

- d. "Check the dressing for evidence of bleeding or hematoma formation in the femoral or antecubital area."
  - e. "Allow the child to ambulate because this will prevent skin breakdown from lying so long in one place."
2. You are working with a family with a child who has a congenital heart defect. Future surgery is planned, and you are teaching the parent how to reduce cardiac demands. The parent needs more teaching when she says which of the following?
- a. "I will wake my child for feeding every 2 hours so he can get enough calories to gain weight."
  - b. "When I give the digoxin, I will listen to the pulse for 1 full minute."
  - c. "I should protect my child from people who have respiratory infections."
  - d. "I will count the number of wet diapers to be sure my child is not getting too much or too little fluid."
3. Which heart defect and hemodynamic change pairing is correct?
- a. Aortic stenosis and obstruction to blood flow out of the heart
  - b. Ventricular septal defect (VSD) and decreased pulmonary blood flow
  - c. Tricuspid atresia and increased pulmonary blood flow
  - d. Atrioventricular (AV) canal and mixed blood flow, in which saturated and desaturated blood mix within the heart or great arteries
4. You are discharging a 5-week-old infant with a congenital heart defect who will be going home on digoxin. Which of the following answers by the father indicate the need for more teaching? Select all that apply.
- a. "I know I give the drug carefully by slowly directing it to the side and back of the mouth."
  - b. "I give the medication every 12 hours, and I can place it in a bit of formula so that I know the baby will take it."
  - c. "If I miss a dose, I don't give an extra dose, but I give the next dose as ordered."
  - d. "If the baby vomits, I should give a second dose."