

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

Placing Tocodynamometers

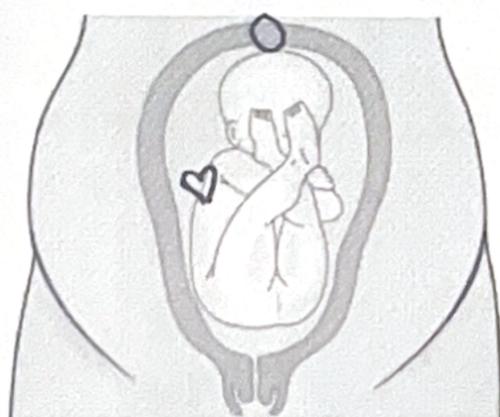
Steps:

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.

23-25 gauge, 5/8 inch. SubQ, behind arm, tricep

This allows for the smallest needle, yet allow it to be administered properly.

SubQ allows med to be absorbed properly.

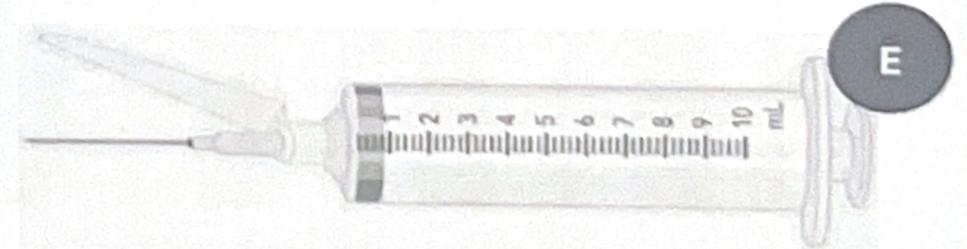
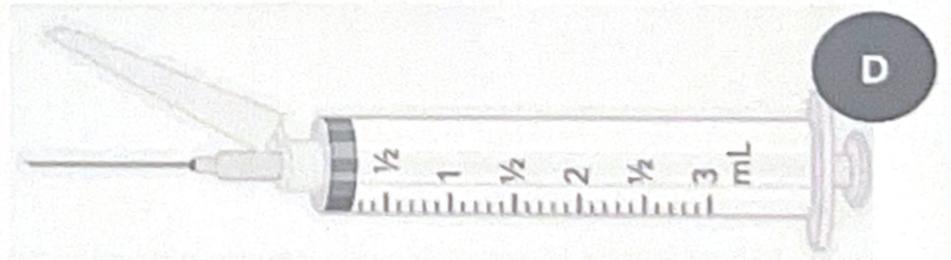
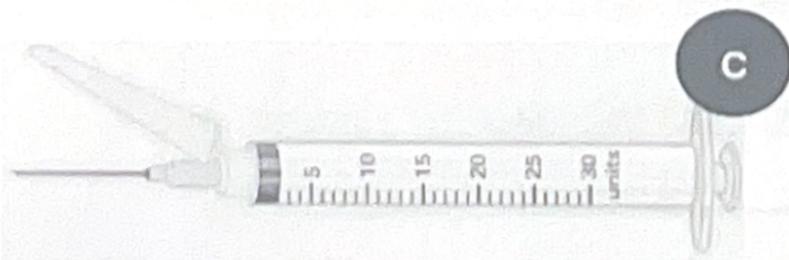
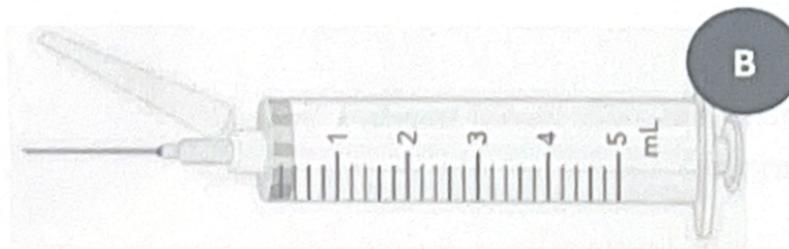
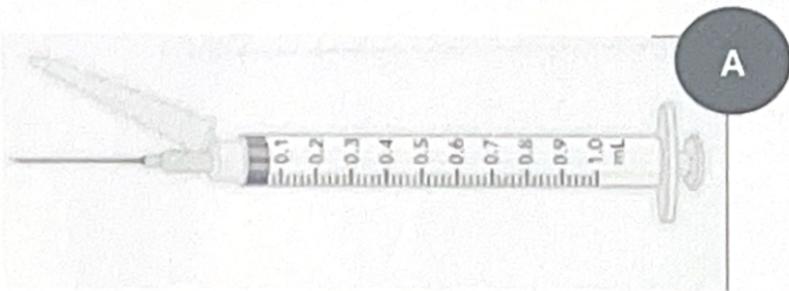
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- A 24-year-old woman who is Rh-negative delivered a Rh-positive infant. The provider orders 300mcg Rhogam IM within 72 hours of birth. What is the correct needle gauge, length and preferred site for administration? Explain your reasoning.

22-25 gauge, 1 inch, deltoid. Deer IM allows this med to absorb into bloodstream, 1-1 1/2 inch needle allows us past subq into muscle layer.
22-25 gauge allows solution through.

Syringes

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



	18 Gauge OUTER DIAMETER: 0.8411 mm
	20 Gauge OUTER DIAMETER: 0.7620 mm
	21 Gauge OUTER DIAMETER: 0.7112 mm
	22 Gauge OUTER DIAMETER: 0.6604 mm
	23 Gauge OUTER DIAMETER: 0.6096 mm
	25 Gauge OUTER DIAMETER: 0.5080 mm
	27 Gauge OUTER DIAMETER: 0.4064 mm

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10g = 10000 $\frac{15 \text{ mg}}{10,000 \text{ mg}} (1) = 0.0015$ $\frac{15 \text{ mg}}{10 \text{ mg}} (1) = 1.5 \text{ mL}$

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?

ML = 1.5 mL, 3 mL syringe (D), 21-23 gauge

$\frac{0.4}{0.2} (1) = 2 \text{ mL}$

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?

ML = 2 mL, 3 mL syringe, 21-23 gauge (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?

6 units, 30 unit syringe (c), 28-31 gauge, 5/8 inch

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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

Write me a SMART Goal for this patient

By the end of my pt. hospitalization, the pt. will demonstrate proper incision care. We will notice the incision stays CDI (clean, dry, intact). This will allow proper healing for my pt.

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

By the end of my pt. hospitalization, she will be able to explain to me what hunger cues sound and look like. I will be able to notice my pt. take initiative on the cues on her own. After demonstrating a couple of times she will catch on.