



Go To Clinical Case

While caring for these clients, be sure to review the concept maps in chapters 3 and 4.

Case 1: Infertility, Conception, and Complications

Related Concepts: Circulation, Nutrition, Adaptation

Threaded Topics: Grief, Loss, Violence, Communication, Family Dynamics

Anna Frey-Walters is a 30-year-old client who arrives at the clinic today with her wife of two years, Carol. Anna states that they want to conceive and have a child together. They have decided that Anna will carry their baby, Carol will be the egg donor, and a chosen male friend will be the sperm donor. Anna and Carol report that they are both healthy, run five miles a day together, and do not take any medications or vitamins.



Both Anna and Carol report having multiple partners before they met. They have never been tested for sexually transmitted infections. Carol reports that she had some heterosexual relationships in the past that were sexual. They are unsure of their friend's medical history and are hesitant to ask him, afraid that he'll change his mind about being the sperm donor.

1. NurseThink® Prioritization Power!

Evaluate the information in the case above and pick the **Top 3 Priority** concerns or cues.



1. _____
2. _____
3. _____

2. Based on the priority concerns, which action(s) should the nurse anticipate? Select all that apply.

1. Both women being placed on folic acid 400 mcg, daily by mouth.
2. A discussion about the importance of knowing their friend's health history.
3. Performance of a pelvic exam on Anna to rule out sexually transmitted infections.
4. Obtaining blood work on Carol to rule out sexually transmitted infections.
5. Exploring why they want to have children.



The male friend willingly shares his health history information and no concerns arise. Anna and Carol return to the clinic today to begin fertility testing for Anna. The provider draws some baseline labs.

Nursing

Flow Sheets

Provider


Labs & Diagnostics

MAR

Collaborative Care

Other

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Name: Anna Frey-Walters

Health Care Provider: Martina Hines, FNP

Code Status: Full code

Age: 30 years

Allergies: NKDA

LABORATORY REPORT

Lab	Normal	May 8
WBC	4,000-10,000 μ /L	6.2
Hemoglobin	12 -17.0 g/dL	11.0 L
Hematocrit (%)	36 - 51%	35 L
RBC	4.2 - 5.9 cells/L	3.9 L
Platelets	150,000 to 350,000 μ L	192,000
Calcium	9 - 10.5 mg/dL	8.9 L
Chloride	98 - 106 mEq/L	99
Magnesium	1.5 - 2.4 mEq/L	2.4
Phosphorus	3.0 - 4.5 mg/dL	4.3
Potassium	3.5 - 5.0 mEq/L	3.4 L
Sodium	136 - 145 mEq/L	145
Glucose, fasting	70 - 100 mg/dL	79
BUN	8 - 20 mg/dL	36 H
Creatinine	0.7-1.3 mg/dL	0.9
Total Protein	6 - 7.8 g/dL	6.8
Albumin	3.5 - 5.0 g/dL	3.7
CPK	30 - 170 U/L	57
LDH	60 - 100 U/L	95
AST	0 - 35 U/L	28
ALT	0 - 35 U/L	29
GGT	9 - 48 U/L	38
Total Bilirubin	0.3 - 1.2 mg/dL	0.9

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Chapter 5 - Sexuality 39

3. After reviewing the lab report, which question(s) should the nurse ask? Select all that apply.



1. "Do you ever feel cold or weak?"
2. "What color are your stools?"
3. "How much water do you drink each day?"
4. "How much protein do you consume each day?"
5. "How much dairy do you consume each day?"

Clinical Hint: Signs of anemia include fatigue, loss of energy, tachycardia, shortness of breath, headache, lack of mental focus, dizziness, pale skin, leg cramps, and insomnia.

The nurse learns that Anna chooses to maintain a strict vegan diet. She ran five miles today before coming to the clinic.

4. Which suggestions should the nurse give? Select all that apply.

1. It is unsafe for Anna to conceive.
2. Anna requires vitamin supplements with calcium and iron.
3. She should consume more water.
4. Additional testing is needed.
5. She should go off of her vegan diet during pregnancy.

5. The nurses in the office have never cared for a lesbian couple and feel the need to learn how to meet Anna and Carol's needs better. How should the nurses obtain more information?

1. Ask Carol and Anna to share with the nurse what they feel is appropriate.
2. Ask someone from the lesbian community to provide an in-service to the staff.
3. Perform a literature search on the care of the lesbian client and couple.
4. Ask a friend who is in a same-sex relationship what can be done to help this couple.

6. The health care provider prescribes a hysterosalpingography for Anna. What should the nurse teach Anna about this procedure? Select all that apply.

1. The procedure is performed after the follicular phase of the menstrual cycle.
2. Anna may experience moderate to severe cramping, along with shoulder pain, during the procedure.
3. Radiopaque dye is injected through the cervix, entering the uterus, and fallopian tube, allowing for visualization of abnormalities.
4. Anna will be given a nonsteroidal anti-inflammatory immediately prior to the procedure.
5. After the procedure, Anna needs to report severe cramping, bleeding, fever or malodorous discharge.

7. The fertility tests are completed, and no abnormalities are detected. Carol is placed on gonadotropin 75 units, subcutaneously, once a day for five days, starting on cycle day 3. How can the nurse suggest that Anna be more involved?

1. Instruct Anna in how to administer the daily injections.
2. Have Anna pick up the prescription from the pharmacy.
3. Instruct Anna of the side effects to monitor.
4. Instruct Anna how to draw up the medication.

Next Gen Clinical Judgment:

Visit the Office of Women's Health at www.womenshealth.gov/a-z-topics/infertility



Review 3 areas that you did not know that would be beneficial for Anna and Carol to know. Record them here and teach them to a classmate.


8. Carol calls the clinic a few days later and reports that she is experiencing swelling of her hands, feet, and is short of breath. What action should the nurse take?
 1. Administer the human chorionic gonadotropin (hCG) to stimulate Carol's ovaries.
 2. Postpone the infertility treatment until the next cycle.
 3. Prep Carol for oocyte retrieval.
 4. Instruct Carol to increase her fluids.

9. Carol and Anna are disappointed that they have to wait for a for another cycle before they can complete in vitro fertilization (IVF). What action is most appropriate for the nurse to take?
 1. Inform them that they should consider other options because pregnancy is too dangerous.
 2. State that God's plan is for them not to have children.
 3. Allow them to express their feelings and provide a supportive atmosphere.
 4. Suggest that maybe Anna should be the donor and Carol the carrier.

10. The next cycle goes well, and Carol is ready for the human chorionic gonadotropin (hCG) injection to be administered. What information should the nurse provide to Carol about this medication?
 1. Carol must refrain from intercourse after receiving this medication.
 2. The injection is given subcutaneously by the nurse 7 to 9 days after her last injection of gonadotropin.
 3. Egg retrieval will be performed in approximately 24 to 36 hours after she receives the medication.
 4. The injection will be given intramuscularly by the nurse three days after her last injection of gonadotropin.

11. The medication is successful, and the health care provider retrieves 10 eggs. Five days later, Anna comes to the clinic for embryo transfer. Which action(s) should the nurse take before the procedure. Select all that apply.
 1. Verify that informed consent has been obtained.
 2. Confirm that the client has had nothing by mouth.
 3. Confirm with the physician how many embryos will be transferred.
 4. Conduct a timeout and document the time out.
 5. Obtain baseline vital signs.

Next Gen Clinical Judgment: Infertility practices are frequently points for ethical dilemmas from zygote disposal to selective reduction. Perform a web search and read 3 journal articles about the ethics of infertility.

Nursing	Flow Sheets	Provider	Labs & Diagnostics	MAR	Collaborative Care	Other
		Name: Anna Frey-Walters Health Care Provider: Martina Hines, FNP Code Status: Full code		Age: 30 years Allergies: NKDA		

POST-PROCEDURE AND DISCHARGE PRESCRIPTIONS

July 18
1315

1. Vital signs per routine.
2. Light activity for 24 hours.
3. Educate about progesterone supplementation.
4. Pre-natal vitamins, one by mouth, daily.

12. Explain the rationale for each of the instructions after the procedure.



1. Vital signs per routine. _____
2. Light activity for 24 hours. _____
3. Educate about progesterone supplementation. _____
4. Pre-natal vitamins, one by mouth, daily. _____

13. A pregnancy test 14 days later confirms that Anna is pregnant. At six weeks gestation, Carol and Anna come to the clinic for an ultrasound. What is the most appropriate way for the nurse to address them?



1. Carol as the father of the baby and Anna as the mother.
2. Carol as the significant other and Anna as the mother.
3. Carol as the other mother and Anna as the mother.
4. Carol by her first name and Anna as the mother.

14. Carol and Anna ask what Anna can be eating to ensure she is getting the right nutrients for her and their baby. Plan an appropriate meal for her based on Choose My Plate.

Scan the QR code
on your phone
to find more
information.



www.choosemyplate.gov/moms-pregnancy-breastfeeding

15. At 16 weeks gestation, Carol and Anna return to the clinic for a check-up and ultrasound. The uterus has not increased in size, and the health care provider determines there has been a missed miscarriage. A dilation and curettage (D&C) procedure is scheduled and performed. Which discharge instruction(s) should the nurse provide to Anna? Select all that apply.

1. Report heavy or bright red vaginal bleeding.
2. Have someone remain with her for the first three hours.
3. Report any fever, chills, or foul-smelling discharge.
4. Delay pregnancy for at least 2 months.
5. Take the antibiotics until she feels better.
6. Eat food high in iron and protein.

16. The nurse wants to offer support and comfort to Anna and Carol for the loss of the pregnancy. What is the most appropriate statement the nurse can make to them at this time?

1. "It may be for the best since sometimes there is something wrong with the fetus."
2. "There is always next time since you have more embryos."
3. "You can start adoption procedures because that often helps."
4. "I am so sorry for your loss; this must be very difficult."

17. Which nursing intervention(s) is/are most likely to offer comfort to Anna and Carol? Select all that apply.
1. Telling Anna, she may have done something to cause this.
 2. Encourage Anna and Carol to talk about their feelings.
 3. Suggest that Carol be the carrier and Anna donate the eggs for the next cycle.
 4. Sit and listen to their concerns.
 5. Recommend a referral to a support group.
 6. Provide a follow-up call after discharge to check on them.

18. A week later, Anna comes into the clinic saturating a pad with blood every hour. Methylergonovine 0.2 mg intramuscular (IM) is prescribed. Before giving the medicine, the nurse notes the blood pressure is 145/95 (112 mmHg). The nurse holds the medication and contacts the provider. Complete an SBAR communication to the health care provider.



S - _____
 B - _____
 A - _____
 R - _____

Clinical Hint:
 S - Situation
 B - Background
 A - Assessment
 R - Recommendation

19. After several months, Anna and Carol undergo another round of in vitro fertilization. Anna is now 32 weeks pregnant and comes into the clinic for a visit with some bruises on her arms and abdomen. Anna confides in the nurse that Carol occasionally hits her. What is the nurse's best response?

1. "I am glad you have shared this with me. No one has the right to hit you."
2. "Thank you for telling me; I'll place it in your chart, now let's assess you and the baby."
3. "Good to know but I am sure Carol is just feeling stressed, don't you agree?"
4. "Has this happened to you in other relationships?"



20. THIN Thinking Time!

What actions should the nurse take in response to this reported abuse? Apply THIN Thinking.



T - _____
 H - _____
 I - _____
 N - _____

T - Top 3
 H - Help Quick
 I - Identify Risk to Safety
 N - Nursing Process

Scan to access the 10-Minute-Mentor → on THIN Thinking.



NurseThink.com/THINThinking



Conceptual Quiz: Fundamentals and Advanced

Fundamental Quiz

1. A client is recently hospitalized for depression. He states that he does not feel like he has normal sexual feelings for his age. How should the nurse respond?
 1. "Normal feelings are only defined by you. Please tell me what you are feeling."
 2. "Your sexual feelings often change as you mature. I am sure that they will change."
 3. "It sounds as if you are confused. Please tell me what you are confused about."
 4. "It is not uncommon to have sexual feelings that are difficult to understand."
2. A married lesbian couple comes to the office to begin prenatal care. Which nursing response demonstrates bias?
 1. The nurse asks the couple: "Which one of you is the mother?"
 2. The nurse documents that the client is single.
 3. The nurse asks the client: "How was conception achieved?"
 4. The nurse asks the significant other "Are you excited about this pregnancy?"
3. A 13-year-old and her parent come to the clinic for an annual pediatric examination. The parent informs the nurse that the daughter started her period last year. What is the appropriate nursing response?
 1. The nurse asks the client if she has any questions about preventing pregnancy.
 2. The nurse counsels the client about the consequences of sexually transmitted infections.
 3. The nurse documents that the age of menarche as twelve years.
 4. The nurse records that the age of menopause for the client is thirteen.
4. A sexually active young adult comes to the clinic for lesions on the head of the penis. It is determined that he has genital herpes. Which educational statements is/are a priority before discharge? Select all that apply.
 1. You must wear a condom when you have an outbreak to prevent the spread of the virus.
 2. If you have only one partner, there will not be spread of the virus.
 3. Spread can occur when using a condom since the virus may be in a location not covered by the condom.
 4. Herpes can be cured with the use of daily medication.
 5. Having herpes increases your risk of getting human immunodeficiency virus (HIV).

5. The nurse asks the client to provide a 'teach-back' when demonstrating the proper way to perform a breast self-examination when she states "I could not possibly feel my breasts like that." How should the nurse respond?
 1. "I don't understand what the problem is, can you tell me more?"
 2. "What are your concerns?"
 3. "Would it be easier if your husband does it?"
 4. "It's really easy, let me show you again."

Advanced Quiz

6. A client returns to the room with continuous bladder irrigation after prostate removal. The client is taking ice chips and has an I.V. infusing at 100 mL/hour. The catheter is draining light pink urine. After 3 hours, the nurse notes that the urine output is red and has dropped to 15 mL and 10 mL for the last 2 consecutive hours. What should be the nurse's next action?
 1. Increase the fluid rate of the bladder irrigation.
 2. Assess the bladder using a bladder scanner.
 3. Increase the IV fluid rate.
 4. Assess the BUN, creatinine and potassium levels.
7. The nurse is caring for a pregnant client at 32 weeks gestation with an 8-year history of insulin-dependent diabetes. She comes to the clinic stating "I'm having low back pain, and there is some drainage in my underwear. I'm terrified and shaking." What should be the nurse's first action?
 1. Obtain a fingerstick glucose reading.
 2. Collect a urine specimen.
 3. Assess fetal heart sounds.
 4. Determine if there is a bloody show.
8. A client at 38-weeks gestation is admitted to triage with bright red vaginal bleeding. No contractions are reported, but she says that she has some 'abdominal cramping.' Vital signs are heart rate 100 beats per minute, blood pressure 108/67 (87 mmHg), and respirations 16 breaths per minute. Fetal heart rate is 120 beats per minute. What should the nurse do next?
 1. Determine if cervical dilation is present.
 2. Further, assess the abdominal cramping.
 3. Place an indwelling catheter and determine the urinary output.
 4. Observe the quantity of vaginal bleeding.





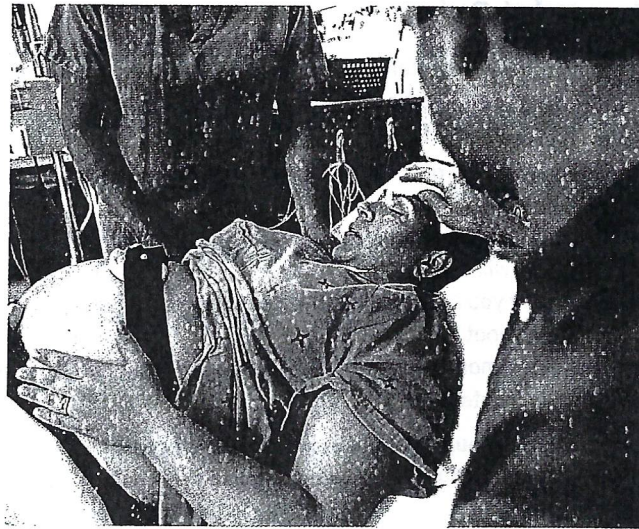
Conceptual Quiz: Fundamentals and Advanced

9. The nurse is caring for a client in active labor and begins to see late decelerations on the fetal heart monitor. Upon entering the room, the nurse observes this image. What should be the nurses next action?

1. Place the client in a right lateral position.
2. Notify the practitioner and prepare for surgery.
3. Place O₂ at 8 liters by non-rebreather mask.
4. Reassure the parents that everything is all right.

10. The grandmother of a stillborn infant tells the nurse she wants to see and hold the child. What is the nurse's best response?

1. "I'll check with the provider first to see if it is all right."
2. "Let me dress him first, and I'll bring him to you."
3. "I don't think it's good for you to see him."
4. "It will be better if I bring you a photo of him."



TESTS FOR PREGNANCY

	Prenatal Tests Throughout	First Trimester Months: 1-3	Second Trimester Months 4-6	Third Trimester Months 7-9
Blood pressure	Screen for early signs of preeclampsia			
Urine Analysis	Screen for infection, preeclampsia, or diabetes			
Blood Tests	Screen for infections (syphilis, hepatitis B, and HIV) blood type (Rh factor), and anemia		QUAD screen: alpha-fetoprotein (AFP), estriol, human chorionic gonadotropin (hCG), and inhibit A); Glucose screening at 6-7 months	
Cervical Fluid				Group B Strep
Ultrasound	Gestational age		Growth and birth defects	
Carrier Genetic Screening		Cystic Fibrosis (CF), spinal muscular atrophy (SMA), thalassemia's, and hemoglobinopathies		
Cell-free Fetal DNA Testing (maternal serum sample)		After 9 weeks Down syndrome		
Chorionic Villus Sampling (placenta sample)		10-13 weeks Genetic conditions		
Amniocentesis (amniotic fluid)			Genetic and birth defects	Infant lung maturity and infections

