

Maternal and Obstetric Disorders 11

Case Study 113

Name _____ Class/Group _____ Date _____

Group Members _____

INSTRUCTIONS All questions apply to this case study. Your responses should be brief and to the point. When asked to provide several answers, list them in order of priority or significance. Do not assume information that is not provided. Please print or write clearly. If your response is not legible, it will be marked as? and you will need to rewrite it.

► Scenario

T.N. delivered a healthy male infant 2 hours ago. She had a midline episiotomy. This is her sixth pregnancy. Before this delivery, she was para 4014. She had an epidural block for her labor and delivery. She is now admitted to the postpartum unit.

1. What is important to note in the initial assessment?

2. You find a boggy fundus during your assessment. What corrective measures can be instituted?

PART 2 PEDIATRIC, MATERNITY, AND PSYCHIATRIC CASES

3. The patient complains of pain and discomfort in her perineal area. How will you respond?
4. The nurse reviews the hospital security guidelines with T.N. The nurse points out that her baby has a special identification bracelet that matches a bracelet worn by T.N. and reviews other security procedures. Which statement by T.N. indicates a need for more teaching?
 - a. "If I have a question about someone's identity, I can ask about it."
 - b. "If someone comes to take my baby for an exam, that person will usually carry my baby to the exam room."
 - c. "Nurses on this unit all wear the same purple uniforms."
 - d. "Each staff member who takes my baby somewhere should have a picture identification badge."
5. An hour after admission, you recheck T.N.'s perineal pad and find that there is a very small amount of drainage on the pad. What will you do next?
 - a. Ask T.N. to change her perineal pad.
 - b. Check her perineal pad again in 1 hour.
 - c. Check the pad underneath T.N.'s buttocks.
 - d. Document the findings in T.N.'s medical record.
6. That evening, the NAP assesses T.N.'s vital signs. Which vital signs would be of concern at this time?

■ Chart View

Vital Signs

Temperature	99.9° F (37.7° C) oral
Pulse rate	120 beats/min
Blood pressure	100/50 mm Hg
Respiratory rate	16 breaths/min

7. What will you do next?

8. T.N.'s condition is stable and you prepare to provide patient teaching. What patient teaching is vital after delivery?

9. T.N. tells you she must go back to work in 6 weeks and is not sure she can continue breastfeeding. What options are available to her?

CASE STUDY OUTCOME

T.N. is discharged to home and plans to consult a lactation specialist before returning to work.

Case Study 114

Name _____

Class/Group _____

Date _____

Group Members _____

INSTRUCTIONS All questions apply to this case study. Your responses should be brief and to the point. When asked to provide several answers, list them in order of priority or significance. Do not assume information that is not provided. Please print or write clearly. If your response is not legible, it will be marked as? and you will need to rewrite it.

► Scenario

P.M. comes to the obstetric (OB) clinic because she has missed two menstrual periods and thinks she might be pregnant. She states she is nauseated, especially in the morning, so she completed a home pregnancy test and it was positive. As the intake nurse in the clinic, you are responsible for gathering information before she sees the physician.

1. What are the two most important questions to ask to determine possible pregnancy?
2. You ask whether she has ever been pregnant, and she tells you she has never been pregnant. How would you record this information?
3. What additional information would be needed to complete the TPAL record?
4. It is important to complete the intake interview. What categories will you address with P.M.?

CASE STUDY PROGRESS

According to the clinic protocol, you obtain the following for her prenatal record: CBC, blood type, urine for urinalysis (UA) (protein, glucose, blood), vital signs (VS), height, and weight. Next, the nurse-midwife does a physical examination, including a pelvic exam and confirms that P.M. is pregnant. P.M. has a gynecoid pelvis by measurement, and the fetus is at approximately 6 weeks' gestation.

PART 2 PEDIATRIC, MATERNITY, AND PSYCHIATRIC CASES

■ Chart/Exhibit

Vital Signs

Blood pressure	116/74 mm Hg
Heart rate	88 beats/min
Respiratory rate	16 breaths/min
Temperature	98.9° F (37.2° C)

5. Do any of these vital signs cause concern? What should you do?
6. P.M. tells you that the date of her last menstrual period (LMP) was February 2. How would you calculate her due date? What is her due date?
7. What is the significance of a gynecoid pelvis?
8. What specimens are important to obtain when the pelvic examination is done?

CASE STUDY PROGRESS

Nursing interventions focus on monitoring the woman and fetus for growth and development; detecting potential complications; and teaching P.M. about nutrition, how to deal with common discomforts of pregnancy, and activities of self-care.

9. A psychological assessment is done to determine P.M.'s feelings and attitudes regarding her pregnancy. How do attitudes, beliefs, and feelings affect pregnancy?

10. P.M. asks you whether there are any foods that she should avoid while pregnant. She lists some of her favorite foods. Which foods, if any, should she avoid eating while she is pregnant? (Select all that apply.)
 - a. Hot dogs
 - b. Sushi
 - c. Yogurt
 - d. Deli meat
 - e. Cheddar cheese

11. As the nurse, you know that assessment and teaching are vital in the prenatal period to ensure a positive outcome. What information is important to include at every visit and at specific times during the pregnancy?

12. After her examination, P.M. states that she is worried because her sister had an ectopic pregnancy and had to have surgery. She asks you, "What are the signs of an ectopic pregnancy?" Which of these are correct? (Select all that apply.)
- Fullness and tenderness in her abdomen, near the ovaries
 - Pain, either unilateral, bilateral, or diffuse over the abdomen
 - Nausea
 - Dark red or brown vaginal bleeding
 - Increased fatigue

13. P.M. asks the nurse about what should be reported to her doctor. List at least six of the "danger signs of pregnancy."

14. Changes in the body caused by pregnancy include relaxation of joints, alteration to center of gravity, faintness, and discomforts. These changes can lead to problems with coordination and balance. In teaching P.M. about safety during pregnancy, what will you include in your teaching?

15. P.M. asks, "Is a vaginal exam done at every visit?" What is your response? Explain your answer.

CASE STUDY OUTCOME

P.M. makes an appointment for her next checkup. You tell her that an ultrasound may be done at about 8 to 12 weeks' gestation to check fetal growth.

Copyright © 2009, 2005, 2001, 1996, by Mosby, Inc. an affiliate of Elsevier Inc.
Copyright © 2013 by Mosby, an affiliate of Elsevier Inc. All rights reserved.

Case Study 115

Name _____ Class/Group _____ Date _____

Group Members _____

INSTRUCTIONS All questions apply to this case study. Your responses should be brief and to the point. When asked to provide several answers, list them in order of priority or significance. Do not assume information that is not provided. Please print or write clearly. If your response is not legible, it will be marked as? and you will need to rewrite it.

► Scenario

You are the charge nurse working in labor and delivery at a local hospital. D.H. comes to the unit having contractions and feeling somewhat uncomfortable. You take her to the intake room to provide privacy, have her change into a gown, and ask her three initial questions to determine your next course of action, that is, whether to do a vaginal exam or to continue asking her more questions.

1. What three initial questions will you ask, and why?

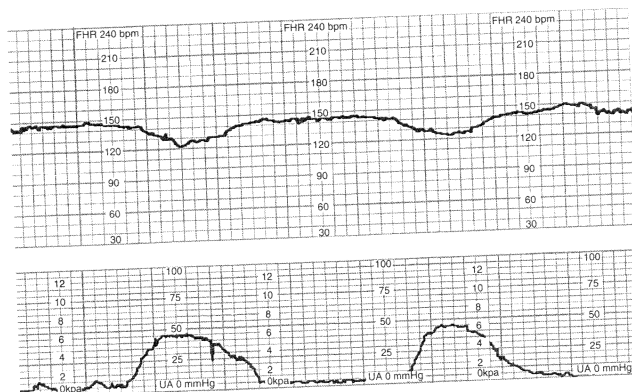
2. D.H. has contractions 2 to 3 minutes apart and lasting 45 seconds. It is her third pregnancy (gravida 3, para 2002). Her bag of waters is intact at this time. She states that her due date is 2 days away. You determine that it is appropriate to ask for further information before a vaginal exam is done. What information do you need?

3. What assessment should you make to gain further information from D.H.?

4. Upon examination, D.H. is 80% effaced and 4 cm dilated. The fetal heart rate (FHR) is 150 beats/min and regular. She is admitted to a labor and delivery room on the unit. What nursing measures should be done at this time?

PART 2 PEDIATRIC, MATERNITY, AND PSYCHIATRIC CASES

5. As part of your assessment, you review the fetal heart strip pictured below. What will you do?



6. List the stages of labor. D.H. is in what stage of labor?

7. D.H. states that she is feeling discomfort and asks you whether there is alternative therapy available before taking medication. List at least four alternative methods to assist D.H. with controlling her discomfort.

8. As you assess both the mother and the fetus during the active stage of labor, you will look for abnormalities. Which of these are potential abnormalities during labor? (Select all that apply.)
- a. Unusual bleeding
 - b. Brown or greenish amniotic fluid
 - c. Contractions that last 40 to 70 seconds
 - d. Sudden, severe pain
 - e. Increased maternal fatigue

CASE STUDY PROGRESS

Although D.H. continues to use alternative therapies for discomfort, she asks for pain medication and receives a dose of meperidine (Demerol). Three hours later, D.H. is lying on her back, and during contractions you notice a few late decelerations of the FHR. You stay with D.H. to monitor her and her fetus and immediately call for someone to notify the PCP.

9. Put these actions in order of priority:

- ___a. Discontinue the oxytocin infusion.
- ___b. Turn D.H. onto her left side and elevate her legs.
- ___c. Increase the rate of the maintenance IV fluids.
- ___d. Administer oxygen at 8-10 L/min by facemask.

10. Decelerations occur in an early, variable, or late pattern. What is the significance of these patterns? State what the nurse should do for each type.

11. As you monitor D.H., you observe for prolapse of the umbilical cord. Describe what this is and what can happen to the fetus if this occurs.

12. What would be done if you noted that D.H. had a prolapsed cord?

CASE STUDY PROGRESS

The decelerations stop, and the remainder of the labor is uneventful; D.H. has an episiotomy to allow more room for the infant to emerge and delivers a male infant.

13. What is involved in the immediate care of the newborn?
14. As you assess the newborn, you observe for CNS depressant effects that might result because the mother received an opioid during labor. Opioid antagonists such as naloxone (Narcan) can promptly reverse the CNS depressant effects in the newborn, but when is naloxone contraindicated for an infant?
15. D.H. has her episiotomy repaired and the placenta delivered. What are the signs that the placenta has released from the uterine wall?
16. What assessments are important for D.H. following delivery?

CASE STUDY OUTCOME

D.H. and her newborn baby boy are taken to the maternity unit where she begins to breastfeed him.