

Type B

1. A nurse is assessing a postpartum client who is receiving oxytocin 1 hr. after a normal spontaneous delivery. During the assessment, the nurse notes that the client perineal pad is fully saturated. which of the following actions should the nurse anticipate taking?
 - A. Insert vaginal packing
 - B. Discontinue the oxytocin infusion
 - C. Administer terbutaline sulfate
 - D. Massage the uterus until firm**
2. A nurse is providing teaching to a client who has mild preeclampsia and will be caring for herself which statement by the clients indicates an understanding of the teaching?
 - A. I will check my urine for protein only**
 - B. I will consume 50 grams of proteins daily
 - C. I will alternate the arm I use to check my blood pressure
 - D. I will count my baby kicks every other day
3. A nurse is assessing a client and observes the umbilical cord protruding from the vaginal , after calling
 - A. Administer oxygen via nonrebreather facemask
 - B. Wrap the cord with a sterile towel saturated in normal saline
 - C. Place a rolled towel under the clients right hip.
 - D. Apply upward pressure against the presenting part.**
4. A nurse is reviewing the laboratory results of a client who is at 20 weeks of gestation and has type 1 diabetes mellitus. Which of the following report to the provider?
 - A. Hct 34%
 - B. Platelets 170,000/mm³
 - C. BUN 25 mg/dL**
 - D. HbA1c 6%
5. A nurse on the labor and delivery unit is assessing four clients. Which of the following clients is a candidate for an induction of labour
 - A. A client who has gestational diabetes mellitus**
 - B. A client who has placenta plavia
 - C. A client who has active genital herpes
 - D. A client who has a previous uterine incision.
6. A nurse is providing discharge instructions to a client who is breastfeeding her newborn. Which of the following
 - A. Allow the baby to feed at least every 3 hr.**
 - B. Offer the new born 30ml (1 oz.) of water between feeding
 - C. Feed the newborn 5 to 10 min per breast
 - D. Expect two to four wet diapers every 24 hrs
7. A nurse is caring for a client who is at 8 weeks of gestation and has an ectopic pregnancy.
 - A. Bright, red vaginal discharge
 - B. Scaphoid abdomen**

- C. Elevated blood pressure
D. Sharp pelvic pain
8. A nurse is providing education about RH(D) immune globulin to a client who is pregnant. What indicate for administering RH(D)immune globulin?
A. The client delivers an Rh-negative newborn
B. The client has a history of placenta previa
C. The client had a spontaneous abortion
D. The client is at 16 weeks of gestation.
9. A nurse is providing teaching to a client who is 2 days postpartum.
A. You should store your diaphragm in sterile water after each use
B. You should use an oil based vaginal lubricant when inserting your diaphragm
C. You should have your provider refit you for a new diaphragm
D. You should keep the diaphragm in place for at least 4 hours after intercourse.
10. A nurse is caring for a client who is 12hr. postpartum and has a fourth degree laceration of the perineum
A. **Apply a moist , warm compress to the perineum**
B. Apply provide iodine to the client perineum after the voids
C. **Provide the client with a cool sitz bath**
D. Administer methyfergenevine 0.2 mg
11. A nurse is assessing four newborns. Which of the following clinical findings...
A. A 2 day old infant who is excreting a thin, white discharge from both nipples
B. A 2 day old infant who has a respiratory rate of 70/mims
C. A 16 hr old infant who has a blood glucose level of 50 mg/dl
D. A 16 hr old infant who has yet to pass a meconium stool
12. A nurse is performing an initial assessment of a new born who was delivered with a nuchal cord.
A. Telanglectatic nevi
B. Facial petechiae
C. Erythema toxicum
D. Periauricular papilloma
13. A nurse is assisting the provider to administer a dinoprostone insert to induce labor
A. **Verify that the informed consent is obtained prior to administration**
B. Place the client in a semi fowler position for 1 hr. after administration.
C. Instruct the client to avoid urinary elimination until after administration
D. Allow the mediation to reach room temp. prior to administration.
14. A nurse is assessing a new born 2 hr. after delivery. Which of the following findings in these image.
31. A nurse is caring for a client who is at 20 weeks of gestation and has trichomoniasis. Which of the following findings should the nurse expected?
A. malodorous
B. Urinary frequency
C. vulva lesions

D. Thick, white vaginal discharge.

32. Calculation

33. A nurse is teaching a group of women who are pregnant about actions to take if they are suspect they are experiencing preterm labor the nurse provides.

A. call your doctor if you have contractions every 20 minutes for at least 1 hour

B. expect to have a small amount of fluid leaking from the vagina

c. **empty your bladder**

d. lie on your back for 2 hrs.

34. A nurse is admitting a client to the birthing unit who reports her contraction started 1hrs. ago. The nurse determine realizes that the client is at risk for which of the following conditions.

A. Hyperremesis gravidarum

B. Ectopic pregnancy

C. Incompetent cervix

D. postpartum hemorrhage.

35. A nurse is providing teaching to a postpartum client who has a prescription for a rubella immunization. Which of the

A. I should avoid breastfeeding for 2 weeks following the immunization

B. I will receive a series of three immunization and each one will be a month apart

c. **I should avoid becoming pregnant for at least 1 month following the immunization**

d. I will report joint pain that develop after the immunization to my provider immediately.

36. A nurse is caring for a newborn who is 2 days old. Which of the following finding should the nurse report.

A. Edema of the scalp that crosses lines

B. Bilirubin 17 mg/dl

c. heart rate 180 min when crying

d. presence of a babinski reflex

37. Teaching a client and her partner about the techniques of counter pressure during labor.

Which of the following statement by the nurse is appropriate

A. your partner will apply upward pressure on your lower abdomen between contractions

B. Your partner will apply steady pressure with a tennis ball to your lower back

c. your partner will apply continuous, firm pressure between your thumb and index finger

d. your partner will apply pressure to the top of your uterus during contraction.

38. A nurse is preparing the plan of care for a term newborn who was asymptomatic at birth and whose mother had hepatitis B. which intervention should the nurse include in the plan of care

A. Administer hepatitis B immune globulin IM to the newborn

B. initiate airborne precaution

C. wait at least 24hrs. before bathing the new born

d. instructs the mother to delay breast feeding for one week

39. A nurse is caring for a client who has preeclampsia and receiving magnesium sulfate. Which of the following clinic?

A. increased fetal movement

B. increased urinary output

c. increased respiratory rate

d. increased muscle weakness.

40. A nurse is creating a plan of care for a client who is in active labor and has mitral valve ster\

A. administer 500ml of 0.9% sodium chloride solution every hour