27. **Ans: 3** Although all unusual behavior requires ongoing assessment, intervention, and documentation, motor agitation presents the greatest safety issue, because excessive physical activity such as running about or flailing the arms and legs creates a risk for injury to self and others and/or exhaustion (to the point of death). Avolition is a lack of energy in initiating activities. Echolalia is pathologically repeating other people's words or phrases. Stupor is a state in which the patient may remain motionless for a prolonged period. **Focus:** Prioritization
28. **Ans: 1, 2, 4, 6, 8** Tasks 1, 4, and 8 are necessary tasks to provide a thorough shift-change report. Taking the phone report from the ED (task 2) could be delayed, but it is a courtesy to the ED to take the report if at all possible, and knowledge about the new patient is useful in making assignments for the next shift. Task 6 should be done routinely for team building and morale. Tasks 3 and 7 are likely to require lengthy discussions and should be left for the next business day, when social services personnel will be available to assist the nursing staff and the family with these issues. Task 5 will be addressed by getting a report from the staff nurses who have been assigned to care for individual patients. **Focus:** Prioritization

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1. **Ans: 1, 2, 3, 4** Ms. N began prenatal care late at 24 weeks. She needs to know the danger signs and how to contact her provider if they occur. She should be offered assistance with smoking cessation, because smoking is a known risk factor for prematurity, low infant birth weight, perinatal infant death, and sudden infant death syndrome. Undertaking interventions now can help the pregnant woman to quit or reduce smoking and impact outcomes. Educating in the basics of nutrition is also a high priority, because Ms. N is 24 weeks' pregnant, admits to a poor diet, and has gained excess weight in her pregnancy. Getting a flu shot in flu season is recommended for pregnant women. **Focus:** Prioritization
2. **Ans: 1** Chlamydia infection is associated with preterm labor and birth and with neonatal infection, and thus should be treated in pregnancy. Azithromycin is safe in pregnancy and is effective in curing chlamydia infection. **Focus:** Prioritization
3. **Ans: 2** Stress has been linked to preterm delivery and low birth weight of infants and should be addressed by the nurse as a serious risk factor. A 3-hour glucose tolerance test requires fasting even in pregnancy. Colposcopy is a procedure for assessing the cervix. It does not treat HPV infection. The presence of HPV is not an indication for cesarean section. **Focus:** Prioritization
4. **Ans: 3** This report summarizes in SBAR format the priority information that the ER RN needs to know to provide good care to this client at this time. Option 1 gives no background information. Option 2 gives nonpriority information, omits priority information, and includes no recommendation. Option 4 inappropriately gives a diagnosis, and the recommendation may not be appropriate. **Focus:** Prioritization
5. **Ans: 4, 1, 3, 2, 5** This ordering is based on client and staff safety. The agitated and angry man is a safety threat to the client and possibly to the staff, and dealing with him needs to be the first priority. The woman's complaints of bleeding and cramping are a safety threat to the fetus and so must be assessed quickly by measuring vital signs and applying a fetal monitor. The physician should be notified so that an examination can be performed promptly. Once the immediate safety of the mother and fetus are assured, it would be appropriate to obtain a more thorough history. A social work consult would be indicated, but should be deferred until assessment is complete. **Focus:** Prioritization
6. **Ans: 3** Betamethasone administration is an evidence-based intervention that has been shown to decrease many neonatal complications such as respiratory distress, neonatal death, necrotizing enterocolitis, and cerebral vascular hemorrhage in the case of preterm delivery. The nifedipine is used in this situation as a tocolytic to reduce uterine contractions. **Focus:** Prioritization
7. **Ans: 3** Scheduling a follow-up appointment is within the scope of practice of a nursing assistant. Options 1 and 2 are important client education tasks that the RN must perform. Option 4 requires professional collaboration between the RN and the social worker. **Focus:** Delegation
8. **Ans: 2** Ferrous sulfate should be taken with water or juice. Milk can slow the absorption of iron. The other statements are appropriate. **Focus:** Supervision
9. **Ans: 2, 3, 4, 5** These are all necessary data for the RN to have before recommending that the client either wait at home or come to the hospital. The RN must consider the client's history, current symptoms, and practical matters such as distance to the hospital, available transportation, and traffic conditions before giving guidance. Whether the client took her vitamin and iron today would not be priority information at this time. **Focus:** Prioritization
10. **Ans: 2** Options 1, 3, and 4 do not represent abnormal conditions in labor. Option 2, however, indicates more bleeding than normal in labor. It could be a sign of placental abruption or placenta previa and should be evaluated promptly. **Focus:** Prioritization
11. **Ans: 1, 3, 4** The elevated blood pressure should prompt the RN to ask questions regarding symptoms of preeclampsia. The symptoms in options 1, 3, and

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4 are characteristic of preeclampsia. Those in options 2 and 5 are not. **Focus:** Prioritization

12. **Ans: 2, 3, 1, 4** After rupture of the membranes, it is a priority to assess fetal heart tones, because the intrauterine contents shift and there may be compression or prolapse of the umbilical cord. The presence of meconium in the fluid may indicate fetal hypoxia and thus also indicates the need for assessment of fetal heart tones. After heart tones are assessed, the provider should be notified of the presence of meconium in the fluid. The infant bed should be prepared in anticipation of a possible need for suctioning or intubation of the neonate at delivery because of the presence of meconium. Finally, Ms. N should be assessed to determine what the contraction pattern is and how she is coping, because the contractions may become more intense following rupture of the membranes. The prioritization is based on patient safety and requires the nurse to know the implications of meconium-stained fluid and to anticipate changes in the plan of care because of it. **Focus:** Prioritization
13. **Ans: 1** Because Ms. N's labor is progressing rapidly and she is nearing delivery, a narcotic would not be an optimal choice at this time. Although butorphanol is associated with less respiratory depression than other narcotics, if it is given close to delivery, it can cause respiratory depression in the neonate at birth. This medication would be more appropriately used earlier in labor if desired. The other choices are appropriate nursing actions for the pain and distress of this stage of labor. **Focus:** Supervision
14. **Ans: 4** The heart rate and respiratory rate, and findings of peripheral cyanosis are normal in the first hour of life. Central cyanosis, however, may suggest a cardiac or respiratory abnormality and must be evaluated. **Focus:** Prioritization
15. **Ans: 3, 4, 5, 1, 2** The first assessment is of the airway and respirations. Next, suctioning is performed if indicated. The heart rate is then assessed. Placement of identification bands is important for newborn security, but assessing and ensuring the physical stability of the infant in a systematic way is the first priority. IM administration of vitamin K is recommended for the newborn, but this can be done after the initial assessments and proper identification of the newborn. **Focus:** Prioritization
16. **Ans: 2, 3** Early skin-to-skin contact and early breast feeding are associated with breast-feeding success. It is not recommended to give sterile water to a breast-feeding infant or to limit nursing time. **Focus:** Prioritization
17. **Ans: 2** Methergine is contraindicated in a client with hypertension. It could safely be given to a client with the other findings. **Focus:** Prioritization
18. **Ans: 2, 3** Assessing and massaging the uterine fundus helps to prevent further hemorrhage by contracting the uterus firmly, which decreases the rapid blood loss present with uterine atony. Checking vital signs and providing a high-iron diet are appropriate, but do not stop the bleeding. Maternal position is unrelated to hemorrhage. **Focus:** Prioritization
19. **Ans: 2** The statement that something is gushing would prompt the RN to assess immediately for further postpartum hemorrhage. The other reported symptoms are nonemergent and can be evaluated on the postpartum unit. **Focus:** Prioritization
20. **Ans: 2** Tachycardia is an early sign of possible hypovolemia from hemorrhage. Hypotension, mental status changes, and decreased urine output are later signs. The relative hypervolemia in pregnancy allows the mother to tolerate normal blood loss at delivery with relatively little changes in vital signs. The RN must be alert to early signs of hypovolemia and assess promptly for excessive blood loss. **Focus:** Prioritization

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