

HESI RN Pharmacology 2022 V2 Exam & Study Guide

the deep breaths fail to increase the oxygen saturation level, the registered nurse is notified and may prescribe oxygen.

A client who delivered a healthy newborn 11 days ago calls the clinic and tells the nurse that she is experiencing a white vaginal discharge. The nurse tells the client:

- Y. ☐ To perform a vaginal douche
- Z. ☒ To come to the clinic for a checkup **Incorrect**
- AA. ☐ That this is an indication of an infection
- AB. ☐ That this is a normal postpartum occurrence **Correct**

Rationale: For the first 3 days following childbirth, lochia consists almost entirely of blood, with small particles of decidua and mucus, and is called lochia rubra because of its red color. The amount of blood decreases by about the fourth day, and which time the lochia changes from red to pink or brown-tinged; this stage is called lochia serosa. By about the 11th day, the erythrocyte component of lochia has decreased and the discharge becomes white or cream-colored. This final stage is known as lochia alba. Lochia alba contains leukocytes, decidual cells, epithelial cells, fat, cervical mucus, and bacteria. It is present in most women until the third week after childbirth but may persist for as long as 6 weeks. Lochia alba is a normal finding during the postpartum course, and no intervention is required, so the other options are incorrect.

A rubella antibody screen is performed in a pregnant client, and the results indicate that the client is not immune to rubella. The nurse tells the client that:

- AC. ☒ A rubella vaccine must be administered immediately **Incorrect**
- AD. ☐ A rubella vaccine must be administered after childbirth **Correct**
- AE. ☐ She will not contract rubella if she is exposed to the disease
- AF. ☐ She does not need to be concerned about being exposed to rubella

Rationale: A prenatal rubella antibody screen is performed in every pregnant woman to determine whether she is immune to rubella, which can cause serious fetal anomalies. If she is not immune, rubella vaccine is offered after childbirth to keep her from contracting rubella during subsequent pregnancies. The vaccine is a live virus, and defects might occur in the fetus if the vaccine were administered during pregnancy or if the mother were to become pregnant soon after it was administered. Administering a rubella vaccine immediately places the fetus at risk. Telling the client that she does not need to be concerned about being exposed to rubella is incorrect, because the possibility of exposure, which could be harmful to the fetus, does exist.

A nurse is monitoring a client who delivered a healthy newborn 12 hours ago. The nurse takes the client's temperature and notes that it is 38° C (100.4° F). The most appropriate nursing action would be to:

- AG. ☐ Notify the registered nurse
- AH. ☒ Recheck the temperature in 1 hour **Incorrect**

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