2023 HESI RN -EVOLVE OBSTETRICS- MATERNITY PRACTICE EXAM LATEST UPDATED

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While assessing a newborn the nurse observes diffuse edema of the soft tissues of the scalp that cross the suture lines. How should the nurse document this finding?

0	Molding.
0	Hemangioma.
0	Cephalohematoma.
0	Caput succedaneum.

Rationale

Caput succedaneum (D) is characterized by swelling of the soft tissues of the scalp that extends across suture lines. Molding (A) of the head results from adjustment of the infant's skull structure, which allows for the passage of the infant's head through the birth canal and is a common occurence in vaginal deliveres. Hemangioma (B) is a collection of blood vessels close to Gloskin. Cephalohematoma (C) is an edentation sarea caused by extravasation of blood between the skullpone and periosteum and does not cross the suture lines, which (b) iterentiates it from caput succedaneum (C)

While monitoring a client in active labor, the nurse observes a pattern of a 15-beat increases in the fetal heart rate that lasts 15 to 20 seconds and returns to baseline. Which information should the nurse report during shift change?

Fetal well being with labor progression. Signs of uteroplacental insufficiency. Episodes of fetal head compression. Occurrences of cord compression.

Rationale

Fetal heart rate accelerations that last 15 to 20 seconds are a sign of fetal well-being, so continuous external fetal monitoring should be continued (A). Uteroplacental insufficiency (B) causes late decelerations. Compression of the fetal head (C) results in early decelerations. Compression of the umbilical cord (D) is evidenced by variable decelerations.

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A preterm infant with an apnea monitor experiences an apneic episode. Which action should the nurse implement first?

Ventilate with an Ambu bag.

Perform nasal and airway suctioning.

Administer supplemental oxygen.

Gently rub the infant's feet or back.

Rationale

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Gentle stimulation of the infant's feet and back (D) can cause an infant to resume spontaneous respirations. If the infant does not respond to manual stimulation, resuscitative measures should be implemented using Ambu bag ventilation (A), suctioning (B), and the administration of oxygen (C).

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