

2022 HESI OB Maternity Version 1 V1 Exam Brand New QA
Pics Included A Guaranteed 3t5npo

Maternal Newborn (Gurnick Academy)

2022 HESI OB MATERNITY

V1 Most Questions & Answers

(and screenshots included – received a A+)

from HESI test taken on

March 7th 2022

1. A client at 37 weeks gestation presents to labor and delivery with contractions every two minutes the nurse observes several shallow small vesicles on her pubis labia and perineum. the nurse should recognize the clients is prohibiting symptoms of which condition?
 1. German measles
 2. **herpes simplex virus**
 3. syphilis
 4. genital warts

4. A client who had her first baby three months ago and is breastfeeding her infant tells the nurse that she is currently using the same diaphragm that she used before becoming pregnant. Which information should the nurse provide this client?

Use alternative form of birth control until new diaphragm can be obtained.

7. A 30- year-old primigravida delivers a 9-pound infant vaginally after a 30- hour labor. What is the priority nursing action for this client?

Massage the fundus Q 4 hours

9. At 0600 while admitting a woman for a scheduled repeat cesarean section (C-Section), the client tells the nurse that she drank a cup a coffee at 0400 because she wanted to avoid getting a headache. Which action should the nurse take first?

Inform the anesthesia care provider

10. The nurse is caring for a postpartum client who is exhibiting symptoms of a spinal headache 24 hours following delivery of a normal newborn. Prior to the anesthesiologist arrival on the unit, which action should the nurse perform?

- Place procedure equipment at bedside

11. The nurse is caring for a newborn who is 18 inches long, weighs 4 pounds, 14 ounces, has a head circumference of 13 inches, and a chest circumference of 10 inches. Based on these physical findings, assessment for which condition has the highest priority?

Hypoglycemia

13. the nurse is caring for a 35 week gestation infant delivered by cesarean section 2 hours ago. the nurse observes the infants respiratory rate is 72 breaths minute with nasal flaring, grunting, and retractions. the nurse should recognize these finding indicate which complication?

- B – transient tachypnea of the newborn

14. A primipara client at 42 weeks gestation is admitted for induction. within one hour after initiating an oxytocin infusion, her cervix is 100% effaced and 6 cm dilated, contractions are occurring every 1 minute with a 75 second duration. when nurse stops the oxytocin and starts oxygen. after 30 minutes of uterine rest, the contractions are occurring every 5 minutes with 20 second duration. which intervention should the nurse implement?

Restart the oxytocin per oxytocin protocol

15. A primigravida arrives at the observation unit of the maternity unit because she thinks she is in labor. the nurse applies the external fetal heart monitor and determines she is not in labor. What makes the nurse realize she is not in labor?

Contractions stop when the client is walking

16. A primigravida client with gestational hypertension and bishop score of 3 is scheduled for induction of labor. the nurse administers misoprostol at 0700 then observes regular contractions with cervical changes at 0900 which action should the nurse take?

- Administer oxytocin 4 hours later

17. A multigravida client in labor is receiving oxytocin Pitocin 4mu/minute to help promote an effective contraction pattern. The available solution is Lactated Ringers 1,000 ml with Pitocin 20 units. The nurse should program the infusion pump to deliver how many ml/hr?

12

18. The nurse is caring for a client whose fetus died in utero at 32 weeks gestation. After the fetus is delivered vaginally, the nurse implements routine demise protocol and identification procedures. What action is most important for the nurse to take?

Encourage the mother to hold and spend time with her baby

19. Following a minor vehicle collision, a client 36 weeks gestation is brought to the emergency center. She is lying supine on a backboard , is awake , denies any complaints. Her blood pressure is 80/50 mm Hg and heart rate is 130 beats per min. What action should the nurse implement first?

Turn the board sideways to displace the uterus lateral

20. A new mother asks the nurse about an area of swelling on her baby's head near the posterior fontanel that lies across the suture line. How should the nurse respond?

"This is called caput succedaneum. It will absorb and cause no problems."

21. A client at 35 weeks gestation complains of a "pain whenever the baby moves." On assessment, the nurse notes the client's temperature to be 101.2 F, with severe abdominal or uterine tenderness on palpation. The nurse knows that these findings are indicative of what condition?

Chorioamnionitis

22. An unlicensed assistive personnel (UAP) reports to the charge nurse that a client who delivered a 7-pound infant 12 hours ago is reporting a severe headache. The client's blood pressure is 110/70 mm hg, respiratory rate is 18 breaths/minute, heart rate is 74 bpm, and temperature is 96.6F (37C). The client's fundus is firm and one fingerbreadth above the umbilicus. Which action should the charge nurse implement first?

Notify the healthcare provider of the assessment findings

23. the nurse is preparing to administer phytonadione to a newborn. which statement made by the parents indicates understanding why the nurse is administering this medication?

Prevent Hemorrhagic disorders

24. A 16-year-old gravida 1, para 0 client has just been admitted to the hospital with a diagnosis of eclampsia. She is not presently convulsing. Which intervention should the nurse plan to include in this client's nursing care plan?

Keep an airway at the bedside

25. a pregnant client presents to the antepartal clinic complaining of brownish vaginal bleeding. the nurse notes a greatly enlarged uterus and is complaining of severe nausea. the client reports that period was about 2 and a half months ago vital signs are temperature 98.7 based on these findings what laboratory value should the nurse review?

HcG values

28. A women who is 38-weeks gestation is receiving magnesium sulfate for severe preeclampsia. Which assessment finding warrants immediate intervention from the nurse ?

Sinus Tachycardia