

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

Placing Tocodynamometers

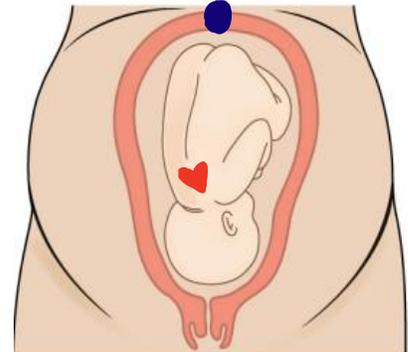
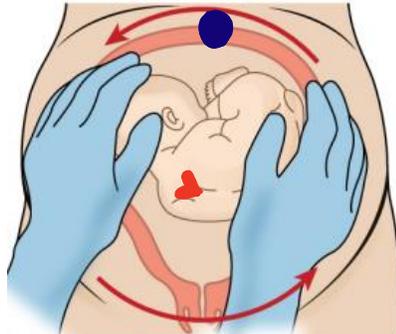
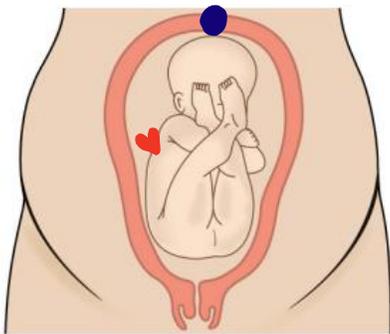
Steps:

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 on **Needle/Syringes** [Use the OB Lab Pre-work Information Sheet in LMS to complete:](#)

- 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(s) would you select, and where would you administer the injection?

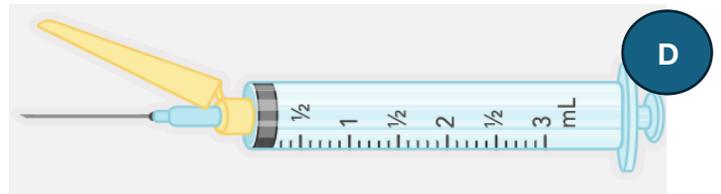
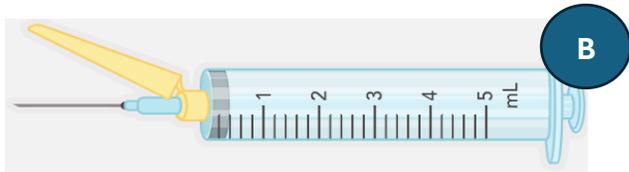
25-31 G needle; SubQ

- 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. The medication is provided in a prefilled syringe with a needle attached. Where is the correct patient site for administration? Explain your reasoning.

Rhogam should be administered IM in the ventrogluteal site. This site is recommended due to the lack of major nerves and is appropriate for Rh-D immune globulin injections w/ a volume up to 3 mL.

Syringes

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



	18 Gauge COLOR: GREEN OUTER DIAMETER: .050in (1.27mm)
	20 Gauge COLOR: PINK OUTER DIAMETER: .036in (.91mm)
	21 Gauge COLOR: PURPLE OUTER DIAMETER: .033in (.83mm)
	22 Gauge COLOR: BLUE OUTER DIAMETER: .029in (.70mm)
	23 Gauge COLOR: YELLOW OUTER DIAMETER: .025in (.63mm)
	25 Gauge COLOR: RED OUTER DIAMETER: .020in (.53mm)
	27 Gauge COLOR: GREY OUTER DIAMETER: .018in (.45mm)

A postpartum patient is reporting severe perineal pain after a third-degree laceration repair. Provider orders are a one-time dose of Morphine 15mg IM for pain relief. Vial reads morphine sulfate 10mg/mL. How many mL should the nurse draw up to administer the prescribed dose? Which of the syringes should the nurse choose?

$15 \text{ mg} \div 10 \text{ mg/mL} = 1.5 \text{ mL}$; D. 3 mL syringe

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

$$0.4 \text{ mg} \div 0.2 \text{ mg/mL} = 2 \text{ mL} ; \text{ D. } 3 \text{ mL Syringe}$$

Practice with Smart Goals:

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

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.

Steps to create a thorough goal:

1. Identify what behavior or concern you want to improve. (**Pain**)
 - a. Choose something observable and important to the patient
2. Ask yourself the following questions:
 - a. What exactly will I do for the patient? (**Manage pain with intervention**)
 - b. Where and with whom will this be done?
 - c. Use action verbs like *demonstrate, perform, assess, teach, document and prioritize* (“**rate pain**”)
3. Make it measurable & Ask yourself:
 - a. How will I know I achieved goal?
 - b. What evidence will show success? (**pain rated at 3/10**)
4. Ensure goal is achievable and realistic for skill level

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- a. Avoid goals that require resources or authority you don't have (For example, it may be too difficult to reach goal of 0/10 and eliminate pain entirely)
- 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 (Managing pain helps promote healing)
- 6. Add a time frame
 - a. Emphasize setting deadline or frequency
 - b. When will you complete it? (by 1700 today 06.17.25)
 - c. How often will you practice it? (around clock administration of pain medications)
- 7. Read out loud and Rephrase until it meets all 5 criteria
- 8. Write down your SMART Goal!

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

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

Example 2:
Patient incision site will be clean, dry and intact free of drainage during clinical shift on 01.10.26 providing education on proper use of Vashe wound wash with patient return demonstration.

Concern is **Infection**

What will you do- **Provided Education on use of Vashe**

What is measure?- **incision clean dry and intact; no drainage**

Relevance- *wound management prevents infection*

Time Frame- *Throughout 8-hour clinical shift 01.10.26*

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

Pt will demonstrate appropriate infant feedings and basic caretaking skills, including feeding and diapering, with nurse guidance by the end of the clinical shift on 02/08/26, following therapeutic communication and education

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Nursing Diagnosis: *Ineffective breastfeeding due to latch issues as evidenced by mother's report of nipple soreness.*

Write me a SMART Goal for this patient

Pt will demonstrate proper breastfeeding latch technique and report nipple pain $\leq 3/10$ by the end of the clinical shift on 02/08/26, following nurse-provided breastfeeding education and hands-on assistance
