

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

Jasmine Abalos

Placing Tocodynamometers

Steps:

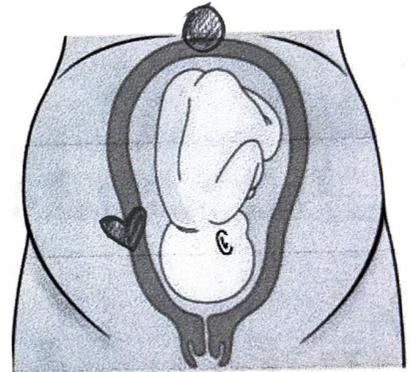
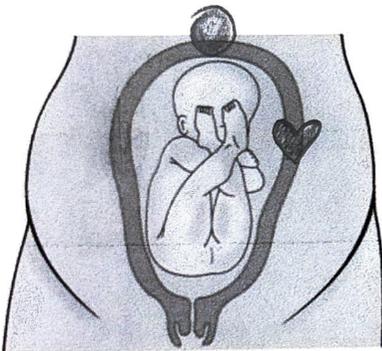
1. Perform Leopolds
 - a. Determine fetal presentation
 - b. Determine Point of Maximum Intensity
2. Smooth transducer for FHR
 - a. Lower quadrants (Cephalic or vertex "head down")
 - b. Upper quadrants (Breech)
3. Place "pointed" transducer for Uterine Contractions
 - a. On mother's abdomen on area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

← over fetal back
 • transducer (flat) FHR
 • toco (pointy) UC
 ↪ on 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.

25g-20g x 1in needle in the deltoid/upper arm IM since its a more comfortable position for smaller doses of meds like vaccines

- MMR vax will prevent future pregnancies from rubella

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

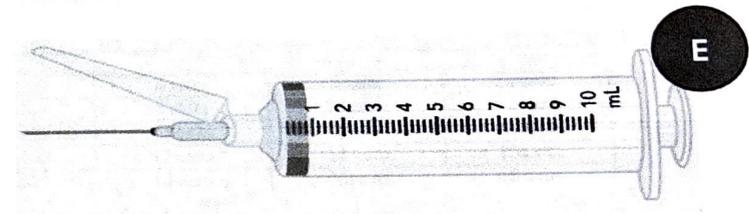
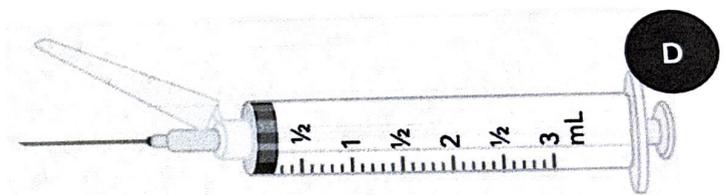
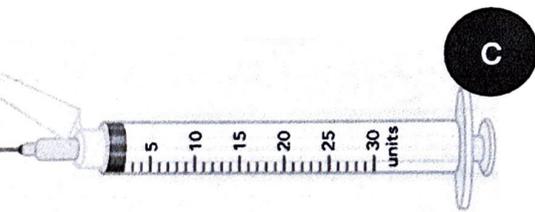
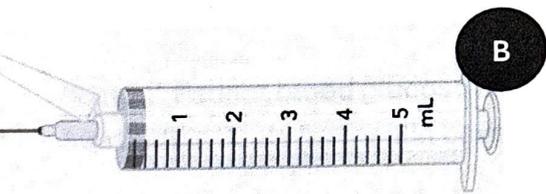
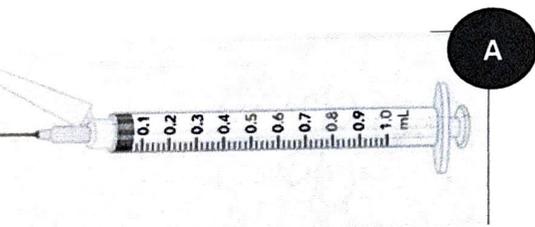
- A 24-year-old woman who is Rh-negative delivered a Rh-positive infant. The provider orders 300mcg Rhogam IM within 72 hours of birth. What is the correct needle gauge, length and preferred site for administration? Explain your reasoning.

25-20g & 1m needle in deltoid/upper arm IM
since its a smaller dose & more comfortable position,
but if ventrogluteal I'd use 21-18g & 1-1 1/2 m needle

-Rhogam will prevent mom & fetal blood mixing incompatibility

Syringes

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



	18 Gauge OUTER DIAMETER: 050 (1.27mm)
	20 Gauge OUTER DIAMETER: 036 (0.91mm)
	21 Gauge OUTER DIAMETER: 033 (0.83mm)
	22 Gauge OUTER DIAMETER: 027 (0.70mm)
	23 Gauge OUTER DIAMETER: 025 (0.63mm)
	25 Gauge OUTER DIAMETER: 020 (0.51mm)
	27 Gauge OUTER DIAMETER: 016 (0.42mm)

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

Vg rec volume 3ml - deltid 1ml

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?

1.5mL /dose Syringe D: 3mL syringe
1-1 1/2 in needle 21-23 gauge

venhogwled

$$\frac{15 \text{ mg}}{10 \text{ mg}} (1 \text{ mL}) = 1.5 \text{ mL}$$

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?

2mL /dose Syringe D: 3mL syringe
1-1 1/2 in needle 21-23 gauge

venhogwled

$$\frac{0.4 \text{ mg}}{0.2 \text{ mg}} (\text{mL}) = 2 \text{ mL}$$

"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 - INSULIN Syringe
SQ

IM6 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 be monitored for signs of IMA (for prevention) by assessing VS & labs, admin abx & analgesics, and monitoring pain & drainage daily until discharge.

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

Parent will respond to infant feeding cues and participate in caretaking skills with patient education and facilitating bonding daily until discharge.