

IM6 OB LAB Pre-Work Review and Complete questions for each section

Placing Tocodynamometers

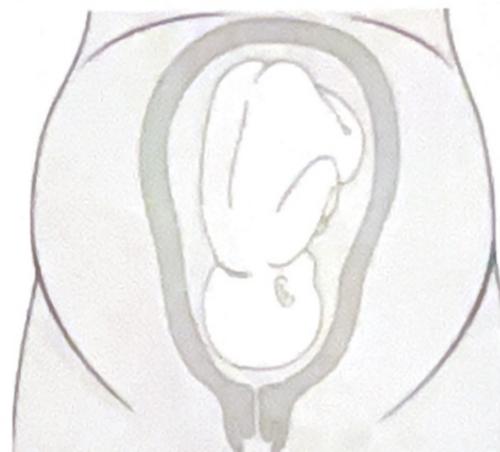
Steps:

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?

Draw a Heart  where you will find the fetal heartbeat

Draw a circle  Where you would place for contractions



Injections

Read the following scenarios and answer the following questions:

- A 27-year-old woman has just delivered and is not immune to rubella. She is ordered to receive the MMR vaccine before discharge.
Which needle gauge and length would you select, and where would you administer the injection?
Explain your reasoning.

A 22-25 gauge with the length between 5/8 inch to 1 inch. I would inject into the Deltoid. Best for comfort to patient and best for MMR vaccine.

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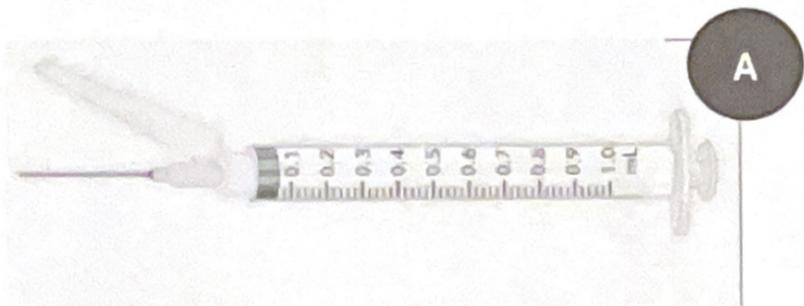
- A 24-year-old woman who is Rh-negative delivered a Rh-positive infant. The provider orders 300mcg Rhogam IM within 72 hours of birth. What is the correct needle gauge, length and preferred site for administration? Explain your reasoning.

Correct Needle gauge is 22-25 gauge with the length being from 1 - 1.5 inches

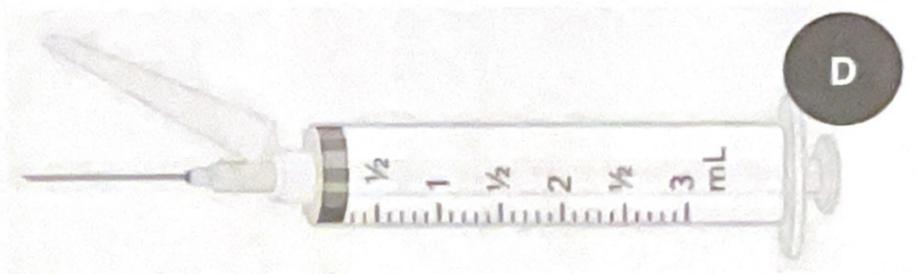
The preferred site for administration is IM in the Deltoid. Rhogam must be deep into the muscle w/ more comfort.

Syringes

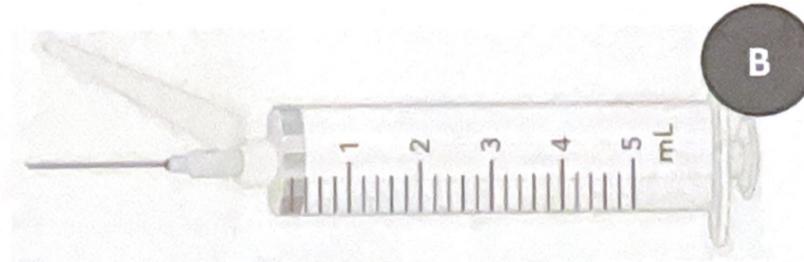
Choose from the following choices of syringe sizes to answer the following questions on the next page



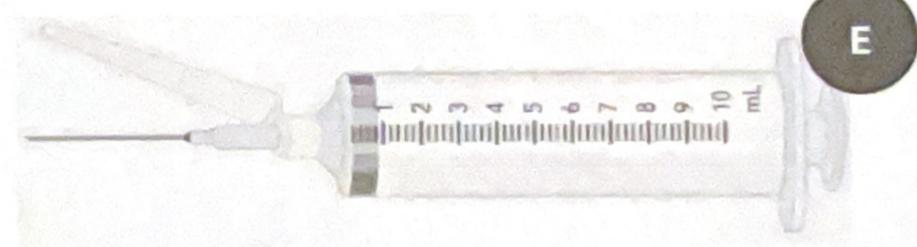
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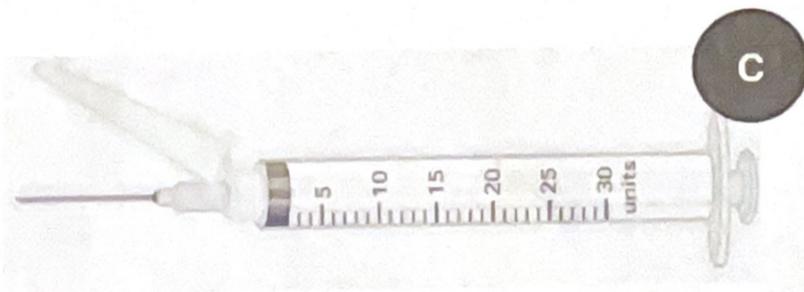
D



B



E



C

	18 Gauge OUTER DIAMETER: 1.27mm (1/16")
	20 Gauge OUTER DIAMETER: 0.91mm (3/32")
	21 Gauge OUTER DIAMETER: 0.81mm (1/16")
	22 Gauge OUTER DIAMETER: 0.71mm (1/16")
	23 Gauge OUTER DIAMETER: 0.61mm (1/16")
	25 Gauge OUTER DIAMETER: 0.51mm (1/16")
	27 Gauge OUTER DIAMETER: 0.41mm (1/16")

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A postpartum patient is reporting severe perineal pain after a third-degree laceration repair. Providers orders are Morphine 15mg IM for pain relief. Vial reads Morphine Sulfate 10gm/mL. How many mL should the nurse draw up to administer the prescribed dose? Which of the syringes should the nurse choose? What needle gauge(s) would be acceptable for the nurse to use?

Syringe D, how I would administer 1.5 mL for prescribed dose. A 21-23 gauge needle.

A postpartum patient with a history of hemorrhage is ordered methylergonovine maleate (Methergine) 0.4mg IM for uterine atony. The vial reads Methylergonovine 0.2mg/mL. How many mL should the nurse draw up to administer the prescribed dose? Which needle and syringe would be appropriate to withdraw medication?

I would draw up 2 mL for the prescribed dose. The needle would be 22-25 gauge with the needle length 1-1.5 inches making it Syringe D.

"Usual" 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?

is 4 units and Syringe C is the appropriate answer.

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Practice with Smart Goals:

You will be writing SMART goals as part of your clinical paperwork

Steps:

1. Identify what behavior or concern you want to improve.
 - a. Choose something observable and important to the patient
2. Ask yourself the following questions:
 - a. What exactly will I do for the patient?
 - b. Where and with whom will this be done?
 - c. Use action verbs like *demonstrate, perform, assess, teach, document and prioritize*
3. Make it measurable & Ask yourself:
 - a. How will I know I achieved goal?
 - b. What evidence will show success?
4. Ensure goal is achievable and realistic for skill level
 - a. Avoid goals that require resources or authority you don't have
 - b. Remember: *small progress is still progress!*
5. Check Relevance and ask yourself the following questions:
 - a. Does this goal support patient safety and your learning objectives
 - b. Will achieving it, make you a better nurse
6. Add a time frame
 - a. Emphasize setting deadline or frequency
 - b. When will you complete it?
 - c. How often will you practice it?
7. Read out loud and Rephrase until it meets all 5 criteria

Look at the example below and write a thorough and detailed SMART Goal for the following Nursing Diagnosis

Specific Measurable Attainable Relevant Timely

Nursing Diagnosis Example

Pain related to Cesarean Section as evidenced by a rating of pain 6/10

SMART Goal:

Patient will rate pain at a 3/10 by 1700 today (06/17/25) with around the clock administration of pain medications.

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

Patient will

Write me a SMART Goal for this patient

be monitored with around the clock antibiotics with
presence^{of} surgical incision.

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

Patient will be monitored to watch and teach/promote the correct
maturity of motherhood, Teach strategies short + long term for promotion of baby.