

iron-deficiency anemia

Causes: Inadequate iron stores and/or insufficient consumption of iron-rich foods.

Signs & Symptoms: Fatigue, pallor, SOB, low Hb/H (HGB <11 mg/dL, HCT <33%), pica (unusual food cravings).

Medic: Ferrous sulfate - take on empty stomach.

Vitamin C increases absorption. Increase fluid and fiber intake to prevent constipation.

Nursing Care:

Encourage increased intake of iron-rich foods (meat, green leafy vegetables, fruit, beans).

Ge6

Underlying or worsening can become problematic

2022

Score: PROBABLY MODERATE >3+, I PROBABLY, NOT SURE DECIDE I

ADVERSE, AS 3+ METABOLISM, NOT SURE.

Spontaneous Abortion

Termination of pregnancy before 20 weeks gestation.

Types:

Threatened: Spotting, no tissue passed, closed cervix.
Inevitable: Mild to severe bleeding, no tissue passed, dilated cervix with tissue bulging.
Incomplete: Severe bleeding, partial fetal tissue passed, dilated cervix.
Complete: Minimal bleeding, complete uterine contents passed, closed cervix.

Procedure:

Mifepristone (RU-486) or administration of prostaglandins and aspirin for inevitable or incomplete abortion (to completely remove uterine contents).



GESTATIONAL DIABETES

IMPAIRED GLUCOSE TOLERANCE DURING PREGNANCY. NORMAL GLUCOSE LEVEL - 90-100 mg/dL.

Risks: Preeclampsia, infection, pre-term rupture of membranes, pre-term labor, hypotension, macrosomia, lacerations, hypoglycemia, hyperglycemia, increased risk of developing diabetes following pregnancy.

Signs & Symptoms: fatigue, polyuria, polydipsia, blurred vision, weight gain.

What is it? Glucose intolerance, blood sugar changes between 24-28 weeks gestation.

Signs & Symptoms: rapid weight gain, blurred vision, frequent urination, increased thirst.

Risk factors: Obesity, maternal age, hypertension, gestational diabetes, previous history of diabetes.

Signs: Test vaginal secretions for presence of ketones.

Preterm Labor

What is it? Glucose intolerance, blood sugar changes between 24-28 weeks gestation.

Signs & Symptoms: rapid weight gain, blurred vision, frequent urination, increased thirst.

Risk factors: Obesity, maternal age, hypertension, gestational diabetes, previous history of diabetes.

Signs: Test vaginal secretions for presence of ketones.

ECTOPIC PREGNANCY

is an implantation of the fertilized ovum in fallopian tube (vs. uterus). Patients at risk for tubal rupture and fatal hemorrhaging.

Signs:

vaginal spotting/bleeding, or sensation of discomfort in pelvic area.



Signs & Symptoms:

Unilateral stabbing pain in LLQ or RLQ of abdomen, vaginal spotting/bleeding, referred shoulder pain with tubal rupture, signs of shock or hemorrhage (hypotension, tachycardia, pallor).

Signs & Symptoms: Dark brown bleeding that resembles prune juice, nausea/vomiting, abnormally high hCG levels.

Diagnosis: Ultrasound.

Treatment: Excision of tube (via salpingectomy), chemotherapy for choriocarcinoma.

Diagnosis: 1 hour glucose tolerance test: 1 sensation, no fasting required, 1 corrected, 3 hour test.
3 hour test: over 180 mg/dL, 1 sensation, no fasting required, 1 corrected, 3 hour test.
12 hours prior to test, fasting: 90 mg/dL, 1 sensation, no fasting required, 1 corrected, 3 hour test.
TREATMENT: Insulin is usually used, medications are costly.

Maternal Newborn

ANTEPARTUM CARE

INP

AMT

OB G

MAGNESIUM SULFATE

OTPAL

0 = Gravidity, total # of times pregnant
1 = Term birth (37 weeks or later)
2 = Preterm birth (37 weeks or earlier)
3 = # of Abortion/Stillbirths
4 = # of Living children

Gravidity refers to the total number of pregnancies (even if they are lost). Parity refers to the number of live births.

not appropriate.



What is it?

3 types

Signs & Symptoms

Diagnosis

Placenta Previa

What is it? Placenta implants near (or over) the cervical os - can bleed during the third trimester of preg.



Incomplete

2 types

not

2x 2x

1x

NURSING CARE:

- Do not perform vaginal exam (or digital exam)
- Avoidance of sexual activity
- Monitor for signs of hemorrhage
- Monitor for signs of shock
- Monitor for signs of infection

Signs of Pregnancy

Signs:

missed menses, breast tenderness, fatigue, nausea, vomiting, weight gain.

Probable signs:

breast tenderness, uterine enlargement, positive pregnancy test.

Positive signs:

hearing fetal heart, seeing fetal movement on ultrasound.

Calculating due date

add 280 days to last menstrual period

Fundal Height

18-22 weeks gestation, 18-22 weeks gestation, 18-22 weeks gestation.

18-22 weeks gestation, 18-22 weeks gestation.



Linea Nigra

2 types

not

2x 2x

1x

1x

1x

1x

1x

1x

1x

1x

1x

1x

Obgyn Study Guide

N Noddings



Obgyn Study Guide:

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Pocket Guide for Obstetrics and Gynecology Frank W. Ling,Patrick Duff,2002 A pocket sized quick reference to the protocols clinical pearls and pitfalls to avoid from the major new text Obstetrics and Gynecology Principles for Practice It features essential and practical guidelines focusing on what house officers clinicians and third and fourth year medical students need most

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Improving Family Planning Services for Teenagers Urban and Rural Systems Associates,1978

Tintinalli's Emergency Medicine: A Comprehensive Study Guide, Seventh Edition Judith Tintinalli,J. Stapczynski,O. John Ma,David Cline,Rita Cydulka,Garth Meckler,2010-11-12 The landmark emergency medicine text is now in full color 17 additional chapters available for download With 418 contributors representing over 120 medical centers around the world Tintinalli s Emergency Medicine is the most practical and clinically rigorous reference of its kind It covers everything from prehospital care disaster preparedness and basic resuscitative techniques to all the major diseases requiring emergency treatment such as pulmonary emergencies renal and GU disorders and hemophilia This authoritative in depth coverage makes this classic text indispensable not only in emergency departments but also for residents and practitioners when studying or preparing for any exam they may face While continuing to provide the most current information for acute conditions the seventh edition of Tintinalli s Emergency Medicine has been substantially revised and updated to cover all of the conditions for which patients seek emergency department care in a concise and easy to read manner

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Emergency Nurse Practitioner Core Curriculum Reneé Holleran,Theresa M. Campo,2021-08-27 The only book to deliver essential knowledge specific to the needs of ENPs Edited by the American Academy of Emergency Nurse Practitioners this authoritative resource encompasses the full scope of holistic evidence based practice across the lifespan and serves as a comprehensive certification review for emergency nurse practitioners ENPs The only book written specifically for this specialty practice it delivers essential core knowledge for ENPs in all relevant programs and practice arenas The book s four editors 57 authors and 15 reviewers all recognized leaders in the field present the most current knowledge available in a clear and succinct format Incorporating diversity and inclusion throughout this resource contains all essential information needed for the provision of skilled care including the history and development of ENP fundamental clinical skills management of medical emergencies shock and trauma and environmental emergencies toxicology emergency medical services and disaster preparedness and the needs of special patient populations all according to the most current evidence based research and guidelines Key Features Edited and authored by the American Association of Emergency Nurse Practitioners Provides succinct and pertinent details regarding patient management and care Addresses complexity and the need for acuity in the ENP setting Mirrors the AAENP Certification blueprint for use as a certification review guide Each chapter consistently written to include learning objectives medical screening physical examination diagnostic testing medical decision making and differential diagnosis management and patient disposition [CCMA](#)

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Principles and Practice of TransGynecology Mick van Trotsenburg, Rixt A. C. Luikenaar, Maria Cristina

Meriggiola, 2022-12-08 This comprehensive and authoritative book is written by over seventy of the foremost experts working with the care of transgender and gender expansive patients for gynecologists and those working in neighboring disciplines Among medical specialists understanding of the complex reality and medical needs of transgender and gender diverse individuals is still limited This book offers the opportunity to understand transgynecology in a way that is inclusive and up to date with insights into liaison with specialties such as urology dermatology sexuology physiotherapy amongst others By contextualising transgender gender diverse medicine before covering specific issues such as imaging benign disorders fertility maintenance medico legal concerns and uterine transplantation this book is truly unique Aimed at gynecologists obstetricians general practitioners counsellors and all those who work with transgender non binary or gender diverse patients this book prepares the reader for the prerequisites and subtleties of transgynecology **SURVIVORS GUIDE TO**

USMLE STEP 2CK EDITION V: 2024: SURVIVORS EXAM PREP DR vijay naik, 2024-01-18 This USMLE USMLE STEP 2CK

book has been designed to make students think for themselves rather than memorization management This book has been written with a understanding that if a student understands a disease process then the student will know and understand how and why to manage a condition in a certain way rather than memorizing charts This design is to integrate knowledge of step 1 and applying it to understanding management for step 2ck This book comes with a special chapter on test taking skills and principles of management unlike any other You will understand fundamentals of why and how you manage something in a certain way Also test taking skills that can help you solve vignettes in the shortest time which will eliminate running out of time on your test day The new edition INCLUDES A NEW CHAPTER ON CLINICAL VIGNETTE <https://survivorsexamprep.com>

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