

OB ATI PROCTORED EXAM 2023

1. A nurse is assessing a newborn following a forceps assisted birth. Which of the following clinical manifestations should the nurse identify as a complication of the birth method?

- A. Hypoglycemia
- B. Polycythemia
- C. **Facial Palsy** - Most babies delivered by forceps suffer no long-term problems, but in rare cases an injury is sustained to the facial nerve, due to the pressure of the forceps blade on the baby's head.
- D. Bronchopulmonary dysplasia

2. A nurse is providing teaching about terbutaline to a client who is experiencing preterm labor. Which of the following statement by client indicates an understanding of the teaching?

- A. **"The medication could cause me to experience heart palpitation"** - This is a serious side effect of terbutaline and must be notified to the physician immediately
- B. "This medication could cause me to experience blurred vision"
- C. "This medication could cause me to experience ringing in my ears"
- D. "This medication could cause me to experience frequent ..."

4. A nurse is caring for a client who has hyperemesis gravidarum. Which of the following laboratory tests should the nurse anticipate?

- A. **Urine Ketones** - Hyperemesis gravidarum is a severe form of this 'morning sickness', experienced by less than 1% of pregnant women. It can cause dehydration and starvation and the production of compounds called ketones that can be found in the blood and urine.
- B. Rapid plasma regain
- C. Prothrombin time
- D. Urine culture

5. A nurse is caring for a client who is in labor and requests nonpharmacological pain management. Which of the following nursing actions promotes client comfort?

- A. **Assisting the client into squatting position**
- B. Having the client lie in a supine position - Having the patient lie in a comfortable position may help reduce sensation of pain due to labor
- C. Applying fundal pressure during contractions
- D. Encouraging the client to void every 6 hr

6. A nurse caring for a client who is at 20 weeks of gestation and has trichomoniasis. Which of the following findings should the nurse expect?

- A. Thick, White Vaginal Discharge
- B. Urinary Frequency
- C. Vulva Lesions
- D. **Malodorous Discharge**

7. A nurse is caring for a client who is 14 weeks of gestation. At which the following locations should the nurse place the Doppler device when assessing the fetal heart rate?

- A. Midline 2 to 3 cm (0.8 to 1.2 in) above the symphysis pubis - at 14 weeks AOG this is where to place the doppler probe to note FHT**
- B. Left Upper Abdomen
- C. Two fingerbreadths above the umbilicus
- D. Lateral at the Xiphoid Process

8. A nurse is assessing a client who is at 27 weeks of gestation and has preeclampsia. Which of the following findings should the nurse report to the provider?

- A. Urine protein concentration 200 mg/ 24 hr
- B. Creatinine 0.8 mg/ dL
- C. Hemoglobin 14.8 g/ dL
- D. Platelet Count 60,000/ mm³ -** platelet count of less than 100,000 correlates with how severe the condition is.

9. A nurse is teaching about clomiphene citrate to a client who is experiencing infertility. Which of the following adverse effect should the nurse include?

- A. Tinnitus - this is a documented adverse effect of this medication**
- B. Urinary Frequency
- C. Breast Tenderness
- D. Chills

10. A nurse is assessing a newborn upon admission to the nursery. Which of the following should the nurse expect?

- A. Bulging Fontanel
- B. Nasal Flaring
- C. Length from head to heel of 40 cm (15.7 in)
- D. Chest circumference 2 cm (0.8 in) smaller than the head circumference - head circumference is always 2cm more than the chest in normal term babies**

11. A nurse is planning care for a newborn who has neonatal abstinence syndrome.

Which of the following interventions should the nurse include in the plan of care.

- A. Increase the newborn's visual stimulation
- B. Weigh the newborn every other day
- C. Discourage parental interaction until after a social evaluation
- D. Swaddle the newborn in a flexed position -** to increase comfort that newborn is receiving

12. A nurse is caring for a newborn who is 6 hr old and has a bedside glucometer reading of 65 mg/ dL. The newborn's mother has type 2 diabetes mellitus. Which of the following actions should the nurse take?

- A. Obtain a blood sample for a serum glucose level
- B. Feed the newborn immediately
- C. Administer 50 mL of dextrose solution IV
- D. Reassess the blood glucose level prior to the next feeding -** newborn blood glucose is normal because it has separated from its source of energy which is the mother. Blood glucose for newborn to be considered hypoglycemic is 45mg/dl and below.

13. A nurse is providing teaching to a client about exercise safety during pregnancy. Which of the following statements by the client indicates an understanding of the teaching? (Select all that apply).

- A. "I will limit my time in the hot tub to 30 minutes after exercise."
- B. "I should consume three 8-ounce glasses of water after I exercise."
- C. **"I will check my heart rate every 15 minutes during exercise sessions."**
- D. "I should limit exercise sessions to 30 minutes when the weather is humid."
- E. **"I should rest by lying on my side for 10 minutes following exercise."**

14. A charge nurse is teaching a group of staff nurses about fetal monitoring during labor. Which of the following findings should the charge nurse instruct the staff members to report to the provider?

- A. **Contraction durations of 95 to 100 seconds maybe this true also**
- B. Contraction frequency of 2 to 3 min apart - labor is progressing and might deliver soon
- C. Absent early deceleration of fetal heart rate
- D. Fetal heart rate is 140/min

15. A nurse in a woman's health clinic is obtaining a health history from a client. Which of the following findings should the nurse identify as increasing the client's risk for developing pelvic inflammatory disease (PID)?

- A. Recurrent Cystitis
- B. Frequent Alcohol Use
- C. Use of Oral Contraceptives
- D. **Chlamydia Infection - STDs can cause PID**

16. A nurse is teaching a prenatal class about immunizations that newborns receive following birth. Which of the following immunizations should the nurse include in the teaching?

- A. **Hepatitis B - Part of the EINC and immunizations is Hepa B which follows just when the baby is born**
- B. Rotavirus
- C. Pneumococcal
- D. Varicella

17. A nurse is providing nutritional guidance to a client who is pregnant and follows a vegan diet. The client asks the nurse which foods she should eat to ensure adequate calcium intake. The nurse should instruct the client that which of the following foods has the highest amount of calcium?

- A. ½ cup cubed avocado
- B. 1 large banana
- C. 1 medium potato
- D. **1 cup cooked broccoli - there are 47mg of calcium in a 100 grams of broccoli.**

18. A nurse in a provider's office is assessing a client at her first antepartum visit. The client states that the first day of her last menstrual period was March 8. Use Nagele's rule to

calculate the estimated date
of delivery. = **December 15,**

19. A nurse is caring for a client who is in the second stage of labor. Which of the following manifestations should the nurse expect?

- A. The client expels the placenta
- B. The client experiences gradual dilation of the cervix
- C. The client begins have regular contractions.
- D. The client delivers the newborn** - delivering the fetus is the second stage, first is the labor stage, third is delivering the placenta.

20. A nurse is assessing a client who is at 37 weeks of gestation. Which of the following statement by the client requires immediate intervention by the nurse?

- A. "It burns when I urinate - sign of a UTI"**
- B. "My feet are really swollen today".
- C. "I didn't have lunch today, but I have breakfast this morning".

21. A nurse is providing discharge teaching to a new parent about car seat safety. Which of the following statements by the parent indicates an understanding of the teaching?

- A. "I should position my baby's car seat at a 45 degree angle in the car."
- B. "I should place the car seat rear facing until my baby is 12 months old." - Always put your infant in a rear-facing child safety seat in the back of your car. A baby riding in the front seat can be fatally injured by a passenger side air bag. The shoulder straps must be at or below your baby's shoulders.**
- C. "I should place the harness snugly in a slot above my baby's shoulders."
- D. "I should position the retainer clip at the top of my baby's abdomen."

22. A nurse is developing an educational program about hemolytic diseases in newborns for a group of newly licensed nurses. Which of the following genetic information should the nurse include in the program as a cause of hemolytic disease?

- A. The mother is Rh-positive and the father is Rh negative
- B. The mother is Rh-negative and the father is Rh positive - can cause sensitization from RH+ from the father causing complications to the next conception**
- C. The mother and the father are both Rh positive
- D. The mother and the father are both Rh negative

23. A nurse on an antepartum unit is reviewing the medical records for four clients. Which of the following clients should the nurse assess first?

- A. A client who has diabetes mellitus and an HbA1c of 5.8%
- B. A client who has preeclampsia and a creatinine level of 1.1 mg/ dL
- C. A client who has hyperemesis gravidarum and a sodium level of 110 mEq/L**
- D. A client who has placenta previa and a hematocrit of 36%
- E. "I have been seeing spot this morning" -

24. A nurse is assessing a newborn immediately following a vaginal birth. For which of

the following findings should the nurse intervene?

- A. Molding
- b. Vernix
- Caseosa
- c. Acrocyanosis

d. Sternal retractions - sign of respiratory distress

25. A nurse on the postpartum unit is caring for four clients. For which of the following clients should the nurse notify the provider?

- A. A client who has a urinary output of 300 ml in 8 hr
- B. A client who reports abdominal cramping during breastfeeding
- C. A client who is receiving magnesium sulfate and has absent deep tendon reflexes -** this is a sign of early MgSO₄ toxicity that if not treated may lead to death
- D. A client who reports lochia rubra requiring changing perineal pads every 3 hr

26. A nurse is caring for a client who has active genital herpes simplex virus type 2. Which of the following medications should the nurse plan to administer?

- A. Metronidazole
- B. Penicillin
- C. Acyclovir - viral infection requires an antiviral medication**
- D. Gentamicin

27. A nurse is caring for a client following an amniocentesis. The nurse should observe the client for which of the following complications?

- A. Hyperemesis
- B. Proteinuria
- C. Hypoxia
- D. Hemorrhage - bleeding is sometimes noted after the procedure**

28. A nurse is planning care for a client who is receiving oxytocin by continuous IV infusion for labor induction. Which of the following interventions should the nurse include in the plan?

- A. Increase the infusion rate every 30 to 60 min.
- B. Maintain the client in a supine position.
- C. Titrate the infusion rate by 4 millunits/min. -** The infusion rate may be increased by 1-5mU/min (6-30ml/hour) every 15-30 minutes up to a maximum of 30mU/min (180 ml/hour). The oxytocin infusion rate should be titrated against the fetal heart rate, frequency of uterine contractions and progress in labour.
- D. Limit IV intake to 4 L per 24 hr.

29. A nurse is caring for a 2-day-old newborn who was born at 35 weeks of gestation.

Which of the following actions should the nurse take? (Click on the "Exhibit" Button for additional information about the newborn. There are three tabs that contain separate categories of date.) **A. Administer nitric oxide inhalation therapy to the newborn**

- B. Insert an orogastric decompression tube with low wall