

# Cheap Nursing CEUs

## Hyperemesis Gravidarum

### 1. What defines Hyperemesis Gravidarum as different from typical morning sickness?

- A. HG involves vomiting less than two times a day and no weight loss.
  - B. HG symptoms resolve spontaneously by the second trimester with minor dehydration.
  - C. HG is characterized by severe nausea, significant dehydration, and weight loss more than 5% of pre-pregnancy weight.
  - D. HG symptoms include mild dizziness and increased appetite.
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### 2. Which genetic factor has been recently identified as contributing to Hyperemesis Gravidarum?

- A. Gene associated with thyroid dysfunction.
  - B. Gene responsible for the hormone GDF15 linked to placental and appetite control.
  - C. Gene regulating serotonin levels in the brain.
  - D. Gene associated with insulin resistance.
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### 3. What are some potential mental health outcomes for women who experience Hyperemesis Gravidarum during pregnancy?

- A. Increased resilience to mental health disorders postpartum.
  - B. Severe mental health outcomes, such as depression during pregnancy, PTSD, and an increased risk for suicidal ideation.
  - C. Improved postnatal mental health and reduced anxiety.
  - D. Decreased risk of postpartum anxiety and improved sleep patterns.
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### 4. Which diagnostic tool is most appropriate for determining the severity of Hyperemesis Gravidarum and its effect on a patient's quality of life?

- A. Doppler ultrasound measurements.
  - B. Complete blood count analysis.
  - C. Pregnancy-Unique Quantification of Emesis and Nausea (PUQE) survey tool.
  - D. Electrocardiogram (ECG).
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### 5. What is a recommended non-pharmacologic intervention for managing mild Hyperemesis Gravidarum symptoms?

- A. Daily intake of aspirin supplements.
  - B. Application of a pressure-point wristband for acupressure.
  - C. Consumption of salty snacks four times a day.
  - D. Use of high-fat dietary supplements.
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**6. Which combination of medications is considered the first-line treatment for hyperemesis gravidarum?**

- A. 25-50 mg diphenhydramine and 12.5-25 mg promethazine
  - B. 10-25 mg pyridoxine with 12.5 mg doxylamine
  - C. Metoclopramide and ondansetron
  - D. Intravenous methylprednisolone
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**7. What should be the initial step in managing a patient with hyperemesis gravidarum?**

- A. Start IV hydration with dextrose-containing solutions
  - B. Administer ondansetron immediately
  - C. Initiate non-pharmacologic interventions
  - D. Prescribe proton pump inhibitors
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**8. Why is ondansetron, despite its effectiveness, not the first-line treatment for hyperemesis gravidarum?**

- A. It is associated with a higher risk of dehydration
  - B. It has more side effects compared to pyridoxine and doxylamine
  - C. It requires hospitalization for monitoring
  - D. It cannot be complemented with other therapies
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**9. What is a recommended step for a patient with hyperemesis gravidarum who presents with significant dehydration and electrolyte imbalances?**

- A. Oral pyridoxine and doxylamine
  - B. IV fluid bolus of dextrose solutions
  - C. IV normal saline with added potassium chloride
  - D. Ongoing ingestion of ginger chews
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**10. Which of the following risk factors is associated with a higher likelihood of experiencing hyperemesis gravidarum?**

- A. Having a history of rhinitis
  - B. First-trimester pregnancy
  - C. Being over the age of 35
  - D. Presence of a multiparous condition
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