

ATI RN MATERNAL NEWBORN ONLINE PRACTICE 2019A

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- A nurse is caring for a client who has uterine atony and is experiencing postpartum hemorrhage. Which of the following actions is the nurse's priority?
 - Massage the client's fundus
Uterine atony and postpartum hemorrhage indicate that this client is at the greatest risk for hypovolemic shock. This can compromise the client's vital organs, which can lead to death. Therefore, the nurse's priority is to massage the client's fundus to minimize blood loss.
- A nurse is caring for a client who is to receive oxytocin to augment her labor. Which of the following findings contraindicates the initiation of the oxytocin infusion and should be reported to the provider?
 - Late decelerations
Late decelerations are indicative of uteroplacental insufficiency. Therefore, this is a contraindication for the administration of oxytocin and should be reported to the provider.
- A nurse is assessing a client who has severe preeclampsia. Which of the following manifestations should the nurse expect?
 - Blurred vision
The nurse should identify that a client who has severe preeclampsia can have arteriolar vasospasms and decreased blood flow to the retina which can lead to visual disturbances, such as blurred vision, double vision, or dark spots in the visual field.
- A nurse is assessing a client who is 1 day-postpartum and has a vaginal hematoma. Which of the following manifestation should the nurse expect?
 - Vaginal pressure
 - The nurse should expect a client who has a vaginal hematoma to report pressure in the vagina due to the blood that leaked into the tissues.
- A nurse is caring for a client who is at 36 weeks of gestation and has a positive contraction stress test. The nurse should plan to prepare the client for which of the following diagnostic tests?
 - Biophysical profile

- A positive contraction stress test indicates that further evaluation of the fetus is necessary. A biophysical profile will provide further evaluation with a real-time ultrasound.
- A nurse is providing teaching for a client who has a new prescription for combined oral contraceptives. Which of the following findings should the nurse include as an adverse effect of this medication?
 - Depression
 - The nurse should instruct the client that depression is a common adverse effect of combined oral contraceptives. Other common adverse effects of the medication include amenorrhea, weight gain, headache, nausea, breakthrough bleeding, and breast tenderness.
- A nurse is caring for a postpartum client who is receiving heparin via a continuous IV infusion for thrombophlebitis in her left calf. Which of the following actions should the nurse take?
 - Maintain the client on bed rest
 - The client should remain on bed rest to decrease the risk of dislodging the clot, which could cause a pulmonary embolism. Elevation of the affected leg is recommended.
- A nurse is providing teaching to a client who is at 40 weeks of gestation and has a new prescription for misoprostol. Which of the following instructions should the nurse include in the teaching?
 - “I can administer oxytocin 4 hours after the insertion of the medication.”
 - The nurse can administer oxytocin no sooner than 4 hr after the last dose of misoprostol. Oxytocin can be administered following misoprostol for clients who have cervical ripening and have not begun labor.
- A nurse is assessing four newborns. Which of the following findings should the nurse report to the provider?
 - A newborn who is 18 hr old and has an axillary temperature of 37.7 C (99.9 F).
 - An axillary temperature greater than 37.5 degrees (99.5 degrees F) is above the expected reference range for a newborn and can be an indication of sepsis. Therefore, the nurse should report this finding to the provider.
- A nurse is caring for a client who is at 30 weeks of gestation and has a prescription for magnesium sulfate IV to treat preterm labor. The nurse should notify the provider of which of the following adverse effects?

- Respiratory rate 10/min
 - The nurse should report a respiratory rate of less than 12/min to the provider, because this is a manifestation of magnesium toxicity. The nurse should ensure that the antidote, calcium gluconate, is readily available.
- A nurse is teaching a client who is at 10 weeks of gestation about nutrition during pregnancy. Which of the following statements by the client indicates an understanding of the teaching?
 - “I should take 600 micrograms of folic acid each day.”
 - A client who is pregnant should increase folic acid intake to 600 mcg daily. Folic acid assists with preventing neural tube birth defects
- A nurse is assessing a late preterm newborn. Which of the following manifestations is an indication of hypoglycemia?
 - Respiratory distress
 - Late preterm newborns are at an increased risk for hypoglycemia due to decreased glycogen stores and immature insulin secretion. Respiratory distress is a manifestation of hypoglycemia. Other manifestation of hypoglycemia include an abnormal cry, jitteriness, lethargy, poor feeding, apnea and seizures.
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- A nurse is demonstrating to a client how to bathe their newborn. In which order should the nurse perform the following actions? (Put in order)
 - Nurse should first wipe the newborn’s eyes from the inner canthus outward using plain water
 - Wash the newborn’s neck by lifting the newborn’s chest
 - Nurse should cleanse the skin around the umbilical cord stump
 - Wash the newborn’s legs and feet
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- A nurse is teaching a newly licensed nurse about collecting a specimen for the universal newborn screening. Which of the following statements should the nurse include in the teaching?
 - “Ensure that the newborn has been receiving feedings for 24 hours prior to obtaining the specimen.”
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- A nurse is creating a plan of care for a client who is postpartum and adheres to traditional Hispanic cultural beliefs. Which of the following cultural practices should the nurse include in the plan of care?
 - Protect the client's head and feet from cold air.
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- A nurse is assessing a newborn who was born at 26 weeks of gestation using the New Ballard score. Which of the following findings should the nurse expect?
 - Minimal arm recoil
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- A nurse is caring for a client who is at 15 weeks of gestation, is Rh-negative, and has just had an amniocentesis. Which of the following interventions is the nurse's priority following the procedure?
 - Monitor the FHR
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- A nurse is assessing a newborn who is 16 hr old. Which of the following findings should the nurse report to the provider?
 - Substernal retractions
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- A nurse is performing a physical assessment of a newborn upon admission to the nursery. Which of the following manifestations should the nurse expect? (Select all that apply).
 - Acrocyanosis
 - Positive Babinski reflex
 - Two umbilical arteries visible
- A nurse is caring for a client who is experiencing preeclampsia and has a new prescription for IV magnesium sulfate. Which of the following medications should the nurse anticipate administering if the client develops magnesium toxicity?
 - Calcium gluconate
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- A nurse is teaching a client who is at 37 weeks of gestation and has a prescription for a nonstress test. Which of the following instructions the nurse include?
 - "You should press the handheld button when you feel your baby move."

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- A nurse is providing education about family bonding to parents who recently adopted a newborn. The nurse should make which of the following suggestions to aid the family's 7-year old child in accepting the new family member?
 - Obtain a gift from the newborn to present to the sibling.
 - Presenting a gift from the newborn to the sibling is a strategy to facilitate a school-age sibling's acceptance of a new family member, this ensures that the sibling does not feel left out and that they understand their role in the family.
- A nurse is caring for a client who is at 35 weeks of gestation and is undergoing a nonstress test that reveals a variable deceleration in the FHR. Which of the following actions should the nurse take?
 - Have the client change position
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- A nurse is assessing a client who is at 38 weeks of gestation during a weekly prenatal visit. Which of the following findings should the nurse report to the provider?
 - Weight gain of 2.2 kg (4.8 lb)
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- A nurse is providing teaching for a client who gave birth 2 hr ago about the facility policy for newborn safety. Which of the following client statements indicates an understanding of the teaching?
 - "The person who comes to take my baby's pictures will be wearing a photo identification badge."
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- A nurse is assessing a client who is receiving morphine via IV bolus for pain following a cesarean birth. The nurse notes a respiratory rate of 8/min. Which of the following medications should the nurse administer?
 - Naloxone
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- A nurse is performing a routine assessment on a client who is at 18 weeks of gestation. Which of the following findings should the nurse expect?
 - FHR 152/min
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