Placing Tocodynamometers
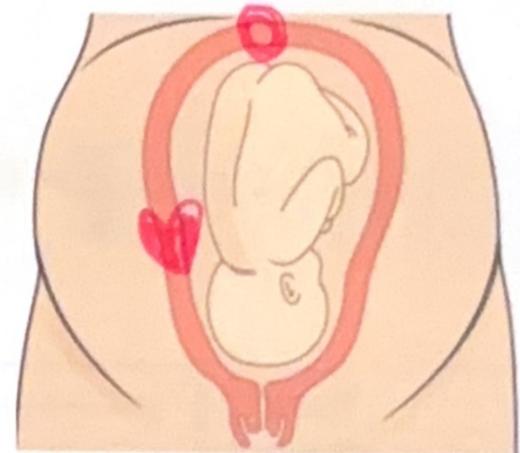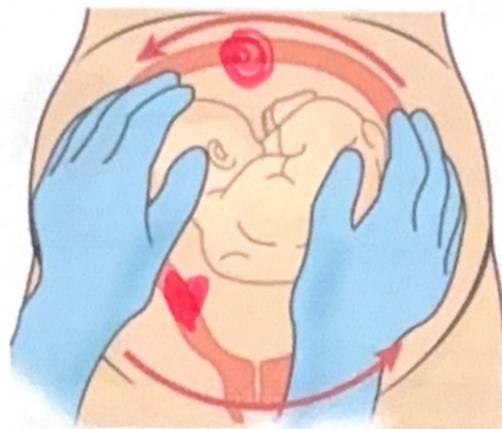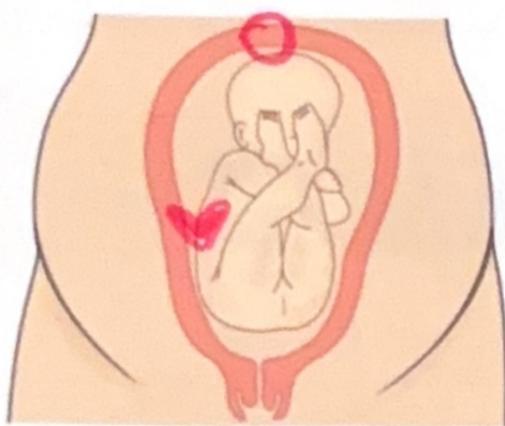
Steps:

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?
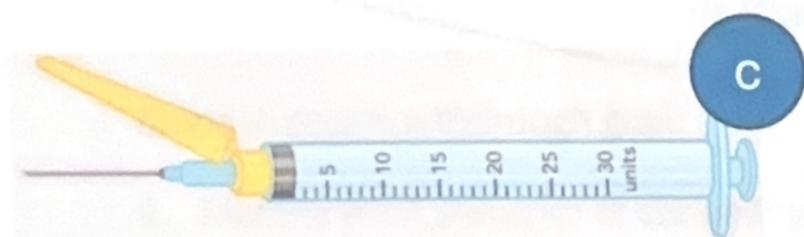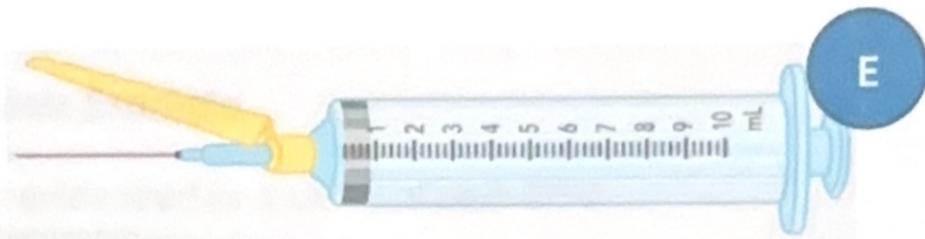
  25 gauge / sub q, outer arms

- 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.

Ventro-gluteal, this medication is thick & painful. We would want it to go in a thicker muscle

Syringes

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

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 10gm/mL. How many mL should the nurse draw up to administer the prescribed dose? Which of the syringes should the nurse choose?

_____

_____

$$\frac{15 \text{ mg}}{10,000 \text{ mg}}(1) = \boxed{0.0015} / A$$

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?
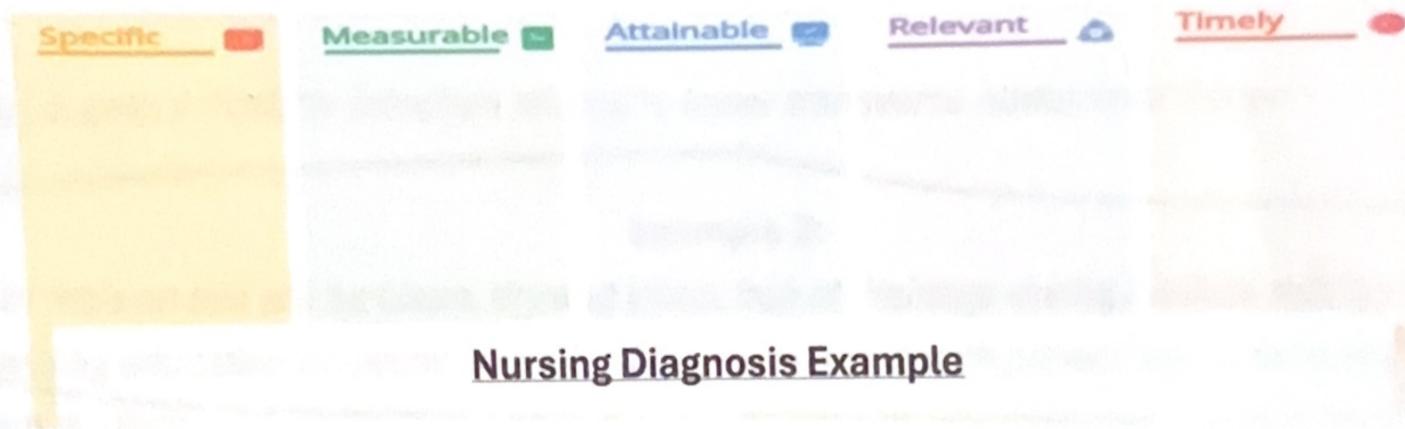
$$d. \quad \frac{0.4mg}{0.2mg(1)} \quad \boxed{2mL} \quad TB$$

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

  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 load 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

whums?
impaired parenting   what will I do? educate the mother on babies ques

how will we know it worked?   -Ask How is she handling being a young mother

The mother will be responding to her infant q feed, change, or winter + her baby

ursing Diagnosis: Ineffective breastfeeding due to latch issues as evidenced by mother's report f nipple soreness.

Write me a SMART Goal for this patient

_____

_____

_____

_____

Smart goals

latch issue ← unum

help assist to

tuggtix latch

w/ repostioning

the baby & observing

the way baby latches

on the mothers breast

Time: By discharge