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Question: 1

A pregnant patient with thrombocytopenia is at risk for spontaneous bleeding when her platelet count falls to less than

- A. <80,000/mm³
- B. 50,000/mm³
- C. 20,000/mm³

Answer: C

Explanation:

A pregnant patient with thrombocytopenia is at risk for spontaneous bleeding when her platelet count falls to less than 20,000/mm³. There is little risk with vaginal delivery with a platelet count greater than 30,000/ mms, but for operative vaginal (forceps, vacuum-assisted) or Cesarean delivery, the minimum level should be 50,000/mm³. Generally, a platelet count of 75,000-80,000/mm³ is required for an epidural.

Question: 2

If a patient is pregnant with triplets, the average expected duration of gestation is

- A. 35 weeks
- B. 32 weeks
- C. 30 weeks

Answer: B

Explanation:

If a patient is pregnant with triplets, the average expected duration of gestation is 32 weeks because almost all triplets are born preterm. However, the goal of the pregnancy should be to reach 35 to 36 weeks to allow the fetuses more time to develop and increase their chances of survival. The average gestation for singletons is 39 weeks, for twins it is 35 weeks, and for quadruplets it is 29 weeks.

Question: 3

If a patient is undergoing hydrotherapy to relieve labor pain, the temperature of the water should be maintained at

- A. 36-38°C (96.8-100.4 °F)

- B. 38-39°C (100.4-102.2 °F)
C. 35-36 °C (95-96.8 °F)

Answer: A

Explanation:

If a patient is undergoing hydrotherapy to relieve labor pain, the temperature of the water should be maintained at 36-38 QC (96.8-100.4 QF) so the mother does not overheat. Patients usually stay in hydrotherapy for 40—60 minutes, but some may opt to stay longer. The primary difference between hydrotherapy and water birth is that the patient does not deliver in the tub of water with hydrotherapy but only uses it for pain relief and relaxation during labor.

Question: 4

If a patient is undergoing rapid induction of general anesthesia for an emergency Cesarean delivery, the patient should be positioned

- A. Supine
B. Supine with a wedge under the left hip
C. Supine with a wedge under the right hip

Answer: C

Explanation:

If a patient is undergoing rapid induction of general anesthesia for an emergency Cesarean section, she should be positioned supine with a wedge under the right hip to displace her uterus to the left in order to prevent aortocaval compression, which in turn causes decreased perfusion of the placenta. In some cases, cricoid pressure is applied 2-3 centimeters posteriorly during induction to close off the esophagus and prevent aspiration.

Question: 5

If a mother of a 2-week-old infant is concerned that the infant wants to nurse every 30 to 60 minutes, the nurse should tell the mother that

- A. The infant is not getting sufficient milk at each feeding.
B. She should provide supplementary bottle feedings.
C. This is the time when the infant is undergoing a growth spurt.

Answer: C

Explanation:

If a mother of a 2-week-old infant is concerned that the infant wants to nurse every 30 to 60 minutes, the nurse should tell the mother that this is the time period when the child is undergoing a growth spurt. Neonates normally breastfeed every 1 to 3 hours, but during growth spurts they may

want to nurse every 30 to 60 minutes. Growth spurts usually occur during weeks 2 to 3, at 6 weeks, at 3 months, and at 6 months. The infant nurses more often until the production of milk increases, usually within approximately 72 hours.

Question: 6

The initial sign of the first phase of amniotic fluid embolism is usually

- A. Cardiac arrest
- B. Respiratory failure
- C. Disseminated intravascular coagulation (DIC)

Answer: B

Explanation:

The initial sign of the first phase of amniotic fluid embolism is respiratory failure, which may happen very abruptly. This is followed by cardiac arrest and, if the patient survives, the onset of DIC in the second phase. Amniotic fluid embolism is an autoimmune response to amniotic fluid or fetal cells, occurring when amniotic fluid enters the maternal blood and circulatory system. Patients may also experience nonspecific signs and symptoms—nausea, vomiting, anxiety, headache, and diaphoresis—as the respiratory system becomes compromised.

Question: 7

Characteristics of true labor include

- A. Regular-rhythm contractions that decrease in interval and increase in intensity with pain in the back and abdomen
- B. Irregular-rhythm contractions with a consistent interval and intensity with pain in the lower abdomen
- C. Regular-rhythm contractions that decrease in interval and intensity with pain in the lower abdomen

Answer: A

Explanation:

Characteristics of true labor include regular-rhythm contractions that decrease in interval and increase in intensity with pain in the back and abdomen as well as evidence of cervical dilation. Characteristics of false labor include irregular-rhythm contractions with a consistent interval and intensity and pain in the lower abdomen, with no evidence of cervical dilation. Generally, if a patient has 12 or more regular contractions in 1 hour with cervical dilation of 3 cm or more, this signals the onset of labor.

Question: 8

The average serum creatinine value during pregnancy is

- A. <1.8 mg/dL
- B. <1.5 mg/dL
- C. <1.0 mg/dL

Answer: C

Explanation:

Although the normal value for creatinine is less than 1.5 mg/dL for the nonpregnant woman, it is less than 1.0 mg/dL for the pregnant woman (typically ranging from 0.5 to 0.6 mg/dL). Creatinine and blood urea nitrogen levels fall during pregnancy because of the increased blood volume and the increased perfusion of the kidneys, resulting in more efficient clearance. Because of this, a moderate increase in creatinine, even to 1.0 mg/dL, can indicate impaired kidney function.

Question: 9

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- A. 2 weeks
- B. 4 weeks
- C. 6 weeks

Answer: B

Explanation:

Following delivery, the time it takes for uterine involution to the nonpregnant size is 4 weeks, at which time the uterus weighs approximately 100 g. Involution begins at approximately the second day; at one week, the uterus weighs approximately 500 g (which is half the immediate postpartum weight). The uterus decreases in size to 300 g by 2 weeks, at which time it has returned to the true pelvis. The muscle cells decrease in size rather than in number.

Question: 10

A Bishop score that indicates that the patient's cervix is "ripe" and that induction of labor and delivery will likely be successful is

- A. 9
- B. 6
- C. 2

Answer: A

Explanation:

A Bishop score that indicates that the patient's cervix is "ripe" and that induction of labor and delivery will likely be successful is 9-13. If the score is <4, the likelihood of failure is increased.

Bishop scores for cervical status are detailed in the following table:

Factors	0	1	2	3
Dilation	Closed	1–2 cm	3–4 cm	>5 cm
Effacement	≤30%	40–50%	60–70%	≥80%
Station	–3	–2, –1	0	+1, +2
Consistency	Firm	Medium	Soft	—
Position	Posterior	Mid	Anterior	—



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