

- B. Teach patient and family about risks, pathophysiology, plan of care, and infectivity.
- C. Teach patient about immunization schedule for hepatitis vaccines and prophylaxis.
- D. Teach patient good personal hygiene:
 - 1. Handwashing technique
 - 2. Advise patient not to prepare or serve food to others.
- E. Teach patient about transmission precautions until period of infectivity has passed.

CASE STUDIES AND STUDY QUESTIONS

Ms. M., a 30-year-old G3, P2002, woman is admitted to Labor and Delivery for preterm labor at 32 weeks' gestation. Her pregnancy had been normal, with the exception of increasing dyspnea and easy fatigability. Her past medical history includes surgery to repair a ventricular septal defect in infancy. Her vital signs at admission are temperature 37° C (98.6° F), pulse 84, respirations 20, and blood pressure 110/64. Her assessment reveals the following: 1+ + bilateral pedal edema, no proteinuria, and breath sounds clear to auscultation.

1. What would you include in obtaining a history from Ms. M.?
 - a. Previous pregnancy history
 - b. Course of heart disease
 - c. Prescribed medications
 - d. Chest pain or syncope with fatigue
 - e. All of the above
2. According to the New York Heart Association Functional Classification of Cardiac Disease, she would be categorized as:
 - a. Class I
 - b. Class II
 - c. Class III
 - d. Class IV

Ms. S. is a 21-year-old G1, P0 woman at 20 weeks' gestation. She calls your office at 1 PM with complaints of pain on her right side, fever, chills, nausea, and vomiting.

3. Your recommendation to her is:
 - a. Drink plenty of fluids and the physician will call at the end of the day.
 - b. Have her come to the office as soon as possible.
 - c. Make an appointment first thing the next morning.
 - d. Go to the nearest emergency room.
4. The most common cause of pyelonephritis is:
 - a. *Klebsiella pneumoniae*
 - b. *Proteus mirabilis*
 - c. *Escherichia coli*
 - d. *Staphylococcus saprophyticus*

5. Pyelonephritis might cause further complications, which include all of the following *except*:
 - a. Preterm labor
 - b. Renal insufficiency
 - c. Septicemia
 - d. Chorioamnionitis

Ms. B. is a 28-year-old G1, P0 woman at 6 weeks' gestation, based on her last menstrual period. She presents to the clinic today for a new obstetric visit. She has a history of asthma since childhood and is very concerned about the effect this will have on her baby. She has considered stopping her medications. She is currently under good control and has not had an exacerbation in 4 months. Her vital signs are temperature 37° C (98.6° F), pulse 68, respirations 16, and blood pressure 96/68.

6. Education for Ms. B. should include all of the following *except*:
 - a. Well-controlled asthma during pregnancy allows women to continue a normal pregnancy.
 - b. Pregnancy has variable effects on the course of asthma.
 - c. Most of the commonly used asthma medications are considered safe during pregnancy.
 - d. Asthma is not treated aggressively in a pregnant woman.
7. Poorly controlled asthma during pregnancy is associated with an increase in all of the following *except*:
 - a. Preterm birth
 - b. IUGR
 - c. Neonatal hypoxia
 - d. Postdate pregnancy

Ms. G. is a G4, P0 woman at 28 weeks' gestation. Her pregnancy history includes two first-trimester and one second-trimester pregnancy losses. She has been diagnosed with antiphospholipid antibody syndrome and is receiving subcutaneous heparin. She is admitted to Labor and Delivery for decreased fetal movement.

8. The most frequent medical problem associated with antiphospholipid antibody syndrome is:
 - a. Polyarthrititis
 - b. Photosensitivity
 - c. Malar rash
 - d. Arterial or venous thrombosis
9. Patient teaching for Ms. G. should include all of the following *except*:
 - a. Signs and symptoms to report, including bleeding and leg pain or edema
 - b. The need for 1200 mg of calcium and vitamin D
 - c. Antiphospholipid antibody syndrome will not affect all of her pregnancies
 - d. The importance of continued daily fetal movement counting
10. Which objective information in her history is indicative of iron deficiency anemia?
 - a. Temperature of 37° C (98.6° F) and her age
 - b. Her age and chewing ice
 - c. Poor weight gain and elevated blood pressure
 - d. Preterm labor and her poor weight gain
11. What is the best indicator of nutritional status?
 - a. Current weight
 - b. 24-hour diet recall
 - c. Good skin turgor
 - d. Ability of patient to eat three meals and two snacks
12. All of the following require long-term follow-up due to the high rate of chronic hepatitis *except*:
 - a. Hepatitis A
 - b. Hepatitis B
 - c. Hepatitis C
 - d. Hepatitis D

Ms. P. is a 17-year-old primigravida at 28 weeks' gestation. She is in obstetrics triage for preterm labor. Her vital signs are temperature 37° C (98.6° F), pulse 88, respirations 16, and blood pressure 100/64. She has a weight gain this pregnancy of 25 pounds and states she is not very hungry. You notice that she frequently chews ice. Her hemoglobin count is 9.6 g/dL.

ANSWERS TO STUDY QUESTIONS

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|------|------|------|-------|
| 1. e | 4. c | 7. d | 10. b |
| 2. a | 5. d | 8. d | 11. b |
| 3. b | 6. d | 9. c | 12. a |

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