**Maryland Next Gen NCLEX Test Bank Project**

**January 25, 2023**

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| **Case Study Topic****&****Standalone trend**:  | Intimate Partner Violence (IPV) | **Author:** | Nicole Hall, EdD, RN, CNEKristen Hammerer, MSN, RNC-NICSalisbury University |

**Case Summary**

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| A 26-year-old primigravida at 34 weeks gestation arrives to maternity unit following a fall. While the nurse is obtaining a health history, intimate partner violence is suspected. Students will use critical thinking skills to identify the red flags that are present as well as use therapeutic communication throughout.  |

**Objectives**

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| 1. Apply critical thinking skills to an intimate partner violence scenario.2. Identify red flags that may indicate intimate partner violence.3. Recognize therapeutic communication skills principles to client interaction. |

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| **Case Study Link** | **Case Study QR Code** |
| <https://umaryland.az1.qualtrics.com/jfe/form/SV_byAW0CP3fDbuUWG> |  |
| **Trend QR Code Link** | **Trend Link** |
|  | <https://umaryland.az1.qualtrics.com/jfe/form/SV_3dwgukUoLee9CkK> |

**Case References**

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| Murray, S., McKinney, E., Holub, K., & Jones, R. (2019.) *Foundations of maternal-newborn and women’s health nursing* (7th ed.). Saunders Elsevier.ACOG. (2022). *Intimate Partner Violence.* Retrieved from: <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2012/02/intimate-partner-violence>  |

**Case Study Question 1 of 6**

A 26-year-old, 34- week primigravida arrives to labor and delivery after a fall.

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| **Phase Sheet** |
| Name | Olivia Lodner | Gender | Female |
| Age | 26 | Weight | 182 lbs (82.5 kg) | Allergies | none |
| Preferred language | English |
| **Admission Notes** |
| 0700 - Client arrived at Labor and Delivery unit after a reported fall down the stairs. Placed on fetal monitor, IV placed, labs drawn. Ready for health history and admission paperwork. Transportation: no driver’s license, spouseEducation: 10th grade; no stated occupationRelationship: married; private insurance  |
| **History & Physical** |
| 26-year-old primigravida. Prenatal care initiated at 32 weeks. Prenatal labs drawn and no abnormalities. Reports some caffeine intake with coffee. Denies alcohol or illicit substances. Pregnancy course benign. |
| **Vital Signs**  |
| Time | 0700 |
| Temp | 98.4 |
| P  | 84 |
| RR | 16 |
| B/P | 128/64 |
| Pulse oximeter | 99 |
| Oxygen | RA |
| Pain | 4 |
| Fetal heart rate | 158 |

* Which 2 findings are most concerning?
* First prenatal visit at 32 weeks\*
* Blood pressure 128/64
* Fetal heart rate 158
* Fall at 34 weeks\*
* Caffeine intake

**Scoring rule: 0/1**

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| Rationale: The two findings that are concerning is the first prenatal visit at 32 weeks fall which the client is presenting with. Prenatal care should begin in the first trimester not at 32 weeks, this is well into the 3rd trimester. All other findings, blood pressure finding of 128/64, fetal heart rate 158, and some caffeine intake within normal limits.  |

**Case Study Question 2 of 6**

A 26-year-old, 34 -week primigravida arrives to labor and delivery after a fall.

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| **Phase Sheet** |
| Name | Olivia Lodner | Gender | Female |
| Age | 26 | Weight | 182 lbs (82.5 kg) | Allergies | none |
| Preferred language | English |
| **Admission Notes** |
| 0700 - Client arrived at Labor and Delivery unit after a reported fall down the stairs. Placed on fetal monitor, IV placed, labs drawn. Ready for health history and admission paperwork. Transportation: no driver’s license, spouseEducation: 10th grade; no stated occupationRelationship: married; private insurance  |
| **History & Physical** |
| 26-year-old primigravida. Prenatal care initiated at 32 weeks. Prenatal labs drawn and no abnormalities. Reports some caffeine intake with coffee. Denies alcohol or illicit substances. Pregnancy course benign. |
| **Vital Signs**  |
| Time | 0700 | 0900 |
| Temp | 98.4 | 99.6 |
| P  | 84 | 87 |
| RR | 16 | 18 |
| B/P | 128/64 | 126/66 |
| Pulse oximeter | 99 | 99 |
| Oxygen | RA | RA |
| Pain | 4 | 4 |
| Fetal heart rate | 158 | 152 |
| **Nurses’ Notes** |
| 0900. Contractions every 30 minutes. Membranes remain intact. Refuses pain medication at this time. While obtaining health history noted that spouse often answered questions for client. When requested that client answer the questions spouse made statement “She’s my wife, I know all the answers.” Noted client frequently looking down at hands, rare eye contact, quiet speech, and minimal responses.  |

The nurse collects additional assessment data.

* Which findings are consistent with intimate partner violence? **Select all that apply**
* Rare eye contact \*
* Rates pain 4/10
* Spouse answers for client \*
* No driver’s license \*
* Fell down the stairs \*
* Regularly consumes coffee

**Scoring rule: +/-**

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| Rationale: Having rare eye contact during conversation is a typical sign of submissiveness, which is a trait that an intimate partner violence victim will likely will exhibit. The abuser will answer for the client and the client not having a drivers’ license may be desired by the abuser as it limits access to the outside world. There are often reports of accidents that are actually incidents of violence, so things such as falling down the stairs as in this case. Rating pain at 4/10 is common with labor and consuming coffee is not related to intimate partner violence as the question asks.  |

**Case Study Question 3 of 6**

A 26-year-old, 34- week primigravida arrives to labor and delivery after a fall.

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| **Phase Sheet** |
| Name | Olivia Lodner | Gender | Female |
| Age | 26 | Weight | 182 lbs (82.5 kg) | Allergies | none |
| Preferred language | English |
| **Admission Notes** |
| 0700 - Client arrived at Labor and Delivery unit after a reported fall down the stairs. Placed on fetal monitor, IV placed, labs drawn. Ready for health history and admission paperwork. Transportation: no driver’s license, spouseEducation: 10th grade; no stated occupationRelationship: married; private insurance  |
| **History & Physical** |
| 26-year-old primigravida. Prenatal care initiated at 32 weeks. Prenatal labs drawn and no abnormalities. Reports some caffeine intake with coffee. Denies alcohol or illicit substances. Pregnancy course benign. |
| **Vital Signs**  |
| Time | 0700 | 0900 |
| Temp | 98.4 | 99.6 |
| P  | 84 | 87 |
| RR | 16 | 18 |
| B/P | 128/64 | 126/66 |
| Pulse oximeter | 99 | 99 |
| Oxygen | RA | RA |
| Pain | 4 | 4 |
| Fetal heart rate | 158 | 152 |
| **Nurses’ Notes** |
| 0900 - Contractions every 30 minutes. Membranes remain intact. Refuses pain medication at this time. While obtaining health history noted that spouse often answered questions for client. When requested that client answer the questions spouse made statement “She’s my wife, I know all the answers.” Noted client frequently looking down at hands, rare eye contact, quiet speech, and minimal responses.  |

* Drag the most appropriate word from the choices to fill in the blank of the following sentence.

The top priority for this client is

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| Word Choices |
| Establish a trusting relationship\* |
| Consult case management |
| Notify physician of concerns |
| Call security to remove spouse |

**Scoring rule: 0/1**

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| Rationale: Establishing a trusting relationship is paramount in providing a safe space for conversation and sharing potential resources, this would be the priority. While intimate partner violence is suspected we don’t want to assume this is the case and the client may be uncomfortable with case management or with the spouse learning of the consult so consulting case management would not be a top priority. Staying with the client and establishing a relationship are more important than notifying the physician. We would not want to call security to the remove spouse as this could heighten the intensity of the situation and could lead to conflict.  |

**Case Study Question 4 of 6**

A 26-year-old, 34-week primigravida arrives to labor and delivery after a fall.

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| **Phase Sheet** |
| Name | Olivia Lodner | Gender | Female |
| Age | 26 | Weight | 182 lbs (82.5 kg) | Allergies | none |
| Preferred language | English |
| **Admission Notes** |
| 0700 - Client arrived to Labor and Delivery unit after a reported fall down the stairs. Placed on fetal monitor, IV placed, labs drawn. Ready for health history and admission paperwork. Transportation: no driver’s license, spouseEducation: 10th grade; no stated occupationRelationship: married; private insurance  |
| **History & Physical** |
| 26-year-old primigravida. Prenatal care initiated at 32 weeks. Prenatal labs drawn and no abnormalities. Reports some caffeine intake with coffee. Denies alcohol or illicit substances. Pregnancy course benign. |
| **Vital Signs**  |
| Time | 0700 | 0900 |
| Temp | 98.4 | 99.6 |
| P  | 84 | 87 |
| RR | 16 | 18 |
| B/P | 128/64 | 126/66 |
| Pulse oximeter | 99 | 99 |
| Pain | 4 | 4 |
| Fetal heart rate | 158 | 152 |
| **Nurses’ Notes** |
| 0900 - Contractions every 30 minutes. Membranes remain intact. Refuses pain medication at this time. While obtaining health history noted that spouse often answered questions for client. When requested that client answer the questions spouse made statement “She’s my wife, I know all the answers.” Noted client frequently looking down at hands, rare eye contact, quiet speech, and minimal responses.  |

* Click to specify whether the intervention is appropriate or not appropriate when assessing a client for intimate partner violence.

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| --- | --- | --- |
| Potential Intervention | Appropriate | Not appropriate |
| Ask client if they have ever been abused or raped |  | * \*
 |
| Assess while client is alone without any visitors | * \*
 |  |
| Explain that screening questions are done with all clients | * \*
 |  |
| Inform client of confidentiality and what state law mandates regarding disclosure  | * \*
 |  |
| Asks if current partner has ever threatened or made client feel afraid | * \*
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**Scoring rule: 0/1**

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| Rationale: The statement “ask client if they have ever been abused or raped” is an example of using stigmatizing language which should be avoided. We would want to assess while client is alone to allow for full disclosure and confidentiality. Explaining that screening questions are done for all clients shows that screening is done universally and not only when IPV is suspected. You would want to inform the patient that conversations are confidential but also include any mandated disclosure to based on state law so the client is aware. It would be appropriate to ask if current partner has ever threatened or made the client feel afraid as this is a nonjudgmental way to learn more about the relationship.  |

**Case Study Question 5 of 6**

A 26-year-old, 34- week primigravida arrives to labor and delivery after a fall.

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| **Phase Sheet** |
| Name | Olivia Lodner | Gender | Female |
| Age | 26 | Weight | 182 lbs (82.5 kg) | Allergies | none |
| Preferred language | English |
| **Admission Notes** |
| 0700 - Client arrived at Labor and Delivery unit after a reported fall down the stairs. Placed on fetal monitor, IV placed, labs drawn. Ready for health history and admission paperwork. Transportation: no driver’s license, spouseEducation: 10th grade; no stated occupationRelationship: married; private insurance  |
| **History & Physical** |
| 26-year-old primigravida. Prenatal care initiated at 32 weeks. Prenatal labs drawn and no abnormalities. Reports some caffeine intake with coffee. Denies alcohol or illicit substances. Pregnancy course benign. |
| **Vital Signs**  |
| Time | 0700 | 0900 |
| Temp | 98.4 | 99.6 |
| P  | 84 | 87 |
| RR | 16 | 18 |
| B/P | 128/64 | 126/66 |
| Pulse oximeter | 99 | 99 |
| Pain | 4 | 4 |
| Fetal heart rate | 158 | 152 |

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| **Nurses’ Notes** |
| 0900 - Contractions every 30 minutes. Membranes remain intact. Refuses pain medication at this time. While obtaining health history noted that spouse often answered questions for client. When requested that client answer the questions spouse made statement “She’s my wife, I know all the answers.” Noted client frequently looking down at hands, rare eye contact, quiet speech, and minimal responses. 1000- After spouse left room, had conversation with client about relationship. Client shared that spouse has both hit and kicked her in the past.  |

The nurse gathers more information after the spouse leaves the room.

* For each possible action, click to specify if it is indicated or not indicated.

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| --- | --- | --- |
| Action | Indicated | Not indicated |
| Help client understand they are not at fault for violence that has occurred. | * \*
 |  |
| Ask client if she can identify a safe place to go if she feels uncomfortable at home. | * \*
 |  |
| Write down the intimate partner violence hotline number to give client. |  | * \*
 |
| Identify items to keep together in case she needs to leave home quickly. | * \*
 |  |
| Move client to a new room and hide them from spouse. |  | * \*
 |

**Scoring rule: 0/1**

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| Rationale: It would be indicated to help client understand they are not at fault as it is good to reassure client they are not at fault or to blame. We would also want to help her identify a safe place for her to go if she is not comfortable at home. We would not want to write down the hotline number to give client, you want to give her the number to be able to recall from memory but do not write it down as abuser could find. Having the client identify items to keep together in case she needs to leave home quickly helps the client plan. Hiding the client is not a safe action for the client, staff or unit. |

**Case Study Question 6 of 6**

A 26-year-old, 34 -week primigravida arrives to labor and delivery after a fall.

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| **Phase Sheet** |
| Name | Olivia Lodner | Gender | Female |
| Age | 26 | Weight | 182 lbs (82.5 kg) | Allergies | none |
| Preferred language | English |
| **Admission Notes** |
| 0700 - Client arrived at Labor and Delivery unit after a reported fall down the stairs. Placed on fetal monitor, IV placed, labs drawn. Ready for health history and admission paperwork. Transportation: no driver’s license, spouseEducation: 10th grade; no stated occupationRelationship: married; private insurance  |
| **History & Physical** |
| 26-year-old primigravida. Prenatal care initiated at 32 weeks. Prenatal labs drawn and no abnormalities. Reports some caffeine intake with coffee. Denies alcohol or illicit substances. Pregnancy course benign. |
| **Vital Signs**  |
| Time | 0700 | 0900 |
| Temp | 98.4 | 99.6 |
| P  | 84 | 87 |
| RR | 16 | 18 |
| B/P | 128/64 | 126/66 |
| Pulse oximeter | 99 | 99 |
| Pain | 4 | 4 |
| Fetal heart rate | 158 | 152 |

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| --- |
| **Nurses’ Notes** |
| 0900 - Contractions every 30 minutes. Membranes remain intact. Refuses pain medication at this time. While obtaining health history noted that spouse often answered questions for client. When requested that client answer the questions spouse made statement “She’s my wife, I know all the answers.” Noted client frequently looking down at hands, rare eye contact, quiet speech, and minimal responses. 1000 - After spouse left room, had conversation with client about relationship. Client shared that spouse has both hit and kicked her in the past. 1030 - Safety plan discussed with client.  |

The nurse develops a safety plan with the client.

* Which statement indicates the client needs more teaching about the safety plan?
* “I realize my actions sometimes cause him to get upset and I will work on not doing those things.”\*
* “A safe place for me to go if I need to leave home will be the library down the road from my house.”
* “I can call the national domestic violence hotline which I memorized.”
* “I will keep my identification, extra cash, and a change of clothes together in case I need to leave home.”

**Scoring rule: 0/1**

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| Rationale: The statement “I realize my actions sometimes cause him to get upset and I will work on not doing those things” identifies that the client is placing blame on herself and in fact she should realize this is not her fault. The statement “A safe place for me to go if I need to leave home will be the library down the road from my house” is identifying a safe place which is part of safety plan. This statement, “I can call the national domestic violence hotline which I memorized,” indicates that the client has the number memorized as this is a safe way to have it available. The statement, “I will keep my identification, extra cash, and a change of clothes together in case I need to leave home,” identifies items that are important to have readily available for a quick exit.  |

**Trend**

A 26-year-old, 34- week primigravida arrives to labor and delivery after a fall.

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| **Phase Sheet** |
| Name | Olivia Lodner | Gender | Female |
| Age | 26 | Weight | 182 lbs (82.5 kg) | Allergies | NKA |
| Preferred language | English |
| **Admission Notes** |
| 0700 - Client arrived at Labor and Delivery unit after a reported fall down the stairs. Placed on fetal monitor, IV placed, labs drawn. Ready for health history and admission paperwork. Transportation: no driver’s license, spouseEducation: 10th grade; no stated occupationRelationship: married; private insurance  |
| **History & Physical** |
| 26-year-old primigravida. Prenatal care initiated at 32 weeks. Prenatal labs drawn and no abnormalities. Reports some caffeine intake with coffee. Denies alcohol or illicit substances. Pregnancy course benign. |
| **Vital Signs**  |
| Time | 0700 | 0900 |
| Temp | 98.4 F/36.8 C | 99.6 F/37.5 C |
| P  | 84 | 87 |
| RR | 16 | 18 |
| B/P | 128/64 | 126/66 |
| Pulse oximeter | 99 | 99 |
| Pain | 4 | 4 |
| Fetal heart rate | 158 | 152 |

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| **Nurses’ Notes** |
| 0900 - Contractions every 30 minutes. Membranes remain intact. Refuses pain medication at this time. Husband came to hospital from work when notified of admission and is at bedside.1000 - Health history obtained. Spouse answering questions for client. When requested that client answer questions, spouse stated “She’s my wife, I know all the answers.” Client nods in agreement. 1100 - Enter room to check on client and assess client needs. Client’s spouse states, “She’s fine. Please give us our privacy. We will call if we need anything.” Noted client frequently looking down at hands and rare eye contact.  |

The nurse assesses the client from 0900-1100 and is concerned the client is experiencing intimate partner violence.

* Drag the findings that indicate the client may be experiencing intimate partner violence to the box on the right.

|  |  |
| --- | --- |
| **Potential Issues** | **Signs of Intimate Partner Violence**  |
| Primigravida | No driver’s license |
| No driver’s license \* | Prenatal care initiated at 32 weeks  |
| Fetal heart rate  | Report of fall at 34 weeks  |
| Prenatal care initiated at 32 weeks \* | Spouse answering questions for client  |
| Report of fall at 34 weeks \*  | Client demeanor  |
| Spouse answering questions for client \*  | No stated occupation\* |
| Consuming coffee |  |
| Client demeanor\*  |  |
| No stated occupation\* |  |
| Pain of 4/10 |  |

**Scoring rule: 0/1**

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| Rationale: The client’s demeanor of having rare eye contact during conversation is a typical sign of submissiveness, which is a trait that an intimate partner violence victim will likely exhibit. The abuser will answer for the client and the client not having a drivers’ license or occupation may be desired by the abuser as it limits access to the outside world. There are often reports of accidents that are actually incidents of violence, so things such as falling down the stairs as in this case. Rating pain at 4/10 is common and consuming coffee is not related to intimate partner violence as the question asks. Fetal heart rate is a normal finding.  |