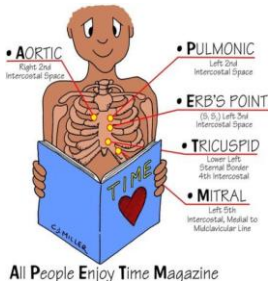
IM6 OB LAB

OB CPE

- Scheduled Cesarean
- Breech position
- Tocos will be placed already
- IVPB
- Therapeutic Communication
- Safety Bundle/4P's
- Pump Setup
- Document
- Standard precautions
- Patient Identification

Required items:

- ❖ **Fetal Strip Interpretation/Interventions**
- ❖ **Therapeutic Communication**
- ❖ **Respiratory Assessment**
- ❖ **Cardiac Assessment**
- ❖ **OB Focused Assessment**
  - a. **Leopolds Maneuver**
  - b. **Palpation of Contractions**
  - c. **Vaginal Exam**
  - d. **Fundal Height Measurement**



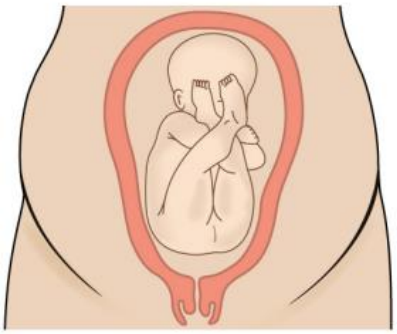
General Info:

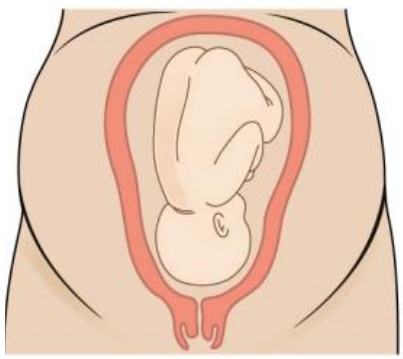
- 15 min prep (bring only completed med sheet, NO NOTES)
  - Utilize time to jot down thoughts
- 20 min for scenario
  - Time begins when a student knocks & enters the room
  - Student may prep med in "med room" before time begins
  - Remediation immediately following; students can complete required elements if time remains, if not students will be scheduled to return

Placing Tocodynamometers

1. Perform Leopolds
   a. Determine fetal presentation
   b. Determine Point of Maximum Intensity
2. Smooth transducer for FHR
   a. Lower quadrants (Cephalic or vertex "head down")
   b. Upper quadrants (Breech)
3. Place "pointed" transducer for Uterine Contractions
   a. On mother's abdomen on area of strongest contractions (fundus)

Where will we place transducers based on the following fetal positions?





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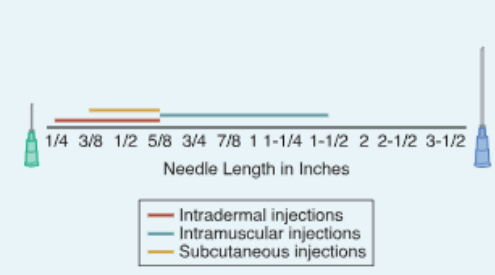
LENGTH

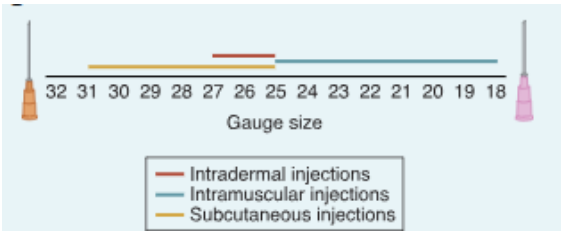
Needles & Syringes

- Length recommendations vary on type of injection and the client.
- Deeper the injection, the longer the needle required
- **MUST** use Nursing Judgment in determining needle size
    - **Intradermal: ¼ inch to 5/8 inch**
    - **Intramuscular: 5/8 inch to 1.5 inch**
    - **Subcutaneous: 3/8 inch to 5/8 inch**

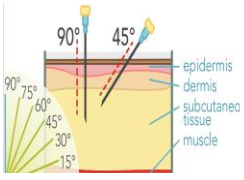
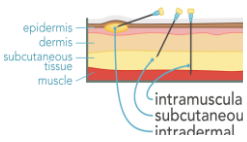


GAUGE

- Gauge recommendations vary based on type of injection and the client
- As gauge increases, the diameter decreases
- Lower gauge sizes have stronger needles which decrease risk of bending/breaking
- Higher viscosity fluids require lower gauge sizes
- Higher gauge sizes cause less pain/bruising
    - **Intradermal: 25g -27g**
    - **Intramuscular: 18g – 25g**
    - **Subcutaneous: 25g – 31g**



INJECTION: **Fill in the blanks**

Type	Max Injection Amount for Site	Needle Length	Needle Gauge	Special Considerations
Intramuscular The length of the needle may need to be adjusted depending on the client's weight/size. ****Rho D Immune Globulin Injection**	Ventrogluteal: 3mL Vastus Lateralis: 1-3 mL Deltoid: 2mL	1in. to 1.5in.		-The ventrogluteal site is a relatively safe site because of the lack of major nerves. -The deltoid site is used frequently for immunizations in adults due to its easy access. -Injections should be given at a 90° angle.
Subcutaneous Use a 90° angle for clients who are obese. The shorter needle is inserted at a 45° angle, and the longer needle is inserted at a 90° angle ****MMR Injection**	No more than 1.5mL 			- For insulin, use a 28 to 31G insulin syringe. -Pinch the skin and insert at a 45° to 90° angle. -Rotate sites.
Intradermal Insert the needle with the bevel up. A small bleb should appear.	Ventral aspect of forearm: 0.1m 			-Use a 1-mL TB syringe. -Insert at a 5° to 15° angle.

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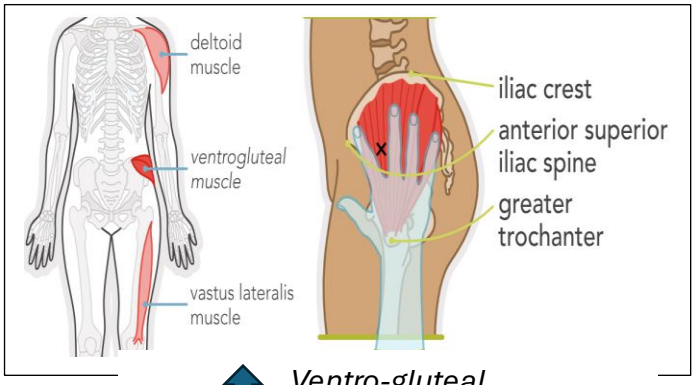
Locating Injection Sites:

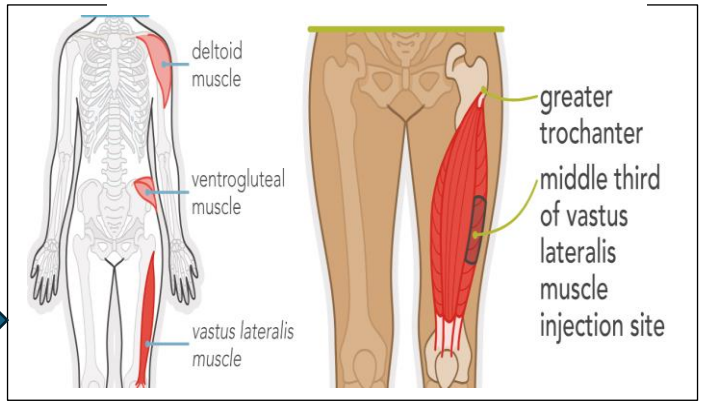
CAUTION: ***Injections into the Dorso-gluteal muscle have been associated with sciatic nerve injury***



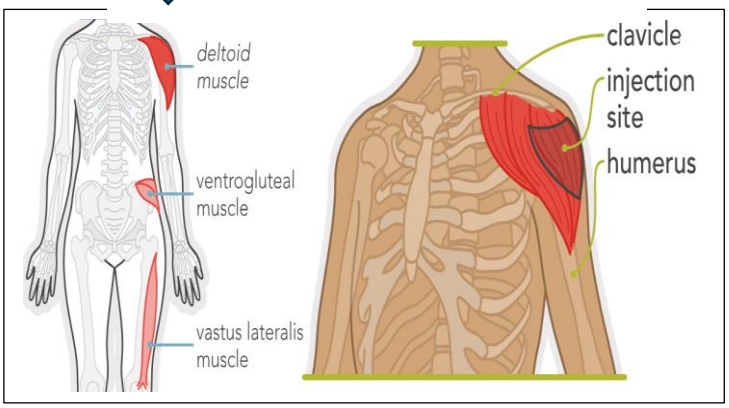
Ventro-gluteal

Intramuscular

Vastus Lateralis

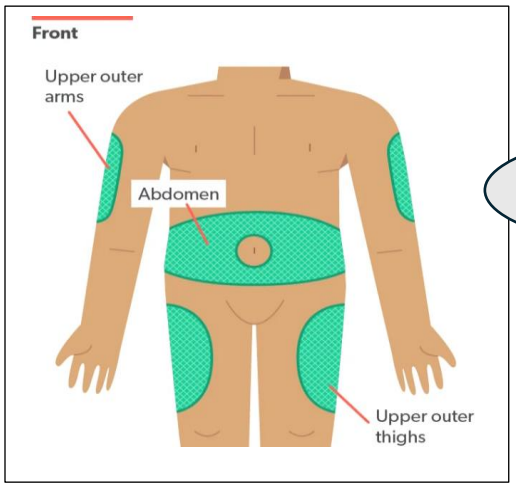


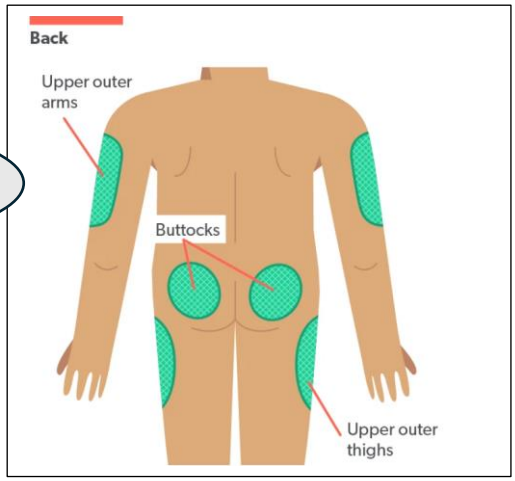
Deltoid



Locate these areas on manikin !!!

Subcutaneous





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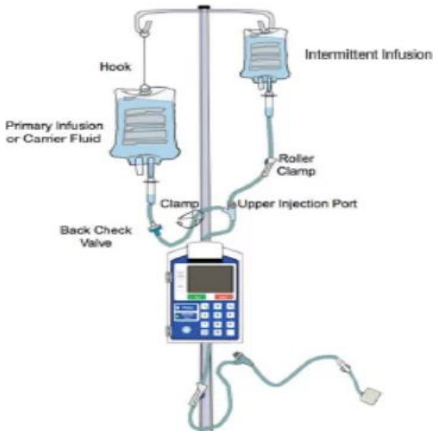
Using the Pump:



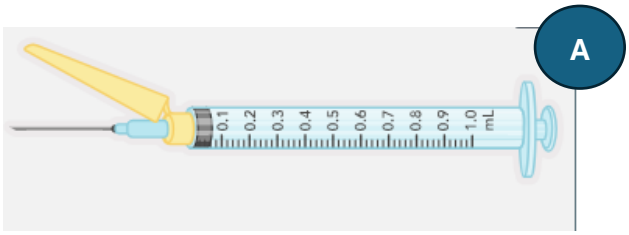
Basics:

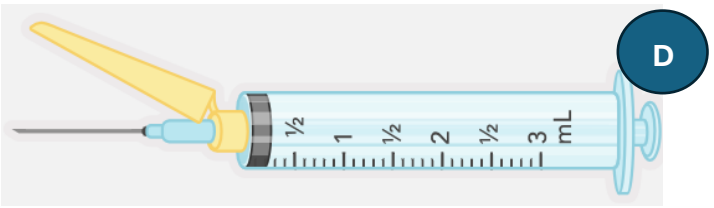
- Check IV site
- Note your orders (Are fluids correct?)
- Compatibility
- Scrub the Hub!!
- Bolus
- IV Piggyback
- Primary and secondary pump setup

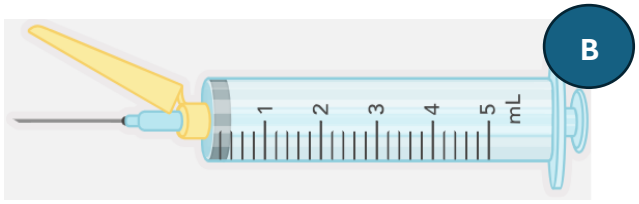
What will you set the pump rate at for a BOLUS?

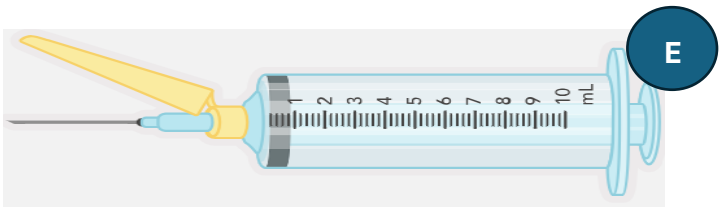
Syringes

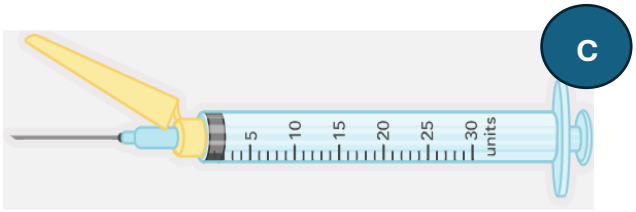
Choose from the following choices of syringe **sizes** to answer the following questions

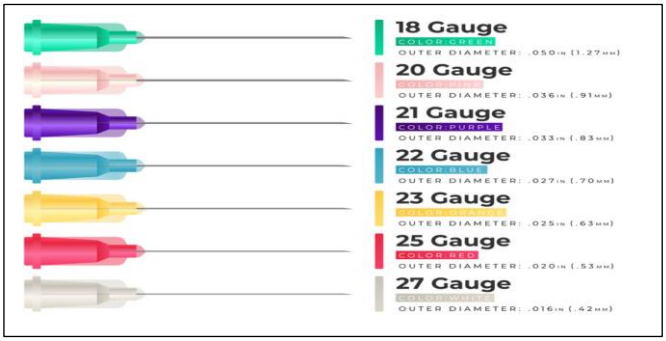












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A nurse is preparing to withdraw 1.7 mL of medication into a syringe for an IM injection. Which of the following syringes should the nurse choose? What needle gauge would be acceptable for the nurse to use?

A nurse is preparing to withdraw 0.1 mL of medication into a syringe for a subcutaneous injection. Which of the following syringes should the nurse choose? What needle gauge would be acceptable for the nurse to use?

Orders: 10 mg IM every morning Label information: 20mg / mL

What is the patient dosage, and which needle is appropriate to withdraw medication?

Patient blood glucose level of 211
See Sliding Scale for insulin coverage:

BG (mg/dL)	Insulin sensitive	Usual	Insulin resistant
141-180	2 units	4 units	6 units
181-220	4 units	6 units	8 units
221-260	6 units	8 units	10 units
261-300	8 units	10 units	12 units
301-350	10 units	12 units	14 units
350-400	12 units	14 units	16 units
>400	14 units	16 units	18 units

What is the patient dosage, and which needle is appropriate to withdraw medication?

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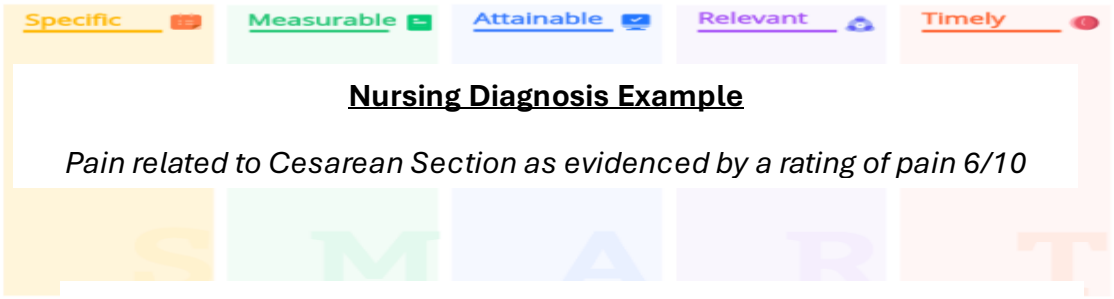
Smart Goals:



Nursing Diagnosis: *Risk for Infection related to lower transverse abdominal incision*

Write me a SMART Goal for this patient

Nursing Diagnosis: *Impaired parenting related to lack of maturity (16 y/o mother) as evidenced by mother not responding to infant feeding cues, lack of caretaking skills*

Write me a SMART Goal for this patient

Nursing Diagnosis: *Ineffective breastfeeding related to maternal breast pain as evidenced by painful sore nipples*

Write me a SMART Goal for this patient