor; therefore, this is the priority finding. The nurse should immediately report this finding to the provider so interventions can be implemented to reduce neonatal morbidity and mortality.

Report of burning sensation during urination

INCORRECT

Dysuria, urinary frequency, and urinary urgency are discomforts of pregnancy during the third trimester that result from changes in bladder function and capacity. The nurse should report a burning sensation to the provider because the client might have a urinary tract infection; however, there is a greater risk to the client than dysuria.

Shortness of breath upon ambulation

INCORRECT

Shortness of breath is a discomfort of pregnancy during the third trimester that results from the impairment of diaphragm movement due to the gravid uterus. The nurse should report the shortness of breath to the provider to ensure that the finding is not due to another cause; however, there is a greater risk to the client than shortness of breath upon ambulation.



Question: 2 of 5

CORRECT

Time Elapsed: 00:00:45
Pause Remaining: 08:20:00

PAUSE



FLAG

A nurse is assessing a client who is in the third trimester of pregnancy. When assessing for indications of preeclampsia, the nurse should ask the client if they have which of the following manifestations?

Pelvic pressure

INCORRECT

The nurse should ask the client about the presence of pelvic pressure when assessing for indications of preterm labor. If pelvic pressure is present in the third trimester, the nurse should notify the provider and intervene to reduce the risk for injury to the client and their fetus.

Vaginal bleeding

INCORRECT

The nurse should ask the client about the presence of vaginal bleeding when assessing for indications of a miscarriage, abruption placentae, or placenta previa. If vaginal bleeding is present, the nurse should notify the provider and intervene to reduce neonatal morbidity and mortality.

Leg cramps

INCORRECT

The nurse should assess for the presence of leg cramps and other common discomforts of the third trimester of pregnancy. Leg cramps are not an indication of preeclampsia; however, the nurse should assess the client further if leg cramps are present to rule out thrombophlebitis.

Blurred vision

CORRECT

My Answer

When assessing a client for preeclampsia, the nurse should ask about the presence of visual disturbances, such as blurred vision. Other indications of preeclampsia include persistent emesis, facial edema, severe headaches, and muscular irritability. Preeclampsia is pregnancy-induced hypertension that requires a thorough assessment and close monitoring to reduce the risk for injury to the client and their fetus.

PREVIOUS

CONTINUE