

Placing Tocodynamometers

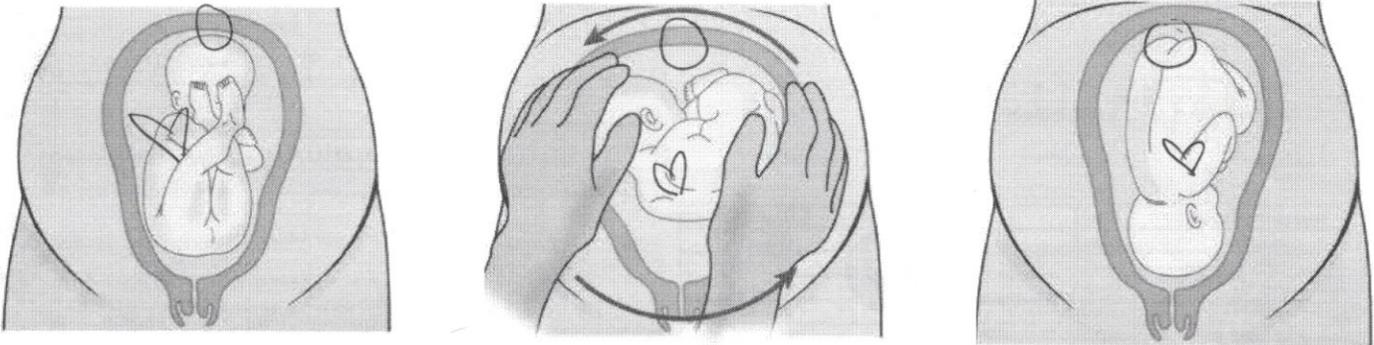
Steps:

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.

23g and 5/8-inch for subcutaneous injection. It minimizes pain and tissue damage. give in upper outer triceps for adequate subcutaneous tissue. you don't want the needle too long to go into muscle.

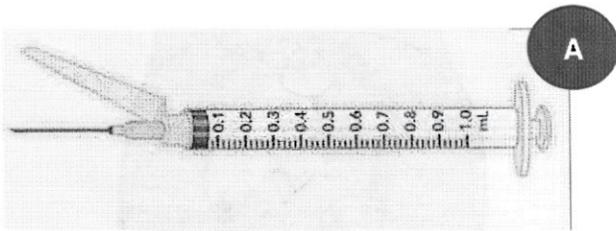
- A 24-year-old woman who is Rh-negative delivered a Rh-positive infant. The provider orders 300mcg Rhogam IM within 72 hours of birth.

What is the correct needle gauge, length and preferred site for administration? Explain your reasoning.

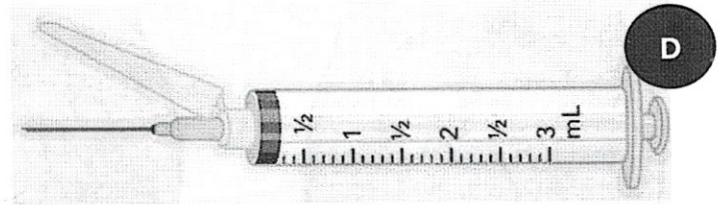
22-25g needle and 1-1.5 inch length. want it long enough to reach the muscle and thick enough that the needle doesn't bend.
If < 1mL, administer in the deltoid for less discomfort & convenience.
Or ventrogluteal for deeper muscle and less fat for better IM absorption.

Syringes

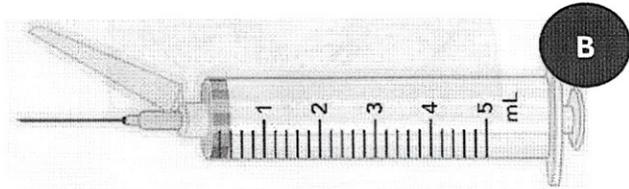
Choose from the following choices of syringe sizes to answer the following questions on the next page



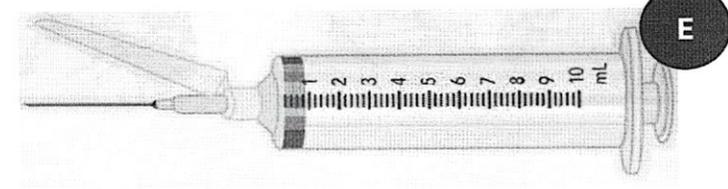
A



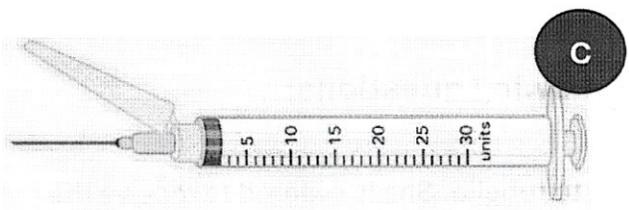
D



B



E



C

	18 Gauge OUTER DIAMETER: .050" (1.27mm)
	20 Gauge OUTER DIAMETER: .036" (.914mm)
	21 Gauge OUTER DIAMETER: .033" (.838mm)
	22 Gauge OUTER DIAMETER: .027" (.686mm)
	23 Gauge OUTER DIAMETER: .025" (.635mm)
	25 Gauge OUTER DIAMETER: .020" (.508mm)
	27 Gauge OUTER DIAMETER: .018" (.457mm)

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

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?

Draw up 1.5 mL - syringe D

$$\frac{15}{10} = 1.5 \text{ mL}$$

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?

Draw up 2 mL - syringe D

$$\frac{0.4}{0.2} = 2 \text{ mL}$$

“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?

6 units - syringe C

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

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.

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

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

Write me a SMART Goal for this patient

Patient will maintain a clean, intact abdominal incision with no signs of infection within 7 days postoperatively, as evidenced by daily wound assessments.

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

Within 1 week, 16 y/o mother will appropriately respond to 3 feeding cues and perform 2 basic caregiving tasks, as observed by nursing staff.