NURSE BOARD CRAMSHEET MCN – OB -PEDIA

1. **Maternal death** – death within **42 days after expulsion of product of pregnancy**
2. **Post partum Hemorrhage —** Blood loss >500cc after delivery or days-weeks later
3. Uterine atony- primary cause of Early postpartum hemorrhage
4. Normal blood loss after CS - **1000cc** NSD - 900-500
5. Early postpartum hemorrhage – **Within 24 hours postpartum** (**Cause is UTERINE ATONY)**
6. late postpartum hemorrhage - bleeding **after 24** hours **due to Placental retention**
7. Subinvolution – the non returning of the uterus to its prepregnant state
8. **Involution** – the return of uterus to its prepregnant state
9. After delivery where to assess the fundus — **MIDLINE**
10. When will uterus return to its prepregnant state — **5 weeks**
11. **Weight loss of the mother after pregnancy delivery —11 to 13 lbs**
12. Return to prepregnancy weight **in 2 to 3 months** after delivery
13. Vaginal or perineal hematoma — **apply ice to relieve pain and swelling**
14. **Afterpains** during pregnancy enhances involution
15. Priority in afterpains — **give analgesic immediately as ordered**
16. Weight of placenta — **500 grams**
17. Time of placental delivery — **delivered in 30 minutes**
18. Leopolds maneuver to determine if either breech and cephalic — **Leopolds maneuver 1 (fundal grip)**
19. Leopold maneuver to locate **fetal back for FHT — Leopolds maneuver 2**
20. What maneuver will determine engagement — **Leopolds maneuver 3 or pawlicks**
21. What maneuver where the nurse is facing the head of the mother, standing at the footpart of mother — **leopolds maneuver 1**
22. Lightening in primigravida occurs — **1 to 2 weeks before labor**
23. **Lightening** among Multipara occurs — **at the onset of labor**
24. First stage of labor ends with — **complete/full cervical dilation**
25. Second stage of labor ends with — **delivery of the fetus**
26. Third stage of labor ends with — **delivery of placenta**
27. How many IU of IM oxytocin is injected to prevent postpartum hemorrhage **— 10 iu / 1ml**
28. 12 hours after delivery **or 1 to 3 days— Lochia rubra (dark red)**
29. Color of lochia serosa in 4 days to 10 days— **pink**
30. Color of lochia alba in 11 days onward — **white**
31. Causes of PPH – **Lacerations, Retained placenta, Uterine inversion, uterine atony, full bladder, prolonged labor**
32. **uterine atony — #1 cause for PPH**
33. Hypovolemic shock sign – Tachycardia and hypotension
34. Uncontrolled bleeding – **Bimanual compression**
35. Best initial management for uterine atony? – **Uterine massage** - gentle circular palm massage
36. First line treatment of Postpartum hemorrhage – **oxytocin**
37. **Oxytocin (pitocin) – first choice – rapid onset <30 minutes – (onset 4-6 mins)**
38. **IV or IM oxytocin side effects: HYPERTENSION N/V, water intoxication**
39. Pelvic Inflammatory Disease, what its the most common cause of PID? **- sexually transmitted disease**
40. Risk factor of PID — **Multiple sex partner**
41. What is the STI that is the most common cause of PID - **chlamydia**
42. Prevention of PID **except – daily vaginal douching**

43. Clinical manifestations of PID pain – **lower abdominal pain**
44. **Abdominal pain or pelvic pain is major symptom** - can be bilateral or unilateral and described as burning, cramping, or stabbing
45. **PID** Definitive diagnosis is **made by laparoscopy**
46. **Endometriosis — presence of endometrial tissue outside the uterus resulting in pelvic pain and infertility.**
47. **Endometriosis — Endometrial cells implanting outside the uterus.**
48. **Gold standard for diagnosis** of endometriosis is - **Laparascopy**
49. **1st Line** Pharmacological treatment – **CHC - combined hormonal contraceptives (or COC)**
50. Sites of endometriosis – **Ovaries**
51. Sign of endometriosis –dark blue or brownish-black implants **(mulberry spots or chocolate cyst)**
52. Endometriosis TREATMENT – **danazol**

53. **Abruptio placentae: PAINFUL, red vaginal bleeding**
54. ABRUPTIO PLACENTA – Premature placental separation; **due to smoking, cocaine,** hypertension, advanced age and **TRAUMA or accidents**

55. Preeclampsia/eclampsia diagnosed **at 2nd trimester after 20 weeks**
56. **PIH Triad s/sx: Hypertension, proteinuria, edema**
57. DOC: Mg SO4 **– anticonvulsant/seizure**
58. Drug is effective when **— seizure is prevented**
59. **Priority to assess —** decreasing or diminished **DEEP TENDON REFLEX** or patellar reflex
60. **Calcium Gluconate –** antidote of MgSo4 must be always at the bedside
61. Hydatidiform moles – **Benign tumor of chorionic villus.(neoplastic placenta)**
62. Hmole Findings: preeclampsia, large uterus, increased hCG; snowstorm appearance on ultrasound.
63. DOC**: Methotreaxate same with ectopic**
64. **Choriocarcinoma — most dreaded complication of h mole (Malignant tumor made of syncytiotrophoblast and cytotrophoblast.)**
65. **Hmole need XRAY — every 3 months for first 6 months (carcinoma spreads to: lungs**)

66. **Breast cancer — most common cancer in older women (Mean age: 64 years old.)**

67. Painless mass and Skin, nipple retraction **— sign of Breast cancer**
68. Cyclophosphamide is a cytotoxic anti breast cancer, **cell-cycle-nonspecific**
69. **BSE – SUPINE position**
70. **BSE is perfomred 5- 7 days after menstruation**

71. **Vertical palpation – best technique**
72. **Left UPPER OUTER quadrant – most common site**
73. **Mammography**: screening, avoid deodorants, perfume and powders
74. BSE is – **secondary level of prevention**
75. Bronchial Asthma – **Episodic and reversible airway disease.**
76. Bronchospasm give FIRST – **bronchodilators**
77. Adverse-effects of theophylline – irregularity in heart rate, **tachyarrhythmias**
78. Theophylline **toxicity can be treated with beta blockers**
79. Theophylline **relaxes smooth muscled in bronchial airways NOT skeletal muscles**
80. Gestational diabetes due to anti-insulin effect **of human placental lactogen and increased placental size.**
81. Risk to newborns: **macrosomia, RDS, neural tube defects, hypoglycemia.**

82. **Babies born to GDM are : Hypoglycemia and macrosomia**
83. Golden yellow amniotic fluid suggest — **Hemolytic Disease of Newborn:**

84. **Hemolytic disease of newborn: Mom = type O-; baby = type A+ or B+**

85. **Jaundice develops within 24 hours after birth — pathologic jaundice**
86. **+ Coombs' test on baby blood**.
87. **Direct coombs test - confirmatory test**

88. **Treatment: At 28th week of pregnancy, give mom anti-D globulin (it covers and eliminates "Rh+" baby blood before mom's body officially mounts an attack against it), which lasts ~3 months.**
89. **RHOGAM – Drug of choice**
90. **Findings: Jaundice, kernicterus, positive direct/indirect Coombs' test.**
91. **Use blue fluorescent or bili light on newborn skin — ensure adequate hydration**
92. **Blood urea nitrogen (BUN) — End product of amino acid and pyrimidine metabolism.**
93. Scoliosis- **lateral curve** of the spine
94. Test for scoliosis**- patient is inspected standing upright(in diving position)** with feet together and knees extended/straight with arms held at the side.
95. what type of brace is most commonly used for scoliosis- **milwaukee**
96. 4 exercises used to treat mild scoliosis- heel lifts, sit ups, hyperextension of the spine, breathing exercises
97. how many hours per day should the client **wear a milwaukee brace- 23 hours**
98. Exercise of scoliosis – **SWIMMING**
99. what solution should be used on the skin where the brace rubs**- tincture of benzoin or alcohol**, **NO LOTIONS OR OINTMENTS**

100. clients with a **milwaukee brace shouldavoid vigorous exercise**
101. how often should neurovascular status of extremities of client in a risser castbe measured? fresh post op?- **Q2 HOURS**
102. what is a **common complication** of aclient with body cast- **cast syndrome**
103. what is **cast syndrome- nausea, vom, abdominal distention that can result in intestinal obstruction**
104. what is treatment of **cast syndrome- removal of cast, NG to decompress, NPO**
105. how would you assess for developingcast syndrome= **ask clients if they are experiencing any abdominal symptoms**- keep track of bowel movements and passing flatus (if not having BMs or passing gas, cast syndrome is suspected)
106. **" UNANG YAKAP ", Four Core Steps inEINC**
107. **first 30 seconds**-= Immediate and thorough drying to stimulate respiration
108. **after 30 seconds-**= Early skin-to-skincontact
109. **within 1 – 3 mins**-= Properly timedcord clamping
110. Cut cord **4cm above** the umbilicalbase
111. **within 90 mins** = Non-separation of newborn from mother for rooming in and breastfeeding
112. **Rooming in should last — 24 hours**
113. Bathing of the baby is postponeduntil **at least 6 hours**
114. Covering and wrapping with warmblanket - prevents **CONVECTION heat loss**
115. DRYING prevents – **EVAPORATION HEATLOSS**
116. FSH MATURES FOLLICLES (GRAAFIANfollicles to RELEASE *ESTROGEN*
117. **Secretory phase- ideal time for implantation**
118. MELANOCYTE STIMULATING HORMONE - DARK PIGMENTATIONS OF SKINLIKE MELASMA AND LINEA NIGRA
119. Striae gravidarum – streaks in maternal abdomen
120. Linea nigra – dark pigmented or brown line from symphisis pubis to fundus
121. EDC computation
If the LMP falls between Jan- March (add 9 in month and add 7 in days)
122. If the LMP falls between April to December (subtract 3 to months add 7 in days and add 1 at year)

123. Leopold's Maneuver 1 – assess sizeof mass, mobility and consistency
124. **Leopolds is Done ideally after 24weeks**
125. Leopolds and initial action : Emptybladder – to promote comfort
126. Position of mom-supine with knee flex(dorsal recumbent or genupectural- **to relax abdominal muscles)**
127. Drape properly - **to provide privacy**
128. Instruct procedure - **to gain cooperation**
129. Warm hands by rubbing together – use palm! Warm palm.
130. Uterine soufflé - maternal Heart rate

131. 3rd Maneuver: using the right hand,grasp above **symphysis pubis** part using thumb and fingers.
132. Full flexion – when the chin touchesthe chest
133. leopolds manever 1-fundic height assessment and AOG assessment

134. LM2- Fetal heart tone assessment
135. LM3- fetal engagement
136. LM4- facing the mother
137. LM1- determines presentationbreech or CEPHALIC
138. LM2- palpation of the head or roundhard mass is a Transverse lie
139. Leopolds maneuver - mother must bein Dorsal Recumbent position
140. LM1- (fundal grip) fetal presentation ,Aog, fundic height
141. Lm2 / umbilical grip - fetal back,lie,position for FHT
142. Lm3- (pawliks grip) fetal engagement/balottement, *grasp lower abdomen
143. Lm4(pelvic grip)- fetal descent , fetal attitude, fetal cephalic prominence and presenting part
144. **Level of Symphisis pubis- 12 weeks**
145. Midway between symphysis pubis and umbilicus- 16 weeks
146. **Level of navel or Umbilicus- 20 weeks**
147. Just above the navel - 24 weeks
148. Just below navel - 16 weeks
149. Midway of navel and xyphoid - 28weeks
150. **Level of Xiphoid process 36 weeks**

151. not part of the normal uterine cycle is LUTEAL
152. **Ectopic** - stongest factor is SMOKING,IUD, PID and past ectopic pregnancy
153. Presence of adnexal mass and lower quadrant pain
154. Intramural - most dangerous
155. Ampullar - most common site
156. Ectopic - **Sudden sharp stabbing lower quadrant abdominal pain** radiating to shoulder or neck
157. Ectopic- **spotting bleeding**, mass in abdomen usually lower quadrant and nausea and vomiting with diziness
158. Lochia rubra - 1st 3 days only --- red l
159. Lochial serosa - 4-10 days present - pink to brown
160. Lochia alba - Creamy white, from 10days up to 6 WEEKS postpartum
161. Lochia must be **FREE or absent ofFOUL odor, blood Clots** l
162. **Fever more than 38.5 °C** – Puerperal SEPSIS
163. **Endometritis/Metritis** – most common postpartum infection or puerperalsepsis
164. Less than 38.5°C temperature suggest dehydration after labor and delivery **– instruct to increase fluid intake**
165. **Recto vaginal fistula** - abnormal opening or communication between rectumand vagina
166. **Kegels exercise** - for strengthening of pelvic floor muscles - 3x a day at least 10-15times in sitting, standing position
167. Secretory phase - progesterone
168. Proliferative phase - estrogen
169. How to relieve backpain of themother- **pelvic rocking exercise**
170. Position in back pain in labor and delivery — **squatting**
171. **Position of mother when transferringto delivery room from labor room — SIMS**
172. MagS04 antidote - Calcium Gluconate
173. Braxton hicks contraction. - intermittent, painless irregular uterine squeezing
174. IUD - long term reversible method
175. IUD - inserted during menstruation,or 1-4 days after delivery , inserted in the uterus
176. Presumptive sign of pregnancy - amenorrhea, morning sickness or nausea and vomiting less than 12 weeks
177. Vit. A IU postpartum mother - 200,000 IU..
178. Vit. A for pregnant mother – not morethan 10,000 IU at 4 months pregnancy 2x a week only
179. Tetracycline - causes discoloration ofthe baby teeth and bones – permanent GREEN Teeth

180. HCG - for positive pregnancy test ,
181. Diagnosed hmole - by ultrasoundround masses or snow storm appearance
182. Lordosis, back ache and waddlinggait – Relaxin hormones
183. PRETERM LABOR - labor before 37weeks and after 20weeks
184. Dexamethasone, betamethasone, celestone - **corticosteroid drugs** given in preterm labor to **mature fetal surfactants**
185. **Tocolytic drugs** to halt or stop labor contraction
186. Tocolytic drugs includes – **MgSO4**, Ritrodrine, Terbutaline
187. Preterm labor — avoid sex, prostaglandin in semen ripens cervix and contracts uterus
188. Castor oil — avoid in pregnnacy itcauses **premature contractions**
189. POSTPARTUM HEMORRHAGE within 6days bleeding or more suggest **RETAINED FRAGMENTS OF CONCEPTION**
190. SECRETORY.& LUTEAL PHASE * **PROGESTERONE**
191. Pituitary gland - **produces FSH,LH,**
192. **Voiding of a laboring women is every 2 hours**
193. Pulse and FHT **every 30 mins**
194. Central fea- cervical dilatatio
195. **I.E every 4 hours**
196. **Partograph —** use to monitor progress of labor
197. Postpartum hemorrhage- criterion is blood loss more than 500 ml (500-1000ml)
198. Postpartum hemorrhage- massagefundus and 10 iu oxytocin
199. Effleurage- backrubbing during labor
200. thickening of uterus to 8 to 10 folds - estrogen in Proliferative phase
201. Best time for implantation- **secretory**
202. Estrogen – **causes gum bleeding**
203. Gum bleeding advice to take **VITAMINC and calcium**

204. Estrogen – **development of secondary sexual female characteristics**
205. Hcg- positive pregnancy test
206. Hcg- morning sickness
207. Morning sickness – **dry crackersearly morning without water**
208. Nausea vomiting in afternoon – **small frequent feeding**
209. FSH - matures egg cell or prinordialto graafian follicle
210. Pelvis- android (heart male)
211. gynecoid-(for female,permit vaginal delivery,wide deep, apple shape)
212. identifiable sex of fetus(4months or16 weeks)
213. FHT- (120 - 160) for breech take itAbove umbilicus
214. Ritgens maneuver used to controlfetal head delivery.
215. PROM- PREMATURE rupture of membrane for more than 20 hours mothers temperature must be checked - RISK FOR INFECTION, I.E is every 4 hours
216. Amenorrhea - presumptive sign
217. trichomoniasis- trichomonas vaginalis protozoan * frothy creamy, strawberry (Drug : flagyl or metronidazole)
218. Moniliasis, candidacies, - albicans, yeast infection - itchy, white cheesy, pruritus vulva(vaginitis) (High risk factor : Obesity and DM)
219. KOH test or potassium hydroxide testfor moniliasis
220. INEVITABLE ABORTION – bleedingopen cervix
221. Swimming is ideal exercise during pregnancy
222. Walking is the BEST exercise of pregnancy
223. Accutane or tretinoin - anti acne contraindicated in pregnancy
224. Penicillin and amoxicillin safest antibiotics of pregnancy
225. Rubella vaccine is contraindicated in pregnancy

226. Complication of streptomycin in pregnancy - deaf baby or abortion
227. Avoid streptomycin TB drug in pregnancy
228. Complication of chloramphenicol in pregnancy – gray baby syndrome
229. Complication of smoking in pregnancyis **SGA baby** or Low birth weight baby
230. Complication of DM of mother is **macrosomia** and preterm baby
231. Position of mother in IUD- **lithotomy**

232. Position of mother in labor - **Left sidelying**
233. Position of mother with vaginal bleeding- **trendelenburg**
234. Position of low risk pregnancy laborand delivery — Upright
235. Position of mother with shock - **trendelenburg**
236. Position of mother with cord prolapse **- knee chest or trendelenburg**
237. Position of mother with Rheumaticheart disease — **SEMI FOWLERS**
238. Position for fetal distress - **Left sidelying**
239. Position of mother in BED PAN - **dorsal recumbent position**
240. Position for BSE- **Supine lying**
241. Position for TSE of male- **standingafter warm bath once a month**
242. Position of CS in Breast feeding- **sidelying**
243. Position of chatting mother in Breastfeeding – **sitting**
244. Position of mother in NSVD breastfeeding- **Cradle hold**
245. Stored milk in room - 4 to 8hours
246. Stored milk in freezer - 6 months
247. Mastitis and sore cracked nipples –cold compress before feeding, **do not stop breastfeeding**
248. Engorgement - **warm compressbefore feeding**
249. Mastitis, **Avoid soap in breast**
250. Breastfeeding is immediately or within**30 minutes after birth** and after 3-4 hours in CS

251. **EO – 51 is milk code** - no pacifiersand prelacteal feeding like sugar waters and formula
252. **RA 7600 –** Rooming in and breastfeeding act - June 2, 1992.
253. kidney bean pelvis - plattypeloid
254. oval pelvis- anthropoid
255. flat pelvis - plattypeloid
256. round , sphere, discoid- gynecoid
257. heart shape- android
258. apple shape- gynecoid
259. rarest pelvis- plattypeloid
260. Globular abdomen or rising out of abdomen – 1st sign of placental separation
261. 2nd sign – sudded gush of blood
262. Prolactin for milk production
263. 3rd trimester - preparation of the motherhood to parenthood roles – acceptance of parenthood
264. Normal during first trimester – AMBIVALENCE
265. Normal in pregnancy – mood swings
266. Baby blues – sudden decrease in estrogen and progesterone
267. Baby blues – provide emotional support
268. Taking in- egocentric or self centeredmothe
269. A **rubella titer** is performed to determine **immunity** to **rubella**. If the mother's**titer** is less than 1:8, the mother isnot immune.

270. First antibody to appear for Rubella infection: **IgM**
271. A titer greater than 8 indicates: **Immunity**
272. A titer less than 8 indicates: **Susceptibility to infection**
273. **Toxoplasmosis: CATS**
274. Causative agent of Toxoplasmosis: Parasite known as **Toxoplasma gondii**
275. What is shed in cat feces that can contaminate food, water, hands, or soil? **AND can also be ingested after airborne contaminations?**
276. What type of infection raises concern regarding toxoplasmosis? **Transplacental**
277. Hypertonic uterine contractions firstaction — Stop the oxytocin infusion.
278. FETAL LIE - relationship of the **longaxis of the fetus** to the **long axis of the mother**
279. LOP/ROP - mother will suffer moreback pains
280. FHT Breech: Upper R or L Quadrant(above Umbilicus)
281. FHT Vertex: Lower R or L Quadrant(below Umbilicus)
282. STATION - relationship of the **presenting part of the fetus to the ischial spine of the mother.**
283. Zero (0) station – presenting part is **at the level of the ischial spine/Engagement occurred**
284. +1 station - fetus is engaged, 1cm below ischial spine

285. +2 station – fetus is in midpelvis, **2cm below ischial spine**
286. +4 station - perineum is bulging, 4cm below ischial spine

287. - 2station - 2cm above ischial spine
288. **CROWNING** occurs at second stage of labor
289. During the **first hour after birth** (the period of reactivity), the **neonate is alert and awake**.
290. Apgar is taken 2x (1–5 mins of life)
291. An **Apgar score** of 7 to 10 indicates no immediate distress, 4 to 6 indicates moderate distress, and 0 to 3 indicates severe distress.
292. Respiratory distress syndrome (hyaline membrane disease) develops in premature infants because their **pulmonary alveoli lack surfactant.**
293. ERYTHROMYICIN ointment in a neonate's eyes primarily to prevent blindness caused by gonorrhea or chlamydia.
294. In a neonate, long, brittle fingernails, absent lanugo with patches of skin desquamation are a **sign of postmaturity.**
295. **Desquamation (skin peeling)** is common in postmature neonates .
296. **Vernix caseosa —** cheesy white substance in skin
297. Mongolian spots — dark/slate orbluish or blackish spot in buttocks
298. Milia – white spots or papules innose cheeks or face of newborn
299. Jaundice appears first in – **foreheadand face**
300. Lanugo – fine downy hair
301. POSTERIOR FONTANEL – closes **6 to8 weeks**
302. first 24 hours Neonatal jaundice **afterbirth is known as pathological jaundice and isa sign of erythroblastosis fetalis.**
303. The diamond-shaped anterior fontanelusually closes between ages **12 and 18 months.**
304. The triangular posterior fontanelusually closes by age 2 months.

305. **Meconium** -neonate's first feces, which are **black and tarry**.

306. Meningitis
- Dx: CSF analysis obtained by lumbar puncture
- S/Sx: **A** nuchal rigidity

307. **B** rudzinski's
308. **K** ernig's sign
309. Meningitis Nursing Intervention: **Respiratory isolation within 24 hrs during antibiotic treatment**
310. CSF analysis is bacterial meningitis **—cloudy, high protein level, High WBC,Low glucose level**
311. Tonsillitis - infection and inflammationof the palatine tonsils
312. -Causes: viral and in school age: **GABHS**
313. S/Sx: drooling, difficulty swallowing,high fever, lethargy, enlarged, bright red palatine tonsils - ↑ ASO Titer
314. Antipyretic, analgesic
315. Full **10 days antibiotic treatment** (Penicillin or Amoxicillin)
316. Tonsillectomy (for chronic tonsillitis) – **Prone or side lying position**: head lower than chest to drain blood
317. Check signs of bleeding: ↑ pulse &RR, **frequent swallowing, throat clearing,** feeling of anxiety
318. Offer sips of clear liquid, popsicles orice chip
319. Avoid acid & carbonated beverages
320. Avoid red fluid such as Kool Aid
321. Avoid MILK in tonsilotis
322. **Rheumatic Fever** - autoimmune that occursas a reaction to a GABHS infection

Signs & Symptoms	(Jones Criteria)
Minor	**Major**
Prolonged PR & QT interval Elevated sedimentation rate C-reactive protein Leukocytosis Arthralgia Fever	Polyarthritis Erythema marginatum Carditis Chorea Subcutaneous nodules

323. Benzathine penicillin or PENIUDURE – IM
324. Antibiotic for **10years** to prevent recurrence
325. **Corticosteroid S/E:** hirsutism, round moonface, ↑ susceptibility to infection

326. Phenobarbital & diazepam: for chorea
327. Hemophilia A - factor 8 deficiency
   - sex linked recessive trait
328. Hemophilia – Risk for Injury
329. **Cleft lip** — Support baby in upright positionand feed gently using commercial cleft lipl
330. Offer sips of fluid between feedings (keeps mucous membrane moist & prevents cracks & fissures)
331. **Cleft palate** Offer soft food like **mashedpotato**
332. After surgery of cleft palate – position to **PRONE**
333. Cleft lip — Suture line is held by a **Logan bar**
334. Avoid infant crying as much as possible
335. Cleft Palate – Keep **elbow restraints**
336. No spoon & straw during feeding
337. Keep on prone position
338. **Pyloric Stenosis** - hypertrophy of the muscle surrounding the pyloric sphincter
339. **Projectile vomiting** immediately after feeding - sour, no bile
340. **Dehydration** - lack of tears, dry mouth, sunken fontanels, fever, ↓ urine output, poor skinturgor, weight loss
341. **Priority — PREVENTION OF HYDRATION**
342. Olive shaped mass – Dx: Barium Swallow

- Management:
   1) Pyloromyotomy - electrolyte imbalance, dehydration & starvation must be corrected first
   2) No oral feedings
- Nursing Diagnosis with Intervention/s:
   1) Risk for Fluid Volume Deficit r/t inability to retain food

343. Monitor weight & urine output
344. **Intussusception** - invagination of one intestine to another

Signs/Sx

a. Vomiting - with bile
b. Currant jelly stool
c. Abdominal distention
d. Sausage shaped mass (RUQ)

- Management:
   1) Surgery
   2) Instillation of water soluble solution, barium enema or air (pneumatic insufflation)- Nursing Diagnosis:

345. **Pain r/t abnormal abdominal peristalsis**
346. Risk for Fluid Volume Deficit r/t bowel obstruction
347. **Celiac Disease** - sensitivity or abnormal immunologic response to gluten found in **BROW** (barley, rye, wheat & oat)

348. Management: **Gluten free diet for life**
349. Avoid **spaghetti, pizza, hotdogs, cake, cookies**
350. **Hirschsprung's Disease/Aganglionic megacolon** – Ribbon like stools
351. Affected – sigmoid and rectum
352. **Failure to pass meconium by 24**
353. **Nephrotic Syndrome** - **abnormal loss ofprotein** from the urine due to altered glomerular permeability
354. **Cause of nephrotic syndrome — unknown (autoimmune)**
355. **Hallmark of Nephrotic — *Proteinuria***

Hypoalbuminemia, Edema, Hyperlipidemia:

356. Treatment Corticosteroids – monitor proteinloss , an cause cushingoid appearance (moon face, extra fat at base of neck, ↑ body hair
357. Nursing ntervention: Good protein & potassium
358. **Sickle Cell Anemia** - presence of abnormallyshaped RBCs > **autosomal recessive inherited disorder**
359. Priority is Pain relief - acetaminophen
360. Prevention of sickling – Adequate hydrationand Oxygenation
361. Can be delegated to midwife and N.A —**Feed, bathe and dress patients,** Take patient vitalsigns.
362. Can be delegated to midwife which cannot be performed by N.A – **CHANGING DRESSING OF CS PATIENT**
363. Pre-operatively, how should a child with myelomeningocele be positioned – **prone**
364. The following are signs and symptoms of ovulation, EXCEPT — **Weight gain**
365. first prior giving medications to pedia — **identify med to the bracelet of pt. stated name anddate of birth**
366. Post op interventions after cleft lip – sittingupright position during feeding
367. Not taking folic acid in pregnancy causes – **Neural tube defect**
368. Initiate of breastfeeding – **within 30 mins (½hour)**
369. room in baby to mother — **up to 24 hours**
370. Placenta is fully developed at — **12 weeks**

371. Successful teaching in episiotomy care – wipe from front to back using blotting motio
372. Small constant trickle of blood, suspects– **perineal lacerations**
373. "AFTERPAINS" Severe abdominal cramps,explain the cause – **release of oxytocin during breastfeeding session**

374. Unrelieved pain by 400mg of ibuprofen, assess for what – **Presence ofperineal hematoma**
375. Above umbilicus deviated to the rightbest nursing action – **ambulate & assist to void**
376. z track technique IM site for 1y.obaby — **vastus lateralis**
377. patient is scheduled for CS then request for lab to whom will you relay theresult — **OB**
378. start solid food — **4 months**
379. At birth baby has physical defect towhom will you report first — **physician**
380. Gives antibiotic to toddler withoutparents consent — **battery**
381. Abdominal panhysterctomy is removalof– **Cervix, uterus, fallopian tube and ovaries**
382. Reproductive Health services include the following, EXCEPT – **Finding the correct partner**
383. Violence against women and children Act — **RA 9262**
384. In RHF , If left untreated, conditioncan progress to – **left sided heart failure (80%)**
385. In addition to carditis, which of the following should the nurse assess the child? It should be for the presence of – **arthralgia,low fever**
386. Which of the following would be the possible disorder — **rheumatic fever**
387. After throat swab for culture and sensitivity, the nurse would expect the physician to prescribe an appropriate antibiotic. Which of the following is the purpose of this medication? It is to prevent – **recurrence**
388. mother questions whether her other children can catch the same disease. Which ofthe following should be the nurse's response? — It is caused by an autoimmune reaction and is not contagious

CLEF PALATE

389. Unilateral clef lip/palate – **USErubber tip syringe**
390. Closure of the palate, should be closebefore 6 MOs, response – *speech pattern*
391. Predispose to infection because
392. mouth breathing — **dries oropharyngeal membranes**
393. Repair of cleft palate usually at – **Between 6-8 months**
394. Nursing care after surgical repair cleftlip — **prevent from crying**
395. Significant statement, predisposed toclient lip/palate – **asthmatic mother ,who uses steroid**
396. Priority nursing diagnosis for parents — **anticipatory grieving**
397. Feeding method for clef lip – **rubbertipped**
398. Priority after surgical repair — **highrisk for infection**
399. First repair – **before development of speech**
400. Feeding utensil for cleft palate – cup
401. after surgery of cleft lip palate refer to — **Speech Therapist**
402. In delivery room Earliest feeding cue –**drooling**
403. First step to prevent hypothermia – **drying thoroughly and cover**
404. Prevent hypothermia, ensure correcttemp– **25-28 centigrade**
405. Not included hypothermia is **dangerous to NB – tetralogy of fallot**
406. Not to do for umbilical care – **usebinder**
407. Newborn temperature stabilizes – **4hours**

408. Quality inprovement, Legal risk, incoming next duty RN should first — **identify herself**
409. Address patient – **preferred name**
410. Emphasis on communication – **listento complaints and queries**
411. Establishment of Rapport – **professionalism**
412. Not permit watcher to help you when- — **administering medications**
413. 1st of all nurse must –**keeping patients and all safe**

414. Conserving water — reporting leakand closing faucets (1 and 3 only)
415. Best strategy to manage supplies – **inventory of supplies**
416. After 2 days postpartum, NURSE conducts home visit to infant, what is the priority of the nurse to check — **Moro reflex**
417. Ethical principle basic for informed consent – **autonomy**
418. Toys NOT given to 1 year old — **Barbie doll**
419. Expectp to 8 months – **dada andmama**
420. Expect to 9 months – **peek a boo**
421. Expect to 15 months – **walks alone**
422. Expect to 6 months – **Eruption offirst tooth**
423. 6 months – **6 to 8 oz 4 to 5x a day**
424. Abruptio placenta NOT signs and symptoms – **ABSENCE OF PAIN**
425. Dark pigmentation of the skin during pregnancy — **linea nigra**
426. 40 to 60 years old – **Generativityversus stagnation**
427. What is the distance in personal space when conversation – **3 feet**
428. Tubal ligation patient must consult to – **Obstetric**
429. Water source in urban community – **water works system**
430. Bioethical of Informed consent – **autonomy**
431. How long newborn for rooming in – **24 hours**
432. **Pregnant — safe for covid Vaccine**
433. Guava leaves – **ANTI-bacterial**
434. Why do people use guava leaves – **Scientific study**
435. 1 year old toy– **wagon cart or pushpull toy**
436. Temper tantrums – **ignore baby**
437. Toilet training – **degree of sphincter control**
438. Food to prepare to infant **— rice cereals, pureed fruits and pureed of vegetables**
439. **Most allergenic food— egg white**
440. **Ligation — prevents fertilization**
441. Being tied off and cut in vasectomy **— vas deferens**
442. **Stock area of live sperms — Epididymis**
443. **Priority of Family planning — pills**
444. **Mittleschmerz — lower quadrant abdominal pain felt in ovulation period or midcycle.**
445. Threatened abortion — bleedingwith abdominal cramping at 18 weeks **without cervical dilation.**
446. **Acute glumeronephritis (AGN) description — auto-immune, inflammation,signs and symptoms**
447. **Supporting diagnosis of glomerulonephritis— mild protenuria, marked hematuria**
448. **Priority intervention — limit activity,safety**
449. **Sign that it is Worsening — increasein weight**
450. **Sequel (saan siya galing) — impetigo contagiosa**