 **جــــــامعة بــــورسعيد**

**كلية التمريض**

**Department: Maternity, Obstetrics &Gynecology nursing**

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| **Critical Obstetrics and Gynecology nursing**  **(Cod )**  **Third year scend term- final Exam** | **Year: 2021/2022** |
| **Total Marks(50)** | **Date:** |
| **Asisst/ prof/ Dr: seham shehata**  **Dr/ Gehan ahmed** | **Time allowed: 2 hours** |

# 1- Choose the correct answer **:-** (20 MARKS)

**1- Which of the following is consider local Causes of abnormal uterine bleeding**

1. Endometrial hyperplasia
2. -Psychological disturbance
3. -Chronic renal diseases
4. Coagulation defects or fragile capillary

**2- Fetal asphyxia is consider one of fetal complication's in precipitated labor that due to**

1. Strong frequent uterine contractions that reducing placental perfusion
2. Sudden compression and decompression of the head
3. Intracranial hemorrhage
4. Inversion of the uterus

**3 – The most common reason for prolonged latent phase**

1. Cephalo-pelvic disproportion
2. entering labor without substantial cervical effacement.
3. Annular detachment of the cervix
4. Hyperactive lower uterine segment

4- **The nursing care for patients with dysfunctional labor according the priority ….**

1. Assess V/S and the physical status
2. providing emotional support
3. Help patient to adopt a comfortable position
4. Identifying and treat abnormal uterine pattern

5- A nurse is counseling a pre-eclamptic client about her diet. Which should the nurse encourage the woman to do?

1. Restrict sodium intake.

2. Increase intake of fluids.

3. Eat a well-balanced diet.

4. Avoid simple sugars.

6- A gravid client with 4+ proteinuria and 4+ reflexes is admitted to the hospital. The nurse must closely monitor the woman for which of the following?

1. Grand mal seizure.

2. High platelet count.

3. Explosive diarrhea.

4. Fractured pelvis.

7- Which finding should the nurse expect when assessing a client with placenta previa?

1. Severe occipital headache.

2. History of thyroid cancer.

3. Previous premature delivery.

4. Painless vaginal bleeding.

8- A woman has been diagnosed with a ruptured ectopic pregnancy. Which of the following signs/symptoms is characteristic of this diagnosis?

1. Dark brown rectal bleeding.

2. Severe nausea and vomiting.

3. Sharp unilateral pain.

4. Marked hyperthermia.

9- Which of the following pregnant clients is most high risk for preterm premature rupture of the membranes (PPROM)? Select all that apply.

1. 31 weeks’ gestation with prolapsed mitral valve (PMV).

2. 32 weeks’ gestation with urinary tract infection (UTI).

3. 33 weeks’ gestation with twins post–in vitro fertilization (IVF).

4. 34 weeks’ gestation with gestational diabetes (GDM).

10- A type 1 diabetic is being seen for preconception counseling. The nurse should emphasize that during the first trimester the woman may experience which of the following?

1. Need for less insulin than she normally injects.

2. An increased risk for hyperglycemic episodes.

3. Signs and symptoms of hydramnios.

4. A need to be hospitalized for fetal testing.

11- An insulin-dependent diabetic woman will require higher doses of insulin as which of the following pregnancy hormones increases in her body?

1. Estrogen.

2. Progesterone.

3. Human chorionic gonadotropin.

4. Human placental lactogen.

**12- Which fetal condition is common in pregnancies complicated by pre-eclampsia**?

* + Congenital malformations
  + Heart failure due to hypertension
  + Haemorrhagic disease of the newborn
  + Intra-uterine growth restriction

**13 -Which of the following factors will place a patient at the highest risk of abruptio placentae?**

* A history of abruptio placentae in a previous pregnancy.
* Any of the hypertensive disorders of pregnancy.
* Intra-uterine growth retardation.
* Cigarette smoking

**14 -Following a small vaginal bleed at 34 weeks gestation, the diagnosis of placenta praevia is confirmed with ultrasonography. Which of the following will be the correct further management?**

* The fetus must be delivered immediately by Caesarean section.
* A vaginal examination must be done in theatre immediately to confirm the diagnosis.
* The patient must be hospitalized and managed conservatively until 36 weeks or until active bleeding starts again.
* The membranes must be ruptured to induce labor

15- A woman is scheduled to have an external version for a breech presentation. The nurse carefully assesses the client’s chart knowing that which of the following is a contraindication to this procedure?

1. Station –2.

2. 38 weeks’ gestation.

3. Reactive NST.

4. Previous cesarean section

16- A woman, 32 weeks’ gestation, contracting every 3 min × 60 sec, is receiving magnesium sulfate. For which of the following maternal assessments is it critical for the nurse to monitor the client?

1. Low urinary output.

2. Temperature elevation.

3. Absent pedal pulses.

4. Retinal edema. أسفل النموذج

17- The nurse is performing a postpartum assessment on a client who delivered 4 hours ago. The nurse notes a firm uterus at the umbilicus with heavy lochial flow. Which of the following nursing actions is appropriate?

1. Massage the uterus.

2. Notify the obstetrician.

3. Administer an oxytocic as ordered.

4. Assist the client to the bathroom.

18- The nurse is developing a standard care plan for the post-cesarean client. Which of the following should the nurse plan to implement?

1. Maintain the client in left lateral recumbent position.

2. Teach sits bath use on second postoperative day.

3. Perform active range-of-motion exercises until ambulating.

4. Assess central venous pressure during first postoperative day.

19- Which symptom would the nurse expect to observe in a postpartum client with a vaginal hematoma?

1. Pain.

2. Bleeding.

3. Warmth.

4. Redness.

20- The nurse should suspect puerperal infection when a client exhibits which of the following?

1. Temperature of 38 °c.

2. White blood cell count of 14,500 cells/mm 3.

3. Diaphoresis during the night.

4. Malodorous lochia discharge.

**II. Answer the following questions (15 marks)**

**1- List the complication of preterm labor** **RDS**

**3-Genital prolapse is the descent of one or more of the genital organ below their normal level. In the light of this statement**

-Discuss proper post-natal care as a prophylactic measures of genital prolapse? **. Proper post-natal care (after delivery):**

**4- List the complication of RH incompatibility Respiratory distress**

**5- Define the Secondary postpartum hemorrhage? Then list its causes?**

**III. Answer the following questions for this situation (15 marks)**

**3- Mrs. Asmaa has anew birth since 7 days she comes to the clinic complain from vomiting, excessive & offensive lochia suprapubic and pelvic pain, after examination the nurse note that her temperature 40c and there is sub involution of the uterus.**

**Diagnose this case? (2 marks)-**

**List the predisposing factors? (5marks)-**

**-Design nursing care plane for this patient contain the most appropriate nursing diagnosis? (8marks)**