

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.

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.

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.

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).

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.

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

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

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

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

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
