

of feeding. Microwave ovens do not heat the formula evenly and should be avoided (C). (D) should not be used because the newborn's kidneys are unable to excrete the increase amounts of protein.

The practical nurse (PN) quickly moves the crib of a male newborn and notices that his legs flex, arms fan out, and then return toward his midline. What action should the PN implement?

1. Document the newborn demonstrates a Moro reflex.
2. Report the abnormal finding to the charge nurse.
3. Perform a hearing test for the newborn.
4. Observe for other abnormalities in the musculoskeletal system. - CORRECT

ANSWER -1. Document the newborn demonstrates a Moro reflex.

The Moro reflex is a normal neonatal reflex that can be elicited when the infant's crib is jarred or a loud noise is made. (B and D) are not indicated. The presence of a Moro is not an indication to evaluate a newborn's hearing. During pregnancy, the enlarging uterus compresses and displaces the colon (A), which leads to a decrease in peristalsis (E), which contribute to constipation during pregnancy. (B, C, D, and F) do not cause constipation in pregnancy.

Which intervention should the practical nurse (PN) provide a neonate during hospitalization?

1. Provide play activities in the hospital room.
2. Offer the neonate a pacifier between feedings.
3. Assign the neonate to a room with other neonates.
4. Request that parents bring security object from home. - CORRECT ANSWER
2. Offer the neonate to a room with other neonates.

3. Inability to initiate the urinary stream.
4. Excessive bleeding on the perineal pad. - CORRECT ANSWER
4. Excessive bleeding on the perineal pad.

A distended bladder prevents the uterus from contracting normally in the immediate postpartum period and causes excessive bleeding (D), which should be reported to the charge nurse. Although (A) places the client at risk for an urinary tract infection, bleeding can lead to hypovolemia and should be reported. (B) is a normal finding after delivery, but other vaginal delivery complications can cause postpartum bleeding, which should be reported to the charge nurse. (C) indicates the need to assess the perineum for trauma to the urinary meatus, but excessive bleeding should be reported.

The practical nurse (PN) is discussing aspects of newborn hygiene with the new parents as they prepare for discharge. Which information should the PN provide?

1. Cleanse the ears and nose with cotton-tipped swabs.
2. Wash the baby's head once a week.
3. Begin tub baths when the cord is dried.
4. Create a draft-free environment when bathing the baby. - CORRECT ANSWER
4. Create a draft-free environment when bathing the baby.

Bathing the newborn infant provides opportunities for cleansing and observing the baby's skin, promoting comfort, and family socializing. Creating a room that is draft-free (D) prevents excessive heat loss during bathing when the newborn's thermoregulatory mechanisms are still stabilizing in the first weeks of life. The ears and nose should be washed using a wash cloth, not (A). The scalp and head should be washed daily, not

(B), to prevent scalp desquamation, or cradle cap. Tub baths should begin after the dried umbilical cord has fallen off and the site is healed (C).

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