Answers to Clinical Judgment Case Studies

Clinical Judgment 3.1

**Case Study: Sally Redwing**

The nurse should explain to Sally that some herbs are dangerous during pregnancy, and the effects of many other herbs have not been researched adequately and are therefore unknown. For these reasons, Sally should not continue to use her grandmother’s preparation unless she can determine with confidence exactly what herbs it contains, and confirms with her primary healthcare provider that these herbs are safe and therapeutic during pregnancy.

Clinical Judgment 4.1

**Case Study: Janet Turner**

Mrs. Turner is at risk for osteoporosis given her age and slight build. Further questions should be directed to family history of osteoporosis, calcium and Vitamin D intake both supplementally and dietary, weight-bearing exercise and strength training. Recommendations for adequate intake of calcium and Vitamin D should be discussed. Education on exercise both weight bearing and muscle strengthening should be done. She should be scheduled for a Dexascan to further evaluate her bone health and possibly be referred for treatment of osteoporosis if indicated.

Clinical Judgment 6.1

**Case Study: Tamara Williams**

In a private area, the nurse needs to sit and talk “with” Tamara versus talking “to” Tamara. It is necessary to use terminology the patient understands and combine verbal information with visual
representation and written patient education materials at a level of health literacy specific to the patient population. Of particular import is exploring with the patient her reasons for not wanting to obtain the medication. Medication nonadherence has a myriad of causes, and it is vital to discuss with the patient her concerns specific to the issue. The nurse should inform Tamara that a woman with ASB may not have any symptoms but that does not mean she is not ill. Other information to be shared with the patient includes knowledge that an untreated ASB can progress to a UTI in approximately 30% to 40% of pregnant women (Blackburn, 2007). Other information would include the physiological and hormonal changes in pregnancy that contribute to a woman contracting ASB, UTI, cystitis, or pyelonephritis and the relationship among these disorders. The action, dosage, and potential side effects of the medication should be discussed, along with the medication’s safety during pregnancy. Allow the patient the time and opportunity to discuss concerns, such as trying to take the medication while at school (four times a day) and for an extended period of time (7 days). If necessary, the nurse can discuss with the provider other antibiotics that could be ordered that require less daily dosing and for a shorter length of time. Any teaching specific to the drug, such as taking with meals or changes in the color of the urine (may turn urine brown or dark yellow) should be reviewed. Discussion should include payment sources or assistance in obtaining the medication, as this issue may limit the patient’s willingness to purchase the drug. Lastly, the nurse should ask if Tamara has any questions and provide a contact name and number at the health care agency so that she can contact someone if she or her parent(s)/guardian have further questions or concerns.

Clinical Judgment 8.1

Case Study: Tanesia Ford
Tanesia can be referred to a new mother’s support group to deal with the issues dealing with being a new mother. Tanesia can be followed by a case worker at social services to provide case management as needed. Her parents should be encouraged to allow the new family individual freedom while providing support and teaching as needed. Tanesia can also enroll in newborn care classes and breastfeeding classes and support groups as needed. Ben should be encouraged to provide care to the baby as well and provide Tanesia with breaks from the baby. A peer mentor could provide invaluable assistance to this new mother. The baby should be seen by a pediatrician or pediatric nurse practitioner to gauge growth and development. Like all new mothers, Tanesia should be screened for postpartum depression.

Clinical Judgment 9.1

Case Study: Sally Smith

Before beginning an examination it is important to reassure Sally that she is safe and that you are there to support her, serve as her advocate, ensure that she receives prompt evaluation and treatment, and assist her in dealing with the situation. She needs to understand every step of the examination process and should have a clear picture of what is going to happen and why. If necessary, you can help her understand that she was raped and that she may have been given a substance (a date rape drug such as rohypnol) to incapacitate her. You can explain the importance of completing a rape kit to collect and preserve legal evidence. Collecting the evidence does not mean that Sally needs to prosecute her assailant. Sally also needs information about prophylaxis against STIs. It is essential to determine whether Sally is using any form of birth control and, if so, what form. She also needs information about pregnancy risk and treatment options. You also need to determine Sally's available support persons and the
responses she expects. For example, are there cultural issues to be considered?

In addition to the normal patient information, you need to provide a detailed history that covers information about the events leading to the assault, including the possibility that Sally was drugged, and the assault itself and its aftermath. You need to assess Sally's mental status and responses to questions and discussion. You need to note that the rape was unprotected and indicate whether Sally is currently using any form of birth control. You also need to identify Sally's available support and preferences for care.

Clinical Judgment 11.1

Case Study: Melodie Chong

Melodie is correct that drugs may be teratogenic. But severe hyperthermia such as this (T 104°F) is known to cause neural tube defects (spina bifida and anencephaly at this stage of gestation). Therefore, the healthcare provider must weigh the risk of teratogenicity of an antipyretic such as low-dose aspirin against the teratogenic potential of hyperthermia. Malformation have been associated with sauna-induced hyperthermia. No information about exercise-induced hyperthermia and birth defects is available, but strenuous physical activity (running marathons) raises body temperature significantly and probably should be avoided during pregnancy. Melodie should consume prenatal vitamins and 400 micrograms of folic acid daily as a supplement to prevent neural tube defects. Folic acid is nontoxic even at high doses, can prevent up to 40-70% of neural tube defects, and may prevent some heart defects and facial clefts.
Melodie asks when her baby is most vulnerable for abnormal growth or structure: The factors that influence a teratogen’s action include: genotype of the mother and conceptus; dose and duration of exposure to the agent; and stage of embryogenesis when exposure occurs. Most major malformations are produced during the embryonic period (teratogenic period), the third to eighth weeks of gestation. The brain, for example, remains sensitive to insult throughout the fetal period (after eighth week).

Clinical Judgment 15.1

**Case Study: Davia Mankovitz**

It is not normal to feel fetal movement at 13 weeks. Quickening or fetal movements typically occur between 14 and 22 weeks. Davia is most likely over 20 weeks' gestation based on her fundal height (22 cm) and the presence of fetal movement. She should have an ultrasound to determine gestational age since she has a history of irregular menses. She should also have an initial prenatal history, an examination, and laboratory studies completed.

Clinical Judgment 16.1

**Case Study: Ana Gonzalez**

Even though Ana is in excellent shape, we do not know what impact prolonged participation in strenuous training might have on her fetus. The normal fetus seems able to withstand decreased uterine blood flow during exercise as blood is shunted to the muscles. We do not know, however, whether this decreased blood flow to the fetus interferes with the fetus’ ability to dissipate heat, especially since the fetus is not able to decrease temperature via perspiration or respiration. Because decreased oxygen is available for aerobic exercise during pregnancy, women should modify the intensity of their exercise based on their symptoms, should stop when
they become fatigued, and should avoid exercising to the point of exhaustion. A normal pregnancy requires an additional 300 kcal per day. Women who exercise regularly during pregnancy should be careful to ensure that they consume an adequate diet. As a result of the cardiovascular changes of pregnancy, heart rate is not an accurate indicator of the intensity of exercise for pregnant women. If a pregnant woman is unable to talk or feels unable to breathe, then the exercise effort is too high (Saade, 2007)

Warning signs include the following: pain of any kind, vaginal bleeding, uterine contractions, decreased or absent fetal movement, fluid loss from the vagina, dizziness, headache, dyspnea before exertion, and muscle weakness (ACOG, 2002). The woman should stop exercising if any of these symptoms occur and modify her exercise program. If the symptoms persist, the woman should contact her caregiver.

Clinical Judgment 17.1

**Case Study: Rachel Kalaras**

It is important to answer Rachel's questions about relinquishment and to provide information about the process of adoption itself including options available such as open adoption. In addition to providing this information, talk to Rachel about the psychologic impact of adoption and the grieving process relinquishing mothers experience. It may also be useful to discuss the reasons that Rachel has for considering relinquishment. In some cases it may be possible to suggest alternatives that would address Rachel's concerns. The decision to relinquish a child is a painful process, marked by significant ambivalence.

Clinical Judgment 20.1
Case Study: Jillian Rundus

A quick evaluation shows that Jillian is not in labor because her abdominal pain is located in the right upper quadrant. The characteristic of this pain, coupled with the complaints of headache, nausea and hypertension indicate severe preeclampsia and possible HELLP syndrome.

Preeclampsia should be suspected in any pregnant woman beyond 20 weeks who presents with right upper quadrant pain. A common mistake is to think the symptoms are related to cholecystitis or other GI related issues.

Preeclampsia/HELLP syndrome can be a life-threatening condition for both the mother and fetus and requires prompt intervention. Maternal morbidity and mortality rates can be as high as 24% and 40% respectively while infant morbidity and mortality can be as high as 60% (Martin, 2009).
Symptoms of HELLP syndrome can be subtle and usually develop suddenly. Commonly, women will complain of flu-like symptoms. They may have visual changes such as blurriness or flashing lights, headache, nausea/vomiting, and right upper quadrant or epigastric pain. Edema may be present, but is also found in 30% of normal pregnancies. Although hypertension and proteinuria are cardinal signs of preeclampsia, 15% of women with HELLP syndrome will be normotensive (Martin, 2009). Laboratory tests in women with HELLP syndrome will demonstrate elevated liver function tests, low platelet count, and red cell hemolysis. Rapid treatment with magnesium sulfate is given as a prophylaxis against seizures. Stabilization of maternal blood pressure with intravenous hydralazine or labetalol is necessary for women with severe hypertension (>160/105). Oliguria is common and renal output is monitored closely. Betamethasone or dexamethasone are given to accelerate fetal lung maturity in the preterm fetus and may have the added benefit of combating hepatic swelling and improving maternal liver function and platelet count. Electronic fetal monitoring is done to ensure the fetus is not in distress. Despite aggressive management, worsening maternal or fetal status is a clear indication for delivery, which is the only cure for preeclampsia/HELLP syndrome.

Clinical Judgment 24.1

Case Study: Fatima Al Ahala

You can check with the anesthesiologist to see if a female physician or nurse anesthetist is available on back-up call. Note that this is not always a viable option in some facilities. If this is not an option, explain to the couple that the only available anesthesiologist is a male provider and that if she desires epidural anesthesia, she will have to consent to a male provider. Leave the
choice to the couple. If she chooses not to have the epidural, offer her alternative options, such as relaxation techniques, guided imagery, or specific breathing techniques.

Clinical Judgment 27.1

Case Study: Kim Hahn

The deceleration described represents an early deceleration. Early decelerations commonly occur with the contraction and are associated with compression of the fetal head. A vaginal examination should be performed to assess the stage of labor since early decelerations can be a sign of advancing labor and fetal descent. A full assessment should be performed and the physician/CNM should be notified of the patient's status.

Clinical Judgment 29.1

Case Study: Jonathon Sykes

It is not uncommon for term newborns to lose 5% to 10% of their birth weight in the first week after birth. This is due to fluid shifts and elimination but can be exacerbated by inadequate fluid intake if the infant is not feeding well. Jonathon has lost approximately 9% of his birth weight at day 5. His mother should not be alarmed if he is feeding well, does not act ill, and shows no signs of dehydration. Jonathon can be expected to begin gaining weight in the next several days but should have his weight followed again in a week.

It would be prudent to ask Jonathon’s mother questions to determine his feeding adequacy. How often and for how long each session does Jonathon breastfeed? How many wet diapers each day? What is the frequency of stooling? Is mother having any problems with her breast milk
supply? This is also a good time to do some education with Jonathon’s mother concerning her nutrition and self care during lactation.

Calculate daily caloric intake needed: 3.260 kg x 120 kcal/kg/day = 391.2 kcal/day needed for growth. Breast milk contains approximately 20 cal/oz, so to determine how many ounces of breast milk Jonathon would need each day, divide 391 kcal/day by 20 kcal/oz and the result would be 19.5 ounces of breast milk in a 24hr period.

Critical Judgment 30.1

Case Study: Travis Bell

Physical maturity score

- Skin dry and cracking with pale areas and rare veins = 3
- No Lanugo = 4
- Sole creases over entire sole = 4
- Raised areola 3 mm = 3
- Well-curved pinna soft with ready recoil = 3
- Testes descended with moderate rugae = 3
- Total = 20

Neuromotor maturity score

- Square window at 0 degree = 4
- Arm recoil 100 degree = 3
- Popliteal angle 100 degree = 3
• Scarf sign yield elbow will not reach midline = 3 or 4
• Heel to ear 90 degree = 3
• Posture fully flexed = 4
• Total = 20 or 21

Interpret the combined scores

• A score of 40-41 indicates a 40-week gestation

Determine if newborn is LGA or AGA or SGA

• Forty weeks at 3000 g includes AGA

Nurse may reassure the parents that the infant’s weight is appropriate for gestational age

Clinical Judgment 30.2

Case Study: Maria Reyes

The unique behavioral and temperamental characteristics of newborn infants should be discussed. Additionally, aspects of the Brazelton exam may be helpful to use in showing Mrs. Reyes how her infant changes states with different stimuli and intervention. Teaching her how to console her newborn will also be helpful.

Clinical Judgment 31.1

Case Study: Baby Johannson
Though babies may make occasional cooing sounds, newborns tend to either cry or be silent. The nurse needs to immediately assess the situation as the “cute little noises” may be early signs of respiratory distress such as grunting.

Clinical Judgment 31.2

**Case Study: Aisha Khan**

Reassure Aisha that you will help her baby as you carry out the following activities.

- Position the infant with her head lowered and to the side.
- Bulb suction the nares and mouth repeatedly until the airway is cleared.
- Hold and comfort the infant when normal respirations are restored.
- Reassure Aisha and review this procedure with her.

*Note:* If bulb suctioning alone does not clear the airway, use DeLee wall suction and administer oxygen as needed to restore normal respirations.

Clinical Judgment 31.3

**Case Study: John Fredericks**

This is a good time to teach the father how to take the baby’s temperature, what a normal temperature should be, the risks to the infant of hypothermia, and strategies for keeping baby in a neutral thermal environment.

Clinical Judgment 31.4

**Case Study: Sarah Feldstein**

First examine the infant’s genitalia and wipe between the labia to verify the source of bleeding. If there were no external lacerations, you would explain to the mother that a small amount of
bleeding, called pseudomenstruation, sometimes occurs in newborn girls because of maternal hormone levels. This is considered normal and generally resolves in a few days. The tissue she observes is a vaginal skin tag, also a normal finding. It usually disappears in a few weeks.

Clinical Judgment 33.1

Case Study: Jean Corrigan

We hope that you would tell her that nurses always wear gloves during the initial assessment of a newborn, during all admission procedures until the newborn has its first bath, and sometimes during diaper changes. You should also tell her that her baby will not be isolated from the other babies when in the nursery and that her baby can remain with her if she wishes. It is important to recognize the concern that Mrs. Corrigan may have about people knowing that her baby may have HIV and to assess her own feelings of social isolation.

Clinical Judgment 34.1

Case Study: Baby Girl Linn

It is important to give this mother clear, factual information regarding the type, cause, and usual course of the baby’s respiratory problem. You see that Linn’s laboratory tests, chest X-ray, and clinical course so far are indicative of transient tachypnea of the newborn. Respiratory distress syndrome is probably not the problem because Linn is not premature and did not have any asphyxia at birth. You recognize that prior experience with a premature newborn with respiratory distress and prolonged hospitalization will add to this mother’s fear and anxiety regarding her new baby. Therefore, in addition to giving factual information regarding the baby’s condition, it is important for you to see whether the mother can be brought to the nursery to see
her baby or to have the mother receive a picture of the baby for reassurance. Before the mother visits the baby, clearly describe the oxygen and monitoring equipment that is helping Linn so that the mother will not be alarmed upon seeing her daughter.

Clinical Judgment 34.2

Case Study: Baby Boy Martin

Risk factors include vacuum delivery that causes bruising of the scalp – with noted cephalohematoma. Any bruising accelerates breakdown of RBC’s and can lead to hyperbilirubinemia. ABO incompatibility (maternal blood type 0 positive and infant blood type A positive) with resultant hepatomegaly as an associated finding. This does not usually cause severe hemolytic disease, but is a risk factor for elevated bilirubin levels. This infant is polycythemic with a hematocrit of 60%. This elevated number of RBC’s and subsequent cell death will cause a rise in bilirubin levels. The total bilirubin level of 16 is elevated and does place this infant in the high risk zone with need for phototherapy. Once treatment is initiated total bilirubin levels should be checked every 12 to 24 hours depending on the rate of rise and clinical status of the infant.

The nurse needs to spend time educating Mrs. Martin about her baby’s diagnosis, current treatment, and care. Reassurance that hyperbilirubinemia is a common and treatable condition in most newborns, is very important information to give the mother. She will need to be shown the phototherapy lights, eye protection device, and informed of the importance of her infant having maximum time exposure to the lights. Since this therapy may involve maternal-infant separation and limits on the amount of time the infant may be held, it is imperative that the mother be aware of the necessity for treatment. The mother should understand the importance of infant feeding
and stooling to promote excretion of bilirubin from the gut. Urine output should be monitored for signs of dehydration. By understanding her baby’s condition, treatment, and care, Mrs. Martin can become a helpful member of her baby’s healthcare team.

Clinical Judgment 35.1

Case Study: Patty Clark

The findings are within normal range for 24 hours, however, the deviation of the uterus to the right may indicate the patient has a full bladder. If the bladder becomes distended, the uterus may become boggy and therefore the lochi excessive. You should first ask how long it has been since she last voided and if she feels like she is completely emptying her bladder. If she is having trouble emptying her bladder, try some nursing interventions to help her void.

Clinical Judgment 36.1

Case Study: Dana Sullivan

Dana may be experiencing anxiety, fatigue, pain, feelings of being overwhelmed, or a variety of other emotions. The nurse should assess variables related to her reluctance to be discharged and provide interventions to decrease her stressors and fears. Explain that Dana does have the legal right to a longer hospitalization and that during this additional time you will set up a teaching plan to ensure all her needs are met.

Clinical Judgment 37.1

Case Study: Carla Humphrey

Sometimes the nurse will find information that varies slightly between sources. For example, the
WHO (2007) recommended sterilizing bottles and nipples between uses, and a U. S. FDA (2007; updated 2009) consumer website advocated sterilizing bottles and nipples prior to the first use only and then washing with hot water or in the dishwasher between uses if a clean source of tap water is available. The stringent WHO guidelines are designed for worldwide use with a broad continuum of sanitation, and the FDA guidelines are generally designed for the United States. However, as noted, many U. S. families use well water, and a wide variety of sanitation exists within private homes. Using clinical judgment, the nurse can share the most conservative recommendation with parents or let the parents review both recommendations and then make their own decision. The mother should be advised to either utilize the dishwasher or to use hot water with dish detergent as a minimal sanitary procedure if she chooses not to sterilize the bottles and nipples.

Clinical Judgment 37.2

Case Study: Ann Nyembe

Reassure Ann that she can continue breastfeeding despite her discomfort. Discourage Ann from using bottles since this can lead to worsening engorgement. Advise Ann to apply warm moist compresses to her breasts and to perform breast massage to facilitate let-down prior to feedings. The baby should be breastfed frequently to relieve symptoms. Ann can take ibuprofen to relieve some of the discomfort. Ice can also be applied after feedings to decrease milk production between feedings until her body regulates the amount of milk needed. Ann should be encouraged to rest between feedings since fatigue can lead to a decrease in coping skills. Family support is also a valuable resource for new mothers can reduce the feelings of becoming overwhelmed.
Clinical Judgment 38.1

**Case Study: Lu Chen**

Using open-ended questions will assist you in encouraging Lu to provide longer and more in-depth answers, thereby opening up the lines of communication and creating the beginnings of a bond of trust. The nurse can start by asking some simple questions to ascertain the possible level of attachment that Lu has made with her unborn child, such as whether she has chosen a name, or prepared a nursery, etc., and carefully observe both Lu’s responses and her body language for clues to the depth of her attachment. One question that can prove helpful is to ask Lu if she would like you to gather a bereavement outfit (assuming your institution has them on hand) for her baby. Her response to this question may yield useful information as to how she views the infant (baby, fetus, real or abstract). The nurse should carefully explain to Lu what will happen when the baby is born in simple, concrete terms (what happens in delivery, what the baby will possibly look like, what the options are following the delivery, etc.). The nurse can then ask Lu how she can best help her as they pass through each phase of the delivery, subsequent death and postmortem care.

Not making direct eye contact is common in traditional Chinese culture. Avoidance of confrontation is also important. Sitting beside or across from Lu rather than hovering over her may help her feel less threatened by the situation.

Some questions to ask might include: How are dying babies perceived in your culture? Is it acceptable for you to hold the baby? Would it be okay for her mother to hold the baby and does she wish to see her grandchild?
The nurse can model for the mother that he or she accepts the baby by treating the baby with respect and dignity while cleaning, dressing, and preparing the infant for holding. Parents will often look to healthcare providers for appropriate responses.

It is just as important however, that the patient’s wishes be respected should she desire not to have contact with her child. It can be very traumatic to a mother when she feels that she is being judged for her grief response and decision not to interact with her baby. The most important thing to remember in bereavement care is that your job is to help them meet their needs, not your own.

Clinical Judgment 39.1

Case Study: Betsy Lambert

Based on your assessments of a firm fundus and continued bright bleeding, you would suspect a laceration as the cause. Sometimes, another indication of a laceration in the genital tract is a slow steady trickle of blood coinciding with the heartbeat that can be visualized by shining a light on the vaginal area. One of your actions is to consult the physician who will examine the patient, identify the area of bleeding, and suture as needed. This intervention usually requires moving her to a delivery room or surgical area. She may need additional pain medication or local anesthetic for the procedure along with information and emotional support. She may want to speak with her husband in advance, if time allows, at least by telephone.

Given her history, you can anticipate adding additional IV fluids and likely a blood draw for CBC or Hemoglobin/Hematocrit. She will need continued monitoring of fundus, bladder, lochia, and episiotomy, and pain/comfort level after the laceration is sutured. Prior to discharge, she needs to be informed about the need for increasing her iron intake with iron-rich foods, and
help in considering her preferences from among those. Depending on her H&H results, she may also be started on an oral iron tablet, such as Ferrous Sulfate.

Clinical Judgment 39.2

Case Study: Wanda Sugiyama

You should have Wanda return to her room via wheelchair. Assess her leg for warmth, edema, redness, tenderness, and Homans’ sign. Discuss with Wanda that she should not massage her leg or get out of bed until you consult with the primary provider concerning your findings. Notify her primary healthcare provider and document your assessment findings.