### GENERAL INFORMATION

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table of Contents</td>
<td>1.0</td>
</tr>
<tr>
<td>Course Information</td>
<td>1.3</td>
</tr>
<tr>
<td>Course Outline</td>
<td>1.5</td>
</tr>
<tr>
<td>Theoretical Framework</td>
<td>1.8</td>
</tr>
<tr>
<td>Course Requirements – Theory</td>
<td>1.9</td>
</tr>
<tr>
<td>Learning Outcomes – Theory</td>
<td>1.10</td>
</tr>
<tr>
<td>Challenge Policy: Challenge Option: Women's Health</td>
<td>1.11</td>
</tr>
<tr>
<td>Challenge Application</td>
<td>1.12</td>
</tr>
<tr>
<td>Weekly Schedule</td>
<td>1.13</td>
</tr>
<tr>
<td>Assignments and Grading</td>
<td>1.14</td>
</tr>
</tbody>
</table>

### THEORY CONTENT

**Computer Programs**                                                                 | 2.0  |

**Assessment and Management: Antepartum Period**                                      | 3.0  |
- Self Learning Exercises                                                             | 3.2  |
- Worksheet: Ovarian Cycle                                                            | 3.4  |
- Antepartum Terminology                                                              | 3.5  |
- Antepartum Study Guide A&P Changes                                                  | 3.6  |
- Worksheet: Presumptive /Subjective Signs                                           | 3.8  |
- Worksheet: Probable /Objective Signs                                               | 3.9  |
- Worksheet: Positive /Diagnostic Signs                                              | 3.10 |
- Worksheet: Common Discomforts                                                       | 3.11 |
- Worksheet: Promotion of Normalcy                                                   | 3.13 |
- Worksheet: Danger Signals                                                           | 3.15 |
- Worksheet: Antepartal Fetal Diagnostics                                           | 3.16 |

**Health Deviations: Pregnancy at Risk**                                               | 4.0  |
- Worksheet: Hemorrhagic Complications of Childbearing                               | 4.2  |
- Worksheet: Drugs Used for Hypertension                                             | 4.3  |
- Study Guide: Video-Pregnancy Induced Hypertension                                  | 4.4  |
- Worksheet: Pathophysiology of H.E.L.L.P.                                          | 4.5  |
- Study Guide: Exercise-Diabetes in Pregnancy                                        | 4.6  |
Normal Labor & Delivery ................................................................. 5.0
Worksheet: Stages of Labor ............................................................ 5.1
Worksheet: Drugs used in L/D ......................................................... 5.3
Worksheet: Anesthesia in L/D ....................................................... 5.4
Medical Orders: Continuous Epidural Infusion Orders ................. 5.5
Worksheet: Fetal Heart Rate Patterns ......................................... 5.6

Normal Newborn ............................................................................. 6.0

Postpartum Period ........................................................................ 7.0
Vocabulary ..................................................................................... 7.1
RH Problems ................................................................................ 7.2
Worksheet: Conception Control .................................................... 7.4

Health Deviations: Postpartum Complications ............................. 8.0
Worksheet: Postpartum Infections ............................................... 8.1
Worksheet: Hemorrhagic Complications ..................................... 8.2
Worksheet: DIC Disseminated Intravascular Coagulation ........... 8.3

Health Deviations: High Risk Infant ............................................. 9.0
Worksheet: Comparison of Hi-risk, Term and Post-term Infant ....... 9.1

Health Deviations: Complications of Labor ................................ 10.0

Health Deviations: Gynecological Disorders ............................... 11.0
Worksheet: Hormonal Therapy ..................................................... 11.2

Health Deviations: Perinatal Loss ............................................... 12.0
Instruction Sheet: Do’s and Don’ts Grieving Parents ..................... 12.1
Please Cry With Me ..................................................................... 12.3

Health Deviations: Perinatal Loss ............................................... 12.0
Instruction Sheet: Do’s and Don’ts Grieving Parents ..................... 12.1
Please Cry With Me ..................................................................... 12.3

Fetopelvic Relationships Sub-Module ........................................ 13.0
........................................................................................................... 13.3
Course Description: This course emphasizes Orem’s Self-Care Theory of developmental self-care requisites, health deviations and universal self-care requisites as it relates to women and newborns. The content involves the study of gynecological problems, deviations from normal pregnancy, care during prenatal, intrapartal, and postpartal periods, of normal and high risk pregnancy. In addition the assessment and care of the normal newborn is included.

Time allotment, sequencing and enrollment
1.5 Semester Units (based upon an 16 week course)
ADN 235A Class Lecture: 6 hours & 45 minutes per week, Total of 27 hours
This course is offered twice during the third semester with enrollment as space and resources allow. Concurrent enrollments with ADN 235AL and ADN 600 are required.

Required Texts:
7. LBCC Staff, *ADN 235A/AL Course Syllabus*
8. LBCC ADN Student Handbook appropriate to the year admitted to the nursing program.

Teaching Methods:
- Lecture and discussion
- Critical Thinking Exercises
- Completion of Sub Module
- Web based testing (ATI)
- Videos, CAI computer programs

Student Evaluation:
- Quizzes: 75 points
- Final Exam: 50 points
- Total Points: 125 points
**Student Course Grade:**

When students achieve satisfactory clinical performance in ADN235AL, the percentage of theory grade in ADN 235A will become the course grade for both courses. If the student's clinical performance is less than satisfactory, the grading policy in the Student Handbook will be followed.

**Course Instructors:**

<table>
<thead>
<tr>
<th>Name &amp; Credentials</th>
<th>Office</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maricela Arnaud RN, MSN, FNP</td>
<td>G</td>
<td>(562) 938-4170</td>
<td><a href="mailto:Marnaud@lbcc.edu">Marnaud@lbcc.edu</a></td>
</tr>
<tr>
<td>Brenda M. Harrell, RN, MSN, Ed.D.</td>
<td>N</td>
<td>(562) 938-4172</td>
<td><a href="mailto:Bharrell@lbcc.edu">Bharrell@lbcc.edu</a></td>
</tr>
<tr>
<td>Ronda Wood, RN-BC, MN, Ed.D.</td>
<td>N</td>
<td>(562) 938-4615</td>
<td><a href="mailto:Rwood@lbcc.edu">Rwood@lbcc.edu</a></td>
</tr>
</tbody>
</table>

Instructor’s offices hours are posted on each instructor’s office door. Other hours may be arranged. Part-time teachers may be reached by special arrangement with the individual student.
COURSE OUTLINE

Outline of all concepts/topics to be covered in the class.

Concept/Topic:

I. Introduction

II. Antenatal period
   A. Application of Orem’s Self-Care Theory & the nursing process during the antenatal period.
   B. Fetal development
   C. Physiological changes & discomforts of pregnancy
   D. Signs of pregnancy
   E. Perintal assessment
   F. Danger signs during pregnancy
   G. Nutritional needs during pregnancy
   H. Psychological tasks of pregnancy

III. Complications of pregnancy
   A. Application of Orem’s Self-Care Theory & the nursing process to women with complications of pregnancy
   B. Diabetes
   C. Anemia
   D. Heart disorders
   E. Bleeding disorders
   F. Incompetent cervix
   G. Hyperemesis gravidarium
   H. Premature rupture of membranes & preterm labor
   I. Hypertensive disorders
   J. Blood disorders
   K. Surgery
   L. Trauma
   M. Infections
   N. Nutrition

IV. Intrapartum period
   A. Application of Orem’s Self-Care Theory & the nursing process during the antenatal period
   B. Critical factors affecting labor & delivery
   C. Signs of labor
   D. Stages of labor
   E. Pain during labor & analgesia use
   F. Review of fetal Monitoring
   G. Alternate settings for labor & delivery

1.5
V. Complications of the intrapartum period
   A. Application of Orem’s Self-Care Theory & the nursing process to women with complications during labor & delivery
   B. Psychological disorders
   C. Dysfunctional labor
   D. Post-term pregnancy
   E. Multiple gestations
   F. Umbilical cord problems
   G. Amniotic fluid complications
   H. Anmiotomy
   I. Induction of labor
   J. Episiotomy
   K. Forcep & vacuum-assisted birth
   L. Cesarean birth

VI. Normal newborn
   A. Application of Orem’s Self-Care Theory & the nursing process to the normal newborn
   B. Newborn reflexes
   C. APGAR scoring
   D. Biological adaptations of the newborn
   E. Physical & neurological characteristics
   F. Heat loss
   G. Care of the newborn

VII. High risk infant
   A. Application of Orem’s Self-Care Theory & the nursing process to the high risk infant
   B. Identification of gestational age & size
   C. Complications of pre-term delivery
   D. Sepsis in the neonate
   E. Complications of post-term delivery

VIII. Postpartum period
   A. Application of Orem’s Self-Care Theory & the nursing process to women in the postpartum period
   B. Postpartum assessment
   C. Psychological adjustments
   D. Parent-infant attachment
   E. Nutritional needs
   F. Discharge needs
   G. Medications

IX. Postpartum complications
   A. Application of Orem’s Self-Care Theory & the nursing process to women with postpartum complications
   B. Infections
   C. Uterine abnormalities
   D. Hemorrhage

1.6
X. Gynecological health deviations
   A. Application of Orem’s Self-Care Theory & the nursing process women with
gynecological disorders
   B. Pre-menstrual syndrome
   C. Menopause
   D. Rape
   E. Hormonal therapy
   F. Endometritis & endometriosis
   G. Pelvic inflammatory disease
   H. Uterine displacement
   I. Tumors (benign and malignant)
   J. Surgeries
   K. Chemotherapy

XI. Perinatal Loss
   A. Application of Orem’s Self-Care Theory & the nursing process to families
      experiencing perinatal loss
   B. Classifications
   C. Stages of grief and grieving
   D. Cultural aspects
   E. Nursing management
   F. Resources
Conceptual Framework: Curriculum Implementation

<table>
<thead>
<tr>
<th>SELF CARE MODEL</th>
<th>THEORY IMPLEMENTATION</th>
<th>CLINICAL IMPLEMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Universal Self Care Requisites are common to all persons regardless of health status.</td>
<td>The Universal Self Care Requisites serve as an outline for learning. Those Universal Self Care Requisites dealing with promotion of normalcy are highlighted throughout the course.</td>
<td>Students continue to apply all previously learned skills to the clinical setting to the Universal Self Care Requisites. During campus lab, students observe, practice and demonstrate competence in a wide variety of old as well as new skills related to caring for normal newborns, high-risk Antepartum, intrapartal, postpartum, gynecological and oncology patients. Students utilize the nursing process (assess, plan, set goals, intervene, and evaluate) to develop plans of care based on patient needs. This plan can provide individualized nursing care in the wholly, partially compensatory and educative supportive mode.</td>
</tr>
<tr>
<td>Health Deviation Self Care Requisites are needs generated by illness and the medical diagnostic procedures and treatments associated with disease.</td>
<td>The concept of Health Deviation Self Care Requisites is discussed as it relates to Women’s Health during normal and high-risk pregnancy; the intrapartal period; and gynecological conditions.</td>
<td></td>
</tr>
<tr>
<td>Developmental Self Care Requisites are needs associated with development throughout the life cycle.</td>
<td>The promotion of Developmental Self Care Requisites and patient teaching are also highlighted throughout the course.</td>
<td></td>
</tr>
</tbody>
</table>
Course Requirements

During this course the student will:

1. Apply expectations from previous courses and be able to integrate.
2. Examine the syllabus, highlighting important dates.
3. Review and be able to demonstrate proficiency in previously learned as well as new skills learned as the need arises.
4. Analyze the need to be able to demonstrate second level functioning (ie. Increased responsibility, self-direction, confidence building, showing initiative, setting priorities, thinking critically, and making clinical decisions as it relates to the administration of safe care).
5. Demonstrate the responsibility for meeting the objectives for:
   a. Feto-pelvic Relationships Submodule
   b. Computer Programs
6. Explain the rationale for taking the computerized ATI Maternal Newborn Exam.
7. Initial the attendance roster to demonstrate attendance at lecture; otherwise the student will be considered absent.
8. Come to class on time. Do not walk into class late.
9. Achieve 75% overall on all scored materials at the completion of the course.
10. Complete all required assignments.
11. Take exams when scheduled. The exam booklet number and the student’s identification (ID) number must be written on each Scranton. Scores will be posted on the course website using the students ID number. If you miss a scheduled test, see the ADN Student Handbook under “Evaluation, Tests”. Please TELEPHONE the Lead Teacher and leave a message that you will miss the scheduled test.
12. TELEPHONE the Lead Teacher and leave a message of your absence for all Theory and campus laboratory absences
13. Actively participate in class health deviation discussions. You will be asked questions in class, so come prepared.
14. Assume responsibility for meeting the behavioral objectives when absent from class.
15. Satisfactorily complete the third semester math exam as outlined on the weekly schedule and in the Student Handbook.
Upon satisfactory completion of the course, the student will be able to demonstrate the following learning outcomes:

**Professional Role**
- Prepare to interact with members of the health care team in a professional manner.

**Communication**
- Utilize therapeutic communication skills when interacting with patients, family and the healthcare team.
- Communicate relevant, accurate and complete information in a concise and clear manner by utilizing channels of communication and information technology to achieve positive patient outcomes.

**Orem’s Self Care Theory as it relates to the Nursing Process**
- Synthesize Orem’s Self-Care Theory with the women’s health patient and the neonate.
- Synthesize the nursing process with the women’s health patient and the neonate.
- Compare and contrast normalcy for the women’s health patient and the neonate.
- Differentiate between potential health hazards in women’s health patient and the neonate.
- Differentiate between the self care demands and deficits requiring interventions in the women’s health patient and the neonate.
- Distinguish how the nursing process is used in differentiating plans of care that reflect the developmental level and developmental self care requisites of the women’s health patient and the neonate.

**Critical Thinking**
- Develop critical thinking in the application of learned theory to patient scenarios for the women’s health patient and the neonate.

**Safety**
- Recognize unsafe practices and alleviate potential health hazards.
- Synthesize knowledge from this course and previous courses to assimilate safe nursing practice.

**Teaching and Learning**
- Prepare to teach the patient and family about the health deviations identified in this course.

**Collaborative Management of Care**
- Prioritize and evaluate all aspects of patient care in a cost efficient manner utilizing available resources.
ADN 235A Challenge Option: Credit by Examination

1. The challenge option for each course consists of three parts:
   1st: Theory portion
   2nd: Campus lab content
   3rd: Clinical content

2. An announcement regarding the challenge option will be made on the first day of class.

3. The student must have evidence on file in their Cumulative Folder of formal instruction regarding course content.

4. Formal instruction in the content of the course being challenged must have taken place within 3 years previous to the challenge request.

5. A student interested in challenging must let the lead teacher know by the last day of the first week of the class. The form must be completed. An appointment will be made to take the theory test in the Learning Center at the beginning of the second week of the class.

6. A 150 point comprehensive multiple choice test will be given.

7. The student must pass the theory exam with a score of 75% to continue with the challenge.

8. The score earned on this test becomes the theory grade.

9. The student must take and pass the third semester math exam by the deadlines outlined in the Student Handbook.

10. The components of the challenge are to be completed by the end of the fourth week of the class.

11. For details, refer to the LBCC Catalog Statement of Policies for Credit by Examination.
APPLICATION FOR CHALLENGE BY EXAMINATION
ADN 235A – Maternal/Newborn Nursing

Student Name ___________________________________ Date ______________________

-------------------------------------------------------------------------------------------------

Student complete section A below:

A. Justification of this request:

Student Signature ______________________________

-------------------------------------------------------------------------------------------------

Teaching team complete section B below:

B. Decision: yes ________ If yes, write contract below.
No ________ If no, state reason for denial.

-------------------------------------------------------------------------------------------------

C. Contract

Written test completed by ______________________

-------------------------------------------------------------------------------------------------

Signatures:

Lead Teacher: ___________________________ Date ___________________________

Teacher: ___________________________ Date ___________________________

Teacher: ___________________________ Date ___________________________

Student: ___________________________ Date ___________________________

-------------------------------------------------------------------------------------------------

D. Disposition of Challenge ___________________________________________________
<table>
<thead>
<tr>
<th>WK</th>
<th>Mon 12-3:00 Lecture C-102</th>
<th>Tues AM LBMMC Woman’s or SMMC 8 Hours</th>
<th>Wed AM LBMMC Women’s or SMMC 8 Hours</th>
<th>Thur 8-11:45 Lecture C-208</th>
<th>Thur 12:30-3:30 Lab C-208</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>8/20/12</td>
<td>8/21/12</td>
<td>8/22/12</td>
<td>8/23/12</td>
<td>8/23/12</td>
</tr>
<tr>
<td></td>
<td>Introduction to the course (1)</td>
<td>Hospital Orientation for all students at LBMMC</td>
<td>Hospital</td>
<td>Quiz 1 (25 points) Pregnancy at Risk (3)</td>
<td>Skills Re-test: Catheterization</td>
</tr>
<tr>
<td></td>
<td>Antepartum (2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>8/27/12</td>
<td>8/28/12</td>
<td>8/29/12</td>
<td>8/30/12</td>
<td>8/30/12</td>
</tr>
<tr>
<td></td>
<td>Normal Labor &amp; Delivery (2) Complications of Labor &amp; Delivery I (1)</td>
<td>Hospital L &amp; D Prototype Care Plans due</td>
<td>Hospital</td>
<td>Quiz 2 (25 points) Complications of Labor &amp; Delivery II (3)</td>
<td>Orem, Legal, Ethical Considerations &amp; Patient and Family Teaching</td>
</tr>
<tr>
<td></td>
<td>Math test taken the first time by 8/27/12 at Noon</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>9/3/12</td>
<td>9/4/12</td>
<td>9/5/12</td>
<td>9/6/12</td>
<td>9/6/12</td>
</tr>
<tr>
<td></td>
<td>HOLIDAY</td>
<td>Hospital</td>
<td>Hospital</td>
<td>Quiz 3 (25 points) Normal Post Partum (1) &amp; Post Partum Complications I (2)</td>
<td>Perinatal Loss (2) Normal Newborn/High Risk Infant (1) Fetopelvic Submodule due passed by 1500</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Case Studies due by the start of the clinical day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>9/10/12</td>
<td>9/11/12</td>
<td>9/12/12</td>
<td>9/13/12</td>
<td>9/13/12</td>
</tr>
<tr>
<td></td>
<td>Normal Newborn/High Risk Infant (0.5) GYN Disorders (1.5) Maternal Child ATI Exam (1)</td>
<td>Hospital</td>
<td>Hospital</td>
<td>Final exam</td>
<td>Women’s Simulated Hospital Scenarios</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9/14/12 FRIDAY 8-1:00 Continue Scenarios
### Quiz Grades

<table>
<thead>
<tr>
<th></th>
<th>Possible Points</th>
<th>Points Made</th>
<th>Percent</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quiz #1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quiz #2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quiz #3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Final</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Points</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**LETTER GRADE:**
- A = 91 – 100
- B = 83 – 90
- C = 75 – 82
- D = 64 – 74 – Failing Nursing
- F = 67 – below

**DUE DATES FOR ASSIGNMENTS**

1. Math for Meds Testing in Learning Center by Appointment
2. First Testing due:
3. 2nd Testing due:

- Feto-pelvic Sub module due:
- Case Study due:
- Provide up to date Health & Safety documents to Lead Instructor on First week. A failure may jeopardize clinical participation. Your identified clinical agency will be announced.
- Final Exam: Must achieve 75% overall to be able to continue in the nursing program.
- Course Evaluation
ADN 235A Maternal/Newborn Nursing

THEORY CONTENT
I. PURPOSE:

These interactive computer programs are designed to serve as an adjunct to enhance theory of the complications of pregnancy. Format for the computer interactive programs is similar to that of the NCLEX. **THIS IS A RECOMMENDED ASSIGNMENT AND NOT REQUIRED FOR THE COURSE.**

II. METHOD:

Student will make an appointment in the Learning Center to complete the following interactive computer programs:

1. Diabetes in Pregnancy
2. Hypertension in Pregnancy (PIH)
3. Placenta Abruptio

III. EVALUATION:

Successful completion of the 3 programs will be indicated by an objective examination via computer after completion of the learning program. Students must obtain at least 85% on each examination. The computerized printout with student’s name and score will be given to the designated teacher for grading by the identified date. 85% is not made, the test must be taken again until 85% has been mastered.
THEORY CONTENT: ASSESSMENT & MANAGEMENT: ANTEPARTUM PERIOD –

BEHAVIORAL OBJECTIVES:

1) Prior to class, the student will independently complete the Self-Learning Exercises:
   a) Anatomy & Physiology of Human Reproduction
   b) Fetal Development worksheet
   c) Ovarian cycle worksheet
   d) Antepartum definitions

2) Describe the etiology of changes and the physiological changes which normally occur in
   the various body systems during pregnancy.

3) Describe and discuss the common discomforts of pregnancy and their potential impact on
   Orem’s Universal Self-Care Requisites.

4) Identify and distinguish between the Subjective (presumptive), Objective (probable) and
   Diagnostic (positive) changes of pregnancy.

5) Prior to class, apply Nagel’s Rule to calculate EDC (Estimated Date of Confinement) or EDB
   (Estimated Date of Birth) for the dates on the Antepartum Study Guide.

6) Discuss the initial prenatal assessment of the patient’s history to include:
   a) Pre-pregnancy health
   b) Application of Nagel’s rule in predicting EDD
   c) Prior pregnancy history (gravida, para, and GTPAL system)
   d) Psychosocial assessment of support systems
   e) Current health status
   f) Identification of risk-factors

7) Prior to class, complete the Antepartal Patient Teaching Guidelines for Promotion of
   Normalcy in the syllabus.

8) Identify nursing diagnoses, goals, and interventions for prenatal care.

9) Prior to class, complete the danger signals of pregnancy.

10) Discuss the nutritional needs and expected weight gain of the normal Antepartum patient, as
    well as health care deviations.

11) Become familiar and open to various cultural differences and beliefs related to pregnancy.

12) Identify and describe 3 possible reasons why expectant mothers may not seek prenatal care.

13) Discuss how the registered nurse could assist the parents with the psychological tasks.

14) Prior to class, complete and discuss the Antepartal Fetal Diagnostic worksheet.

15) Discuss the issues of sexuality for the pregnant woman. Include the influence that age,
    culture, and/or religion may have on her behavior or actions.

3.0
16) Identify and describe 3 possible reasons why expectant mothers may not seek prenatal care.

17) List 3 psychological tasks of pregnancy for both the mother and for the father. Include cultural influences that may influence the achievement of the developmental tasks. Discuss how the registered nurse could assist the parents with the psychological tasks.

18) Prior to class, complete the antepartal fetal diagnostic worksheet. Be prepared to discuss the tests in class.

ASSIGNMENT:

Ricci & Kyle: See Index
Dudek: as needed.
A. **Introduction**

1. **Purpose:**
   
   This self study exercise is designed to enable the student to develop the knowledge, skills and attitudes required to understand the anatomy and physiology of the menstrual cycle, human reproduction, and fetal development.

2. **Method:**
   
   The exercise has been designed as a self-instructional unit. The student progresses at his/her optimum rate.

3. **Resources for meeting the objectives:**
   

4. **Evaluation**
   
   The information in this exercise is relative throughout the course. Therefore questions based on this material will be included in all quizzes and the final exam.

B. **Exercise**

1. **Orientation to prenatal care**
   
   1. Anatomy and physiology of human reproduction
   2. Physiology of the menstrual cycle
   3. Related vocabulary and definitions
   2. Fetal growth and development per trimester

C. **Behavioral Objectives**

   Upon completion of this self study exercise, the student will be able to:

1. Review the anatomy and physiology of the male and female reproductive systems.
2. Identify the events that occur during the menstrual cycle.
3. Describe the sequence of events that occur during the hypothalamic, pituitary cycle, ovarian cycle, endometrial cycle, other cyclic changes and the role of prostaglandins and how each event relates to the menstrual cycle.
4. Review the subjective and objective signs that occur during the phases of the menstrual cycle.
5. Identify the hormone which is secreted in the urine of the pregnant woman, and why this occurs.
6. Identify two or more reasons for the study of the menstrual cycle.
7. Explain the growth and development of the fetus from conception to birth.
8. Describe the fetal membranes and their formation and their function.
9. Identify the number and type of chromosomes in the normal human being.
10. State the length of pregnancy.
11. Identify the sex chromosomes available in the sperm and ovum.
12. Identify the combination of sex chromosomes that result in a female child and in a male child.
13. Describe the formation, physiology and function of the placenta and umbilical cord.
14. Describe fetal development each month noting special occurrences such as:
   a. Embryo now called a fetus (All organs are formed)
   b. Sex of fetus can be distinguished
   c. Fetal movements felt
   d. Fetal heart tones heard
   e. Lanugo appears
   f. Respiratory movements occur
   g. Could adjust to extrauterine life
15. Describe normal fetal circulation during intrauterine growth and the changes which occur after birth.
16. Define the following terms:
   abortion
   amnion
   amniotic fluid
   cephalocaudal development
   chorion
   chorionic gonadotropin
   chorionic villi
   conception
   decidua basalis
   dizygotic twins
   embryo
   estrogen
   fertilization
   fetus
   menarche
   monozygotic twins
   morula
   ovulation
   pituitary
   progesterone
   teratogens
   viability
   zygote
<table>
<thead>
<tr>
<th>Phase</th>
<th>Hormone &amp; Source</th>
<th>Ovarian Changes</th>
<th>Uterine Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Menstrual Phase</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days 1-4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proliferative Phase</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days 5-14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secretory Phase</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days 14-26</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
TERMINOLOGY: ANTEPARTUM

Define the following:

Antepartal/Antepartum/Prenatal  Ballottement
Perinatal  Braxton Hick’s Contractions
Gestation  Chadwick’s Sign
Intrapartum  Hegar’s Sign
Postpartum  Goodell’s Sign
Viability  Quickening
Stillbirth  Physiologic Anemia
Abortion  Uterine Souffle
Gravida  Funic Souffle
Nulligravida
Primigravida
Multigravida
Preterm Pregnancy
Prolonged Pregnancy
Describe the etiology and the physiological changes in the various systems and organs of the body during pregnancy.

<table>
<thead>
<tr>
<th>PHYSIOLOGICAL CHANGE</th>
<th>ETIOLOGY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reproductive</td>
<td></td>
</tr>
<tr>
<td>Uterus</td>
<td></td>
</tr>
<tr>
<td>Cervix</td>
<td></td>
</tr>
<tr>
<td>Ovaries</td>
<td></td>
</tr>
<tr>
<td>Vagina</td>
<td></td>
</tr>
<tr>
<td>Breasts</td>
<td></td>
</tr>
<tr>
<td>2. Respiratory</td>
<td></td>
</tr>
<tr>
<td>Diaphragm</td>
<td></td>
</tr>
<tr>
<td>3. Cardiovascular</td>
<td></td>
</tr>
<tr>
<td>Cardiac Output</td>
<td></td>
</tr>
<tr>
<td>Cardiac Rhythm</td>
<td></td>
</tr>
<tr>
<td>Supine hypotension</td>
<td></td>
</tr>
<tr>
<td>4. Hematological</td>
<td></td>
</tr>
<tr>
<td>CBC</td>
<td></td>
</tr>
<tr>
<td>Volume</td>
<td></td>
</tr>
<tr>
<td>5. Gastrointestinal</td>
<td></td>
</tr>
<tr>
<td>Appetite</td>
<td></td>
</tr>
<tr>
<td>Gums/Teeth</td>
<td></td>
</tr>
<tr>
<td>Gastric Motility</td>
<td></td>
</tr>
<tr>
<td>6. Urinary</td>
<td></td>
</tr>
<tr>
<td>Bladder Tone</td>
<td></td>
</tr>
<tr>
<td>Glomerular Filtration Rate</td>
<td></td>
</tr>
<tr>
<td>7. Integumentary</td>
<td></td>
</tr>
<tr>
<td>Hyperpigmentation</td>
<td></td>
</tr>
<tr>
<td>Angioma</td>
<td></td>
</tr>
<tr>
<td>8. Musculoskeletal</td>
<td></td>
</tr>
<tr>
<td>Mobility</td>
<td></td>
</tr>
<tr>
<td>Posture</td>
<td></td>
</tr>
</tbody>
</table>
Describe the etiology and physiological changes in the various systems and organs of the body during pregnancy.

<table>
<thead>
<tr>
<th>PHYSIOLOGICAL CHANGE</th>
<th>ETIOLOGY</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Metabolic</td>
<td></td>
</tr>
<tr>
<td>A. Weight Gain</td>
<td></td>
</tr>
<tr>
<td>10. Endocrine</td>
<td></td>
</tr>
<tr>
<td>A. Thyroid</td>
<td></td>
</tr>
<tr>
<td>B. Parathyroid</td>
<td></td>
</tr>
<tr>
<td>C. Pancreas</td>
<td></td>
</tr>
<tr>
<td>D. Pituitary</td>
<td></td>
</tr>
<tr>
<td>11. Hormonal</td>
<td></td>
</tr>
<tr>
<td>A. HGG (Human Chorionic Gonadotropin)</td>
<td></td>
</tr>
<tr>
<td>B. HPL (Human Placental Lactogen)</td>
<td></td>
</tr>
<tr>
<td>C. Estrogen</td>
<td></td>
</tr>
<tr>
<td>D. Progesterone</td>
<td></td>
</tr>
<tr>
<td>E. Relaxin</td>
<td></td>
</tr>
<tr>
<td>F. Aldosterone</td>
<td></td>
</tr>
</tbody>
</table>
Describe the anatomic/physiologic changes that cause and accompany the presumptive signs and symptoms of pregnancy listed below.

<table>
<thead>
<tr>
<th>Presumptive signs</th>
<th>Gestational Age of Usual Occurrence and Other Possible Causes for Signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Menstrual Suppression (amenorrhea)</td>
<td></td>
</tr>
<tr>
<td>2. Breast Changes</td>
<td></td>
</tr>
<tr>
<td>3. Nausea and Vomiting</td>
<td></td>
</tr>
<tr>
<td>4. Vaginal Changes</td>
<td></td>
</tr>
<tr>
<td>5. “Quickening”</td>
<td></td>
</tr>
<tr>
<td>6. Excessive Fatigue</td>
<td></td>
</tr>
<tr>
<td>7. Urinary Frequency</td>
<td></td>
</tr>
</tbody>
</table>
# Antepartum Assessment and Management Worksheet

**OBJECTIVE SIGNS and SYMPTOMS of PREGNANCY**

Describe the anatomic and physiologic changes that cause and accompany the probable signs and symptoms of pregnancy.

<table>
<thead>
<tr>
<th>PROBABLE SIGNS:</th>
<th>GESTATIONAL AGE OF OCCURANCE/OTHER CAUSES FOR SIGNS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Changes in the cervix &amp; vagina</td>
<td></td>
</tr>
<tr>
<td>a. Goodell’s sign:</td>
<td></td>
</tr>
<tr>
<td>b. Chadwick’s sign:</td>
<td></td>
</tr>
<tr>
<td>c. McDonald’s sign/measurement:</td>
<td></td>
</tr>
<tr>
<td>2. Changes in the Uterus</td>
<td></td>
</tr>
<tr>
<td>E. Size</td>
<td></td>
</tr>
<tr>
<td>F. Shape</td>
<td></td>
</tr>
<tr>
<td>G. Consistency</td>
<td></td>
</tr>
<tr>
<td>H. Uterine souffle</td>
<td></td>
</tr>
<tr>
<td>I. Funic souffle</td>
<td></td>
</tr>
<tr>
<td>J. Hegar’s Sign</td>
<td></td>
</tr>
<tr>
<td>3. Abdominal size, shape, and contour</td>
<td></td>
</tr>
<tr>
<td>4. Braxton Hicks contractions</td>
<td></td>
</tr>
<tr>
<td>8. Skin change</td>
<td></td>
</tr>
<tr>
<td>a. Striae Gravidarum</td>
<td></td>
</tr>
<tr>
<td>b. Pigment changes</td>
<td></td>
</tr>
<tr>
<td>c. Vascular Markings</td>
<td></td>
</tr>
<tr>
<td>d. Sweat Glands</td>
<td></td>
</tr>
<tr>
<td>9. Fetal Outline</td>
<td></td>
</tr>
<tr>
<td>a. Abdominal Palpation</td>
<td></td>
</tr>
<tr>
<td>b. Ballottement</td>
<td></td>
</tr>
<tr>
<td>10. Pregnancy Tests</td>
<td></td>
</tr>
<tr>
<td>a. Hormonal Levels</td>
<td></td>
</tr>
<tr>
<td>b. Radioimmunoassay/Radioreceptor Assay</td>
<td></td>
</tr>
</tbody>
</table>

3.9
Describe the anatomic and physiologic changes that are responsible for the positive signs of pregnancy. If the term positive is used in the strict sense, then there are only four positive means of detecting pregnancy. (Usually not present until after four months)

<table>
<thead>
<tr>
<th>Positive Signs</th>
<th>Gestational Age of Occurrence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Fetal Heart Sounds Detected by Doppler Ultrasound</td>
<td></td>
</tr>
<tr>
<td>2. Fetal Movements palpated by examiner</td>
<td></td>
</tr>
<tr>
<td>3. Visualization of Fetus by Roentgenogram (Rarely Done)</td>
<td></td>
</tr>
<tr>
<td>4. Visualization of Fetus by: Zoography/Ultrasound</td>
<td></td>
</tr>
<tr>
<td>Vaginal</td>
<td></td>
</tr>
</tbody>
</table>
### Self-Care Requisite/Discomfort

<table>
<thead>
<tr>
<th>Self-Care Requisite/Discomfort</th>
<th>Etiology of Physiological Change</th>
<th>Measures to Restore Normalcy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I. Main Suff. Intake of Air</strong>&lt;br&gt;Shortness of Breath</td>
<td>nasal congestion&lt;br&gt;Orthostatic Hypotension&lt;br&gt;Varicose Veins</td>
<td></td>
</tr>
<tr>
<td><strong>II. Main Suff. Intake of Water</strong>&lt;br&gt;Edema of Lower Extremities</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>III. Main Suff. Intake of Food</strong>&lt;br&gt;“Morning Sickness”</td>
<td>Nausea/Vomiting&lt;br&gt;Heartburn&lt;br&gt;Cravings/Pica</td>
<td></td>
</tr>
<tr>
<td><strong>IV. Prov. Of Care Assoc. Elimination</strong></td>
<td>Urinary Frequency/Urgency&lt;br&gt;Stress Incontinence&lt;br&gt;Flatulence&lt;br&gt;Constipation&lt;br&gt;Hemorrhoids</td>
<td></td>
</tr>
</tbody>
</table>

3.11
<table>
<thead>
<tr>
<th>Self Care Requisite/Discomfort</th>
<th>Etiology of Physiological Change</th>
<th>Measures to Restore Normalcy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>V. Main. Of Balance:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anatomy/Physiology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Care Requisites</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fatigue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleep Disturbances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nightmares</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headaches</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back Pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Waddling” Gait</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>VI. Main. Of Balance:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Solitude and Social Interaction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fears, anxieties, Feelings concerning pregnancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-concept/changing Self-Image</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexuality, Sexual Activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>VII. Developmental SCR:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childbearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal Discharge/Infections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast sensations and changes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pelvic Heaviness</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Antepartal Patient Teaching Guidelines for Promotion of Normalcy

<table>
<thead>
<tr>
<th>Patient Concerns</th>
<th>Teaching/Self-Care Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Dental Concerns</td>
<td></td>
</tr>
<tr>
<td>2. Bathing/Showering Issues</td>
<td></td>
</tr>
<tr>
<td>3. Skin Care</td>
<td></td>
</tr>
<tr>
<td>4. Breast Care</td>
<td></td>
</tr>
<tr>
<td>5. Weight Gain</td>
<td></td>
</tr>
<tr>
<td>6. Diet/Nutritional Needs</td>
<td></td>
</tr>
<tr>
<td>7. Elimination Concerns</td>
<td></td>
</tr>
<tr>
<td>8. Vaginal Hygiene</td>
<td></td>
</tr>
<tr>
<td>9. Sexual Activity/Intercourse</td>
<td></td>
</tr>
<tr>
<td>10. Activity/Exercise Issues</td>
<td></td>
</tr>
<tr>
<td>11. Rest/Naps/Sleep Requirements</td>
<td></td>
</tr>
<tr>
<td>12. Travel Restrictions/Recommendations</td>
<td></td>
</tr>
<tr>
<td>13. Vaccinations/Immunizations</td>
<td></td>
</tr>
<tr>
<td>14. Labor and Delivery Preparations</td>
<td></td>
</tr>
<tr>
<td>PATIENT CONCERNS</td>
<td>SELF CARE INSTRUCTIONS</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Maternal/Parental Use of:</td>
<td></td>
</tr>
<tr>
<td>Drugs</td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
</tr>
<tr>
<td>Cigarettes</td>
<td></td>
</tr>
<tr>
<td>Fetal growth and development</td>
<td></td>
</tr>
<tr>
<td>1\textsuperscript{st} trimester</td>
<td></td>
</tr>
<tr>
<td>2\textsuperscript{nd} trimester</td>
<td></td>
</tr>
<tr>
<td>3\textsuperscript{rd} trimester</td>
<td></td>
</tr>
</tbody>
</table>
Identify and list the “danger signals” which can occur in pregnancy, the potential significance of each, and the application of the teaching for self-care for each potential problem.

<table>
<thead>
<tr>
<th>DANGER SIGNAL</th>
<th>SIGNIFICANCE</th>
<th>TEACHING FOR SELF-CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Visual Disturbances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Edema of Face, Fingers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Headaches-Severe,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequent, continuous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Epigastric Pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Severe, persistent vomiting,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beyond 1st trimester</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. fluid discharge from the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>vagina: bleeding, fluid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Signs of Infections: fever,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>chills, burning on urination,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>diarrhea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Pain in abdomen: severe,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unusual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Change in fetal movements</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Antepartum Assessment and Management
#### Antepartal Fetal Diagnostics

**Worksheet**

<table>
<thead>
<tr>
<th>TEST</th>
<th>INDICATION FOR USE</th>
<th>RISKS AND FINDINGS</th>
<th>PATIENT INSTRUCTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. NONINVASIVE:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Ultrasound</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Transabdominal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Vaginal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Magnetic Resonance Imaging</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>II. INVASIVE:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Amniocentesis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Percutaneous Umbilical Blood Sampling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Chorionic Villus Sampling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>III. BIOCHEMICAL ASSESSMENT of FETUS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Alpha-Fetoprotein</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Human Chorionic Gonadotropin Hormone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV. AMNIOTIC FLUID STUDIES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. L/S Ratio</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Bilirubin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Amniotic Fluid Volume</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TEST</td>
<td>INDICATIONS FOR USE</td>
<td>RISKS AND FINDINGS</td>
<td>PATIENT INSTRUCTIONS</td>
</tr>
<tr>
<td>------</td>
<td>---------------------</td>
<td>---------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>V. BIOPHYSICAL PROFILE of the FETUS</td>
<td>11. Gross body Movements</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. Fetal Tone</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>13. Fetal Breathing Movements</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Reactive Fetal Heart Tone</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>e. Qualitative Amniotic Fluid Volume</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VI ELECTRONIC FETAL HEART RATE MONITORING (fetal Response to Hypoxia/asphyxia)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Contraction Stress Test (CST)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Nipple Stimulated Contraction Test</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Oxytocin Stimulated contraction Test (I.V. Infusion)</td>
<td>. positive</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>. suspicious</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>. hyperstimulation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>. unsatisfactory</td>
<td></td>
</tr>
<tr>
<td>TEST</td>
<td>INDICATIONS FOR USE</td>
<td>RISKS AND FINDINGS</td>
<td>PATIENT INSTRUCTIONS</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------------------</td>
<td>-------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>FETAL ACTIVITY DETERMINATION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. NonStress test Interpretation:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Reactive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Nonreactive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Unsatisfactory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VII MATERNAL ASSESSMENT of FETAL ACTIVITY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Daily Fetal Movement Count</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
THEORY CONTENT: HEALTH DEVIATION: PREGNANCY AT RISK

BEHAVIORAL OBJECTIVES:

1. Explain Erikson’s task assigned for young adults and its relationship to a pregnancy at risk.
2. Discuss the role of growth and development as it relates to successful adaption to antenatal risk pregnancy at risk.
3. Relate Oren’s Developmental Self-Care Requisites to assessment, interventions, and teaching needs of a woman experiencing a pregnancy at risk.
4. Discuss the pathophysiology, treatment including drugs and nutrition, and nursing care diagnosis, goals, and nursing interventions in the care of a pregnant woman with diabetes.
5. Discriminate among the three major types of anemia’s associated with pregnancy including pathophysiology, drugs and nutrition, treatments and nursing care for complication for pregnancy (Nursing DX, Goals, Interventions).
6. Describe the effects of various heart disorders on pregnancy including pathophysiology, treatment, and nursing care (diagnosis, goals, interventions).
   a. Congenital Heart Defects
   b. Valve defects
   c. Peripartum Cardiomyopathy
7. Compare and Contrast the etiology, treatment and nursing interventions for the various bleeding problems associated with pregnancy (spontaneous abortion, ectopic pregnancy, gestational trophoblastic disease, placental complications).
8. Identify the treatment and nursing interventions indicated in caring for a woman with an incompetent cervix.
9. Discuss the therapy and nursing care of a woman with Hyperemesis Gravidarum.
10. Discuss the nursing care of a woman experiencing premature rupture of the membranes (PROM), preterm premature rupture of membranes (PPROM), and Preterm labor (PTL).
11. Describe the use of fetal fibronectin as a predictor of preterm labor.
12. Describe the pathophysiology, signs and symptoms and treatment of gestational hypertension (pre eclampsia, eclampsia, HELLP syndrome).
13. Explain the cause and prevention of hemolytic disease of the newborn secondary to Rh incompatibility.
14. Compare and contrast Rh incompatibility to ABO incompatibility.
15. Summarize the effects of surgical procedures on pregnancy.
16. Discuss the implication of trauma due to accidents and abuse during pregnancy.

17. Describe the effects of infection during pregnancy.

18. Come prepared to discuss Drug Worksheet.

ASSIGNMENTS:

1. Ricci & Kyle: See Index
2. Leifer, as needed
3. Dudek, as needed
2. Worksheet - Drugs used for Hypertension in Pregnancy
3. Worksheet: Hemorrhagic Complications of Pregnancy
4. Review the Pathophysiology of HELLP model

Learning Center: (View Videos)
1. Cross Training for Obstetrical Nursing Staff
2. #4 Preterm Labor and Third Trimester Bleeding
3. Pregnancy Induced Hypertension
4. Diabetes in Pregnancy
Worksheet: Hemorrhagic Complications in Childbearing

<table>
<thead>
<tr>
<th>Complication</th>
<th>Definition</th>
<th>Trimester Occurrence</th>
<th>Differentiating Symptoms</th>
<th>Possible Cause</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spontaneous Abortion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hydatidiform Mole</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ectopic Pregnancy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Placenta Previa</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Placenta Abruptio</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
WORKSHEET: Medications Used for Hypertension of Pregnancy

Complete this chart and be prepared to discuss lecture.

<table>
<thead>
<tr>
<th>Medication: Trade, generic name, classification (s)</th>
<th>Action</th>
<th>Nursing Consideration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Magnesium Sulfate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calcium Gluconate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hydralazine Apresoline</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diazepam Valium</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phenobarbital Luminal</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ADN 235A Maternal/Newborn Nursing

Study Guide For Pregnancy Induced Hypertension Exercise

7. Pregnancy induced hypertension occurs in _______% of all pregnancies.

K. List the criteria for pregnancy induced hypertension:

d. Identify the following scale of edema:
   1 + __________________
   2 + __________________
   3 + __________________
   4 + __________________

e. Describe the pathophysiology of pregnancy induced hypertension.

B. Describe the pathophysiology of the HELP syndrome.

C. List three nursing assessments for severe pre-eclampsia:
   A. 
   B. 
   C. 

14. Identify the management of severe pre-eclampsia:

15. List two nursing diagnoses for severe pre-eclampsia:
   A. 
   B. 

   A. Identify the following medications and nursing responsibilities regarding pre-eclampsia:

   APRESOLINE         NIFEDEPINE
   INDEROL            MAGNESIUM SULFATE
Pathophysiology of H.E.L.L.P
Study Guide for Diabetes in Pregnancy Exercise

1. List three risk factors for diabetes in pregnancy:
   A.
   B.
   C.

2. Identify three problems of infants born of diabetic mothers:
   A.
   B.
   C.

3. Describe the insulin changes during pregnancy, labor and post partum for the diabetic patient:

4. Identify two antepartal tests for the fetus of a diabetic patient with vascular problems or glucose intolerance:
   A.
   B.

5. List three nursing diagnoses for the pregnant diabetic patient:
   A.
   B.
   C.

6. Identify four assessments and questions completed on admission for a pregnant diabetic patient.
   A.
   B.
   C.
   D.

7. Describe three complications that require hospitalization for the pregnant diabetic patient:

8. List the signs and symptoms of hyperglycemia experienced by the diabetic mother.

9. List the signs and symptoms of hypoglycemia experienced by the diabetic mother:

10. Glucose monitoring is best managed by the following method:

11. The blood test that is the best indicator of diabetes control is the ________________.

4.6
BEHAVIORAL OBJECTIVES:
1. Discuss how Erikson’s tasks of young adulthood can affect responses to labor and delivery.
2. Discuss the role of growth and development as it relates to a successful adaptation to labor and delivery.
3. Discuss Orem’s Development Self-Care Requisites as they relate to assessment, nursing intervention, and patient teaching during labor and delivery.
4. Examine the critical factors that affect labor and delivery.
5. Describe the relationship of maternal pelvis and presenting parts.
6. Discuss the physiologic forces of normal labor.
7. Discuss psychological considerations of the laboring women.
8. Describe the physiology of normal labor.
9. Discuss premonitory signs of labor.
10. Differentiate between false and true labor.
11. Describe the characteristics of the four stages of labor and their accompanying phases.
12. Discuss pain and its effects during labor.
13. Describe the use of systemic analgesics to promote pain relief during labor.
14. Compare and contrast the major types of regional anesthesia, including area affected, and advantages, disadvantages, techniques, and nursing interventions.
15. Summarize possible complications of regional anesthesia.
16. Discuss the nurse’s role in supporting pharmaceutical pain relief measures.
17. Summarize maternal systemic response to labor.
18. Summarize intrapartal physical, psychosocial, and cultural assessments necessary for optimal maternal-fetal outcomes.
19. Define outer limits of normal progress of each of the phases and stages of labor.
20. Review and compare the various methods of monitoring fetal heart rates (FHR) and contractions, giving advantages and disadvantages of each during labor.
21. Discuss the information assessed while performing a Leopold’s Maneuver.
22. Differentiate between baseline and periodic changes in the fetal heart rate.
23. Identify the difference between fetal tachycardia and fetal bradycardia.
24. List factors to consider in evaluation of abnormal findings on a fetal heart rate.
25. Discuss guidelines for intrapartal management of patients with Group Beta Streptococcal infections (GBS).
26. Compare and contrast the advantages and disadvantages of alternate settings for labor and delivery.
27. Discuss nutritional guidelines they relate to normal labor and delivery.
28. In class, discuss how the nutritional needs are important for a mother who has delivered a normal newborn.
   a. What types of nutrition would you suggest for this mom who delivered this am?
   b. Discuss how exercise alters or impacts appetite.
   c. Bowel status and nutrition.

ASSIGNMENT:
1. Ricci & Kyle: See index
2. Leifer as needed
3. Dudek as needed
4. Davis’s Drug Guide as needed
5. Syllabus worksheets:
   a. Stages of Labor
   b. Analgesia and Anesthesia in L&D
   c. Information Sheet: MD’s Continuous Infusion Epidural Orders
   d. Worksheet: Fetal Heart Patterns
6. Learning Center:
   a. Video: Cross Training for Obstetrical Nursing Staff
   b. Intrapartal Care

5.0
Utilizing the nursing process with the four (4) Stages of Labor

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Anticipated Behavior</th>
<th>Nursing Diagnosis</th>
<th>Specific Goals</th>
<th>Nursing Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRST STAGE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Definition:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Definition:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transition</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Definition:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
LONG BEACH CITY COLLEGE  
Associate Degree Nursing Program  

**Stages of Labor Worksheet**

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Anticipated Behavior</th>
<th>Nursing Diagnosis</th>
<th>Specific Goals</th>
<th>Nursing Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>SECOND STAGE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Definition:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>THIRD STAGE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Definition:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOURTH STAGE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Definition:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Complete this chart and come prepared to discuss the trade, generic class, sub-class, and nursing responsibilities during the labor and delivery lecture.

<table>
<thead>
<tr>
<th><strong>DRUG</strong></th>
<th><strong>DOSAGE</strong></th>
<th><strong>ACTION</strong></th>
<th><strong>NURSING CONSIDERATION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Dinoprostone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervidil</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostin E2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepidil</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Misoprostol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cytotec</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Butorpanol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stadol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Laminaria</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Oxytocin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pitocin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Methylergonovine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methergine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Erythromycin 2 %</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Topical Ointment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Triple dye</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Phytonadione</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitamin K</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aquamephyton</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Konakion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mephyton</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phylloquinone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>METHOD</td>
<td>Examples of Drugs Used</td>
<td>When Administered</td>
<td>Nursing Management</td>
</tr>
<tr>
<td>-----------------------</td>
<td>------------------------</td>
<td>-------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Lumbar Epidural</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spinal Epidural</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pudendal Block</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Infiltration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Anesthesia</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CONTINUOUS INFUSION EPIDURAL ORDERS

1. HAVE PATIENT COMPLETE AND SIGN ANESTHESIA FORM AND CONSENT.

2. NOTIFY OB ANESTHESIOLOGIST FOR NEED FOR THE EPIDURAL AND RELATE THE FOLLOWING:
   a. GRAVIDA/PARITY
   b. CERVICAL DILATATION
   c. DEGREE OF PAIN

3. PLACE AUTOMATIC BLOOD PRESSURE DEVICE (WHEN AVAILABLE) IN THE ROOM AND OBTAIN THE BASELINE BLOOD PRESSURE.

4. HAVE H/H, AND OTHER PERTINENT LAB RESULTS AVAILABLE.

5. INFUSE 750-1000 MLS RINGERS LACTATE SOLUTION BEFORE THE ADMINISTRATION OF THE BLOCK UNLESS INDICATED OTHERWISE.

6. ASSIST ANESTHESIOLOGIST WITH THE EPIDURAL PLACEMENT WHILE MONITORING THE FETAL HEART RATE.

POST EPIDURAL PLACEMENT

7. AVOID SUPINE POSITION AT ALL TIMES AND TURN PATIENT FROM SIDE TO SIDE EVERY 30 MINUTES.

8. MEASURE BLOOD PRESSURE EVERY 2 MINUTES X5, THEN EVERY 5 MINUTES X3 AFTER THE INITIAL EPIDURAL INJECTION. WHEN STABLE EVERY 30 MINUTES DURING EPIDURAL INFUSION, AND RECORD IT ON THE FETAL MONITOR STRIP.

9. NOTIFY ANESTHESIOLOGIST:
   a. IF BP DROPS BELOW 90 SYSTOLIC
   b. IF ANALGESIA IS INADEQUATE
   c. ANY ADVERSE CHANGE IN FETAL HEART TRACINGS

10. NOTIFY ANESTHESIOLOGIST WHEN PREPARATIONS FOR THE DELIVERY ARE MADE, REGARDLESS OF THE NEED FOR THE PERINEAL DOSE.

11. REMOVE EPIDURAL CATHETER PRIOR TO DISCHARGE.

12. ALL PATIENTS WITH THE EPIDURAL BLOCK MUST BE SIGNED OFF TO THE FLOOR BY THE NEAREST ANESTHESIOLOGIST.

13. PATIENT MUST HAVE HELP WHEN AMBULATING FOR THE FIRST 2X AFTER RECESS OF THE SENSORY BLOCK.

___________________________________________________MD

5.5
Fetal Heart Rate Patterns

**HEAD COMPRESSION**

**EARLY DECELERATION (HC)**

**UTEROPLACENTAL INSUFFICIENCY**

**LATE DECELERATION (UPI)**

**UMBILICAL CORD COMPRESSION**

**VARIABLE DECELERATION (CC)**

---

5.6
THEORY CONTENT: NORMAL NEWBORN

BEHAVIORAL OBJECTIVES:

1. Review all objectives from the Normal Newborn Lab.

2. List the developmental self care requisites of the newborn as he transitions to extrauterine life.

3. Relate the biological adaptations in the following systems that make it possible for the infant to adapt to extrauterine life (respiratory, cardiovascular, hepatopoietic, thermogenic, gastrointestinal, hepatic, immune, integumentary, reproductive, skeletal, and neuromuscular).

4. Review the developmental stage and tasks of the newborn.

5. Assess the newborn from head to toe and state the normal findings and etiology of the deviations from the normal findings related to the physical assessment of the newborn.

6. Identify the newborn’s behavioral states and describe appropriate caregiver considerations in each state.

7. Describe the nursing care of the newborn from birth to discharge from the hospital.
   a. Include the:
      i. California mandated laboratory tests
      ii. Medications given to the newborn
      iii. Parental education

ASSIGNMENT:

Ricci & Kyle: See index
THEORY CONTENT: Assessment & Management:
Postpartum Period

BEHAVIORAL OBJECTIVES:
1. Utilize Orem’s developmental self-care requisites in assessing the postpartum patient.
2. Describe the basic physiologic changes that occur in the postpartal period as the woman’s body returns to its prepregnant state.
3. Delineate the physiologic and psychosocial components of a normal postpartal assessment.
4. Identify the nursing diagnoses during the postpartal period.
5. Discuss the psychologic adjustments that normally occur during the postpartal period.
6. Summarize the physical and developmental tasks that the mother must accomplish during the postpartal period.
7. Identify factors associated with parent-infant attachment.
8. Compare the nutritional needs of lactating mothers and non-lactating mothers.
9. Identify the patient teaching topics for promoting postpartal family wellness.
10. Discuss the discharge assessment and follow-up.
11. Independently identify the classification, action, dosage, side effects, safety during lactation, and nursing considerations for the following drugs commonly used for OB patients:
   a. Analgesics: Tylenol #3, Percocet, Motrin, Toradol
   b. Oxytoxics: methylergonovine (Methergine) oxytocin (Pitocin)
   c. Mineral Supplements: ferrous sulfate, folic acid
   d. Laxatives and stool softeners:
      i. Docusate, DDS (Colace)
      ii. Docusate & Danthron (doxidan)
      iii. Docusate & Casanthroanol (Peri-Colace)
      iv. Bisocyclol (Dulocolax)
      v. Phosphosoda (Fleets)
   e. Topical Anesthetics: Americaine, Dermaplast spray
   f. Antiflatulent: Mylicon, Simethicone, Mylanta
   g. Rh (D) Immune Globulin: Rhogam
   h. Rubella vaccine

16. Prior to class, fill out conception control worksheet. Be prepared to discuss in class.

ASSIGNMENT:
1. Ricci & Kyle: See index
2. Dudek, see index
3. See drug book
4. Syllabus Worksheet
5. Learning Center:
   a. View Video: Cross Training for Obstetrical Nursing Staff #3 Postpartum Care
POSTPARTUM: VOCABULARY

Lochia rubra
Lochia serosa
Lochia alba
Diastasis recti
Involution
Subinvolution
Fourth stage of labor
Orthostatic hypotension
Rubella vaccination
Rh Isoimmunization
Parental attachment, bonding
Maternal adjustment
Postpartum blues
Post postpartum depression
The Rh Problem
Everything you always wanted to know about Rh Immune Globulin

I. The Rh PROBLEM:

1. The Rh problem arises if an infant and his mother have different blood types; it is especially serious if the mother has Rh NEGATIVE blood and the infant has Rh POSITIVE blood. This problem arises because it is rather common for a small amount of the infant’s blood to enter the blood stream of the mother. In effect, this amounts to a small blood transfusion which usually occurs very late in pregnancy or at the time of delivery.

2. If the baby is Rh positive and the mother is Rh negative, the mother may not tolerate the infant’s blood cells and her body’s defense mechanism will destroy the Rh positive cells. Usually the problem is not serious during a first pregnancy but may become increasingly more serious with each subsequent pregnancy.

3. An Rh negative mother may develop what are known as ‘antibodies’ against the Rh positive red blood cells of her infant. During future pregnancies these antibodies can find their way into the blood stream of an Rh positive infant and in effect destroy the baby’s red blood cells. This condition (hemolytic disease of the newborn) is very serious and may require an exchange transfusion to replace the infant’s blood.

4. As a means of preventing hemolytic disease of the newborn, a protein product has been developed called “anti-Rh globulin”. This protein product effectively blocks the formation of antibodies in the mother. Anti-Rh globulin is a form of prevention and is not effective as a cure.

II. INDICATIONS AND USAGE:

1. Rh (D)Immune Globulin is used to prevent sensitization to the Rh (D) factor and to prevent hemolytic disease of the newborn (Erythroblastosis fetalis) in a pregnancy that follows the injection of Rh (D) immune globulin. It effectively suppresses the immune response of non-sensitized mothers after delivery of an Rh-positive infant.

2. Criteria for an Rh incompatible pregnancy requiring administration of Rh (D) Immune globulin (Human) are:
   a. The mother must be Rh (D) negative.
   b. The mother should not have been previously sensitized to the Rh (D) factor.
   c. The infant must be Rh (D) positive and direct antiglobulin negative.

3. Other obstetric conditions for the use of Rh (D) immune globulin include the following:
   a. Rh Immune globulin should be administered to all NON-SENSITIZED Rh negative women after spontaneous or induced abortions, after ruptured tubal pregnancies, amniocentesis, and other abdominal trauma, or any occurrence of transplacental hemorrhage unless the blood type of the fetus has been determined to be Rh (D) negative.

4. If Rh (D) Immune globulin is administered antepartum it is ESSENTIAL that the mother receive another dose of Rh (D) Immune globulin after the delivery of a Rh (D) positive infant.

5. Rh (D) Immune Globulin MUST be given within 72 hours following an Rh-incompatible delivery, miscarriage, or abortion.
6. In case of abortion or ectopic pregnancy when Rh typing of the fetus is not possible, the fetus must be assumed to be Rh (D) positive. In such an instance, the patient should be considered a candidate for the administration of Rh (D) immune globulin. If the father can be determined to be Rh (D) negative, Rh (D) immune globulin need not be given.

III. ADMINISTRATION:

1. Rh (D) Immune globulin should be administered within 72 hours after Rh incompatible delivery; it is given intramuscularly. It is NOT to be injected intravenously. Rh (D) immune globulin is given to the mother; it must not be given to the Rh (D) positive postpartum infant. A physician’s order is required prior to the administration of the medication.

2. The following information should be included in the documentation in the patient’s medical record both before and following the administration of Rh (D) Immune globulin:
   a. Complete patient identification
   b. Patient’s ABO and Rh group and date determined. Follow hospital policy regarding checking of blood or blood product.
   c. Result of test checking for prior Rh sensitization
   d. Infant’s ABO and Rh group (when known) and the result of a direct antiglobulin test
   e. Notification of the patient concerning the nature of the medication, date and reason for giving it
   f. Lot number of the Rh (D) Immune globulin, date and time of the injection and the number of vials given, and/or
   g. Documentation if the medication is refused by the patient.

3. One copy of the laboratory form remains on the chart for a permanent record and the carbon copy of the form is returned to the laboratory.

4. Mother is given a card with her name, name of physician, date, time and when medication was administered (antepartum, postpartum) for her record.

Reference: The above information was excerpted from the package insert for Rh (D) Immune Globulin (Human) Gamulin Rh, Armour Pharmaceutical Company, Kankakee, Illinois, 70901

7.3
<table>
<thead>
<tr>
<th>Contraceptive Method</th>
<th>Description of Method</th>
<th>Advantages</th>
<th>Side Effects/ Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Periodic Abstinence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Calendar Method (Rhythm)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Basal Body Temperature</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Mechanical Methods</td>
<td>Physical/Chemical</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Barrier</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Hormonal Contraception</td>
<td>Estrogen-Progestin</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Progestin-Only</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Long Lasting Prostin</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Injectable/Implantable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Diaphragm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Intrauterine Devices</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Sterilization</td>
<td>Tubalocclusion</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vasectomy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
THEORY CONTENT: HEALTH DEVIATIONS: POSTPARTUM COMPLICATIONS

BEHAVIORAL OBJECTIVES:

1. Utilize Orem’s USCR as a guide to recognize health deviations in the postpartum patient.

2. Define puerperal infection.

3. Describe and differentiate between the presenting signs/symptoms and pathophysiology of the following postpartum infections: mastitis, endometritis, parametritis, peritonitis, and salpingitis. Independently review bacteremic shock.

4. Differentiate between the etiology, pathophysiology, presenting signs/symptoms, nursing assessments, and management of Cystitis, Pyelonephritis and Glomerulonephritis.

5. Identify, describe the etiology, pathophysiology, medical and nursing management of the following postpartum complications: Uterine atony, inversion of the uterus laceration of the birth canal, early and late postpartum hemorrhage, hematomas, and retained placenta.

6. Identify, describe the etiology, pathophysiology, medical and nursing management of the following hemorrhagic complications: thrombophlebitis, pulmonary embolism, and disseminated intravascular coagulation (DIC).

REQUIRED READING:

1. Ricci & Kyle: See index

2. Syllabus Worksheets:  Postpartum Infections  
Hemorrhagic and Thromboembolic Complications
## WORKSHEET: HEALTH DEVIATION: POSTPARTUM INFECTIONS

<table>
<thead>
<tr>
<th>Infection Site: Signs/symptoms</th>
<th>Pathophysiology</th>
<th>Assessments/ Diagnoses</th>
<th>Management/ Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Mastitis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Endometritis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Parametritis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Peritonitis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Salpingitis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Cystitis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Pyelonephritis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Glomerulonephritis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pathophysiology</td>
<td>Management/ Signs/Symptoms</td>
<td>Assessments/ Diagnoses</td>
<td>Interventions</td>
</tr>
<tr>
<td>--------------------------</td>
<td>----------------------------</td>
<td>------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Postpartum Hemorrhage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Early</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Late</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal Hematoma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thrombophlebitis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulmonary Embolus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIC</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8.2
A. **DEFINITION/DISCUSSION:**
1. Is not a primary disease but rather a secondary event, activated by a number of severe illnesses
2. It occurs when a severe illness causes a "generalized" activation of the coagulation process. Specifically,
   a. Coagulation factors are consumed faster than the liver can replace them; depletion occurs.
   b. Then, the process of fibrinolysis is activated, in response to the coagulation process.
   c. Result = rampant coagulation and massive fibrinolysis at the same time.
3. Simply stated, D.I.C. occurs when factor consumption of the coagulation-fibrinolysis processed exceed the liver's capacity to produce factors. Equilibrium is disrupted.
4. Common maternal-child health causes for D.I.C. include:
   a. Abruption of placenta
   b. IUUF death
   c. Preeclampsia/eclampsia
   d. Postpartum hemorrhagic sepsis
   e. Rapid traumatic L & D
   f. Amniotic fluid embolism

B. **ASSESSMENT**
1. **Early S/Sx** = 
   a. Ecchymosis
   b. Bleeding into the urine
   c. Bleeding into the I.V.
2. **Later S/Sx** = 
   a. Tachypnea ( adv. to irregular respirations
   b. Pulse rate weak
   c. Drop in BP
   d. Pale, cool skin ( cold, clammy, cyanotic
   e. UO (less than 30 cc/hr)
   f. Change in LOC with anxiety, restlessness, lethargy
   g. CVP

C. **DIAGNOSTIC CRITERIA**
1. Diagnosis based on the following:
   a. History
   b. Presence of ecchymosis & bleeding
   c. Lab results
2. Lab findings = 
   a. Hypofibrinogenemia
   b. Platelets
   c. Abnormal PT/PTT
   d. Fibrin
   e. Fibrinogen split products (FSP)
D. NURSING CARE

1. Assessment is critical (be alert for signs of ecchymosis and bleeding.
   a. Check I.V. site, venipuncture site, gums
   b. Check changes in pulse, temperature, BP, skin color, UO

2. Maintain I.V. therapy
   a. I/O, insert Foley
   b. Replacement with blood component, clotting factors (FFP, platelets, cryoprecipitate)
   c. Offer reassurance
   d. Maintain calm, supportive manner

3. Primary medical treatment focuses on correcting the precipitating condition that caused the initial imbalance.
THEORY CONTENT: **Health Deviation: Hi-Risk Infant**

**BEHAVIORAL OBJECTIVES:**

1. Review prenatal and intrapartal developmental self-care deficits which place the newborn at risk for complications.
2. Compare the parameters used to identify the small, appropriate, vs large for gestational age infant recognizing potential health care deviations.
3. Discuss the etiology, pathophysiology, signs and symptoms of the following health care deviations common in the preterm infant:
   a. Respiratory Distress Syndrome
   b. Hypoglycemia
   c. Apnea of Prematurity
   d. Retinopathy of Prematurity
   e. Necrotizing Enterocolitis
4. List 3 potential problems associated with the infant of a mother with diabetes (IDM).
5. Describe physical characteristics which enable the RN to distinguish between a small for gestational age infant and a preterm infant.
6. List predisposing factors which place the newborn at risk for infections (intrauterine, early-onset and late-onset).
7. Identify 5 signs and symptoms associated with sepsis in the neonate.
8. Become familiar with the neonatal abstinence scoring system and list 5 signs and symptoms of withdrawal.
9. Comes prepared to discuss Worksheet, Comparison of the Hi-Risk, Term, and Post-term Infant in class.

**ASSIGNMENTS:**

Ricci & Kyle: See index
Worksheet:
1. Comparison of Hi-Risk, Term, and Post-term Infant

Internet
View the following web site regarding the Ballard Score:  http://www.ballardscore.com/
## WORKSHEET: Comparison of the Hi-Risk, Term, and Post-term Infant

<table>
<thead>
<tr>
<th>Feature</th>
<th>Premature Infant</th>
<th>Term Infant</th>
<th>Post Term Infant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lanugo</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vernix</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plantar creases</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breasts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ears</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genitalia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muscle tone/reflexes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hair</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest &amp; ABD.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perip. circ.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urine</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
THEORY CONTENT: HEALTH DEVIATIONS: CHILDBIRTH AT RISK

BEHAVIORAL OBJECTIVES:

1. Discuss adaptations to abnormal patterns of labor and delivery as they relate to Erickson’s task for young adults.
2. Discuss the role of growth and development as it relates to successful adaption to the abnormal patterns of labor and delivery.
3. Relate Orem’s Development Self-Care Requisites as they relate to assessment, intervention, and teaching needs as they relate to Childbirth at Risk.
4. Discuss measures designed to promote and prevent hazards.
5. Describe psychological disorders that may contribute to difficulty in coping during labor and birth.
6. Discuss dysfunctional labor patterns as they relate to assessment, nursing interventions and evaluation. (Hypertonic, Hypotonic, Precipitous, and Prolonged Labor)
7. Describe the impact of post-term pregnancy on the childbearing family.
8. Summarize various types of fetal malpositions and malpresentations and possible associated problems.
9. Identify maternal and fetal risks associated with multiple gestations.
10. Discuss the care of a woman and fetus at risk related to problems associated with the umbilical cord.
11. Discuss the care of the woman and fetus at risk due to amniotic fluid related complications.
12. Discuss the care of the woman in labor with cephalopelvic disproportion. (CPD)
13. Discuss the care of a woman at risk because of complication of third and fourth stages of labor.
14. Compare and contrast the methods of external cephalic version and internal version with related management problems.
15. Discuss the use of amniotomy in current maternal-newborn care.
17. Discuss the nursing management of amnio infusion therapy during labor.
18. Describe types of episiotomies performed and rationales for each.
19. Summarize the indications for forcep-assisted birth, types of forceps used and complications of forcep use.
20. Discuss vacuum extraction including indications, implications and related interventions.
21. Explain the indications for cesarean births.
22. Relate how the principles of growth and development allow successful adaptation to cesarean births.
23. Discuss preparation needs prior to surgery, during surgery, and post-surgery for cesarean births.
24. Discuss the types of incisions used for cesarean births.
25. Discuss assessment of the uterus immediately post delivery.
26. Discuss vaginal birth following cesarean birth.
27. Relate vaginal births following cesarean birth.
28. Discuss choices of anesthesia and rationale for use during cesarean birth.

ASSIGNMENT:

1. Ricci & Kyle: see index
2. Leifer, as needed
3. Dudek, as needed
4. Learning Center:
   a. Care: Video #156.3
   b. #4 Cross Training: Video #93

10.0
THEORY CONTENT: HEALTH DEVIATIONS: GYNECOLOGICAL DISORDERS

BEHAVIORAL OBJECTIVES

1. Independently review the physiology of menstruation from biology courses.
2. Describe the pre-menstrual syndrome and discuss current management.
3. Discuss the physiology, clinical manifestations and current management of patients with menopause.
4. Identify the clinical manifestations of the effects of hormonal changes and how they affect the elderly adult.
5. Independently complete the worksheet titled "Hormonal Therapy" and to discuss in class.
6. Differentiate between endometritis and endometriosis.
7. Describe the pathophysiology and current management of patients with endometriosis.
8. Discuss the etiology, nursing assessments, medical and nursing management for patients with infections of the female reproductive tract: pelvic inflammatory disease and Toxic Shock Syndrome.
9. Discuss the clinical manifestations and how these affect the self-care requisites, medical and nursing process related to patients with uterine displacement: cystocele, rectocele and uterine prolapse.
10. Describe the manifestations and collaborative care of benign tumors of the female reproductive system.
11. Discuss the surgical management and nursing process related to patients with the following surgical procedures: total abdominal hysterectomy and bilateral salpingo-oophorectomy (TAH & BSO); vaginal hysterectomy with A & P repair; vulvectomy.
12. Identify the nursing responsibility in caring for female’s receiving internal and external radiation of the reproductive system.
13. Discuss the etiology, clinical manifestations and how these affect the self care requisites, diagnoses and nursing management of a patient with malignancy of the pelvic organs.
15. Discuss the post-surgical management of patients who had a pelvic exoneration.
16. Discuss the pathophysiology of and identify the differences among carcinoma, fibroadenoma and dysplasia of breast tissue.
17. Discuss the diagnostic tests for breast diseases: breast exam, mammogram, and galactogram.
18. Discuss the common treatments/surgical procedures for carcinoma of the breast.
19. Discuss the effects of the above health deviations with the patient’s body image and sexuality (examine the implications of cultural diversity). Include the educative/supportive role of the nurse.

20. Identify and discuss common side effects of chemotherapeutic agents used in pelvic cancer and their side effects.

21. Discuss the effects of chemotherapy on the patient’s nutritional status.

ASSIGNMENTS:

Text: Brunner: See Index
       Ricci & Kyle: See index
## WORKSHEET: HORMONAL THERAPY

<table>
<thead>
<tr>
<th>Drug Class/Route</th>
<th>Action/Intervention</th>
<th>Nursing Responsibilities and Patient Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estrogens</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anti-estrogens</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Progestins</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anti-progestins</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Androgens</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Drugs to be placed in proper categories:**
- Conjugated estrogens (Premarin)
- Danazol (danocrine)
- Estradiol (Estraderm)
- Ethinyl estradiol (Estinyl)
- Medroxyprogesterone (Provera, DepoProvera)
- Tamoxifen (Nolvadex)
- RU 486 (probably not available yet in USA)
THEORY CONTENT: PERINATAL LOSS

BEHAVIORAL OBJECTIVES:

After today’s guest speaker, the student will be able to:

1. List the possible classifications of peri-natal loss
2. Describe the stages of grief and grieving
3. Discuss the responses of family members to loss.
4. Identify cultural aspects related to adaptation to loss.
5. Discuss nursing management indicated in the event of intrauterine fetal death including etiology, diagnosis and nursing role in assisting the family to cope effectively.
6. Identify local resources to discuss with families.
7. Develop an innovative approach to facilitating a family experiencing a peri-natal loss dealing with their grief. Explore approaches that focus on the differing needs of mother, father, siblings, grandparents, and other extended family members.
8. Relate selected case studies related to Grief, Loss, and Bereavement as it relates to End of Life issues.

ASSIGNMENTS:

Ricci & Kyle: See index
Other text and resources in the learning center, internet, etc.
FETOPELVIC SUB-MODULE
I. Introduction

A. Purpose

This sub-module is designed to enable the student to acquire the knowledge base requisite to understanding the relationship of the fetal head and torso to the maternal pelvis and applying that knowledge base to understand how the fetal head and torso pass through the pelvis as labor progresses.

B. Method

This sub-module is designed as a self-instructional unit. The behavioral objectives are very specific and can be accomplished with a variety of learning tools. The student may choose the methods best suited to his/her learning style, and progress at his/her optimum, self-paced rate.

II. Sub-Module Content

A. The Pelvis
   1. Anatomy of the female pelvis
   2. Location and contents of the True and the False pelvis
   3. Planes: Inlet, outlet, and pelvic cavity
   4. Diameters
   5. Contrast: Gynecoid, Android Anthropoid, Platypoid
   6. Pelvic Measurements

B. The Fetal Head: Fontanels, Sutures, Fetal Skull Measurements

C. Fetal Lie, Fetal Attitude, Fetal Presentation
   1. Attitude: Flexion vs Extension
   2. Lie: Longitudinal (vertical) vs Transverse (horizontal)
   3. Presentation: Cephalic, Vertex, Breech, Shoulder, Face
   4. Position
   5. Fetal Presentations

D. Mechanism of Labor
E. Premonitory Signs of Labor
F. Definitions of the Four Stages of Labor
G. Maternal Progress During Each Stage of Labor
H. Cervical Dilatation and Effacement in the Progress of Labor
I. Powers of Labor

III. Evaluation

The criterion for successful completion of this sub-module is an objective examination. The student's goals are to earn 85% (31) or better to achieve mastery of the material.

An appointment to take the exam is to be made by the student in the Learning Center. The exam for mastery may be taken three times with the required scores on the second and third attempts being 88% (32) and 90% (33), respectively. Special consideration is given on the basis of individual growth and learning projected in each successive testing.
IV. Behavioral Objectives:

A. Define and explain the vocabulary terms that is listed below:
1. Pelvic inlet and the diameter
2. Pelvic outlet and the diameter
3. Linea terminalis
4. Pelvic Cavity
5. False Pelvis/True Pelvis
6. Anterior Diameter/Posterior Diameter of Pelvis
7. Android pelvis /Gynecoid pelvis
8. Ishial spines
9. Diagonal Conjugate - (D,C,) (A)
10. Conjugate Vera –True Conjugate - (C.V.)
11. Inter-tuberous Diameter/Interspinous Diameter
12. Pelvimetry
13. Fetal skull bones and sutures
14. Fontanels
15. Occiput and occipitobregmatic diameter/Occipitomental Diameter/Biparietal Diameter
16. Suboccipitobregmatic diameter
17. Fetal Lie
18. Fetal Attitude
19. Fetal Presentations/Position
20. Presenting part and identification of presenting part (Right or Left; Transverse, O,S,M,Sc: A, P, T)
21. Vertex, Sinicuput, Brow Presentation
22. Obstetrical Conjugate
23. Station/Degree of Descent
24. Ballottement
25. Lightening
26. Transition
27. First, Second, Third, Fourth Stages of Labor
28. Engagement
29. Complete Effacement and Complete Dilatation
30. Crowning
31. Mechanism of Labor
   a. Engaged and Descent
   b. Flexion
   c. Internal rotation
   d. Extension
   e. External rotation and restitution
   f. External rotation and Expulsion
32. Identify the purpose of each maneuver of the Leopold’s Maneuver. Identify the fetal lie, presentation, engagement, and fetal position.

B. Compare and contrast the structure and advantages or disadvantages of the gynecoid and android pelvis.

C. Name the structures which form the walls of the true pelvis.

D. Identify the natural line of division between the true and false pelvis
E. Identify the bony landmarks and boundaries of the pelvic inlet and of the pelvic outlet. Name the widest diameter of each.

F. Identify the most significant external and internal measurements of the pelvis.

G. Explain how the diagonal conjugate and the inter-tuberous diameter are measured clinically and give their normal measurement in centimeters.

H. Identify the diameters of the pelvic inlet and outlet to which the suboccipitobregmatic diameter conforms as it emerges from the pelvis.

I. Explain fetal molding, attitude and internal rotation.

J. Explain the movement and adaptations of the fetal head as it passes through the birth canal.

K. Name the shortest diameter through which the fetal head must pass. Identify why the pelvic cavity is called “the plane of least dimensions.”

L. Identify the most common presentation, presenting part, attitudes and lie.

M. Explain the important information which becomes available when engagement takes place.

N. Describe how engagement is measured.

O. Explain: “Station “O”; “+5”; “Floating.”

P. Explain each of the cardinal movements in the mechanisms of labor as defined in vocabulary.

Q. Name the fontanel that is felt when the fetal head presents in an OA position.

R. Draw the following positions by placing arrows in circles which represent the maternal pelvis:
   1. ROT
   2. RSA
   3. LOP
   4. ROA
   5. LMT
   6. RST

S. Name the lie, presenting part, presentation, and position for the following:
   a. Fetal head is lowest in pelvis and sharply flexed: occiput points directly toward midpoint of the left side of the mother’s pelvis
   b. Buttocks are lowest in pelvis, thighs flexed on abdomen and legs flexed on thighs (squatting position); sacrum lies on the front portion of the right side of the mother’s pelvis

T. Name the quadrant of the abdomen in which you will hear the FHT in a LOA position

U. Clearly identify the power, passage and passenger and the relationship of each to the conduct of labor.
ADN 235AL Maternal/Newborn Nursing Lab

LAB CONTENT
ADN 235AL - Maternal/Newborn Nursing Lab

TABLE OF CONTENTS

GENERAL INFORMATION

Table of Contents ............................................................................................................. 1.0
Course Information ........................................................................................................ 1.2
Course Outline .............................................................................................................. 1.4
Theoretical Framework- Lab/Clinical ................................................................. .1.5
Course Requirements – Lab/Clinical ........................................................................ 1.6
Learning Outcomes - Clinical .................................................................................. 1.7
Challenge Option – Maternal/Newborn Nursing Lab .......................................... 1.8

ON CAMPUS LABORATORY/SEMINAR/CLINICAL:

Clinical Conference: Infant Nutrition ................................................................. 15.0
Clinical Conference: Introduction to Fetal Heart Rate Monitoring .................... 16.0
Clinical Objectives: Newborn Nursery ............................................................... 17.0
Terminology ............................................................................................................... 17.1
Newborn Assessment ............................................................................................. 17.2
Orientation to the Birthcare Center (L&D) ............................................................. 18.0
Student Expectations: LDR, OR, PAR ................................................................. 18.2
Instruction Sheet: Role of the Mother Nurse in L&D ........................................ 18.3
Instruction Sheet: Role of the Baby Nurse ............................................................ 18.5
BO's Alternate Experiences: FDC, OR, PAR ...................................................... 18.6
Behavior Objectives for NICU Experience .......................................................... 18.7
Behavior Objectives for OR Experience ............................................................... 18.8

Behavioral Objectives: Group Leader Role ......................................................... 19.0
Worksheet: GL/Core ............................................................................................... 19.2
Worksheet: GL/LDR ............................................................................................... 19.3

Situations: Prototype NCP

Situation: L&D ........................................................................................................... 20.0
Prototype Nursing Care Plan Intrapartal Stage 1 ................................................ 20.1
Prototype Nursing Care Plan Intrapartal Stage 2 ................................................ 20.1
Prototype Nursing Care Plan Intrapartal Stage 3 ................................................ 20.2
Prototype Nursing Care Plan Intrapartal Stage 4 ................................................ 20.3
**Nursing Care Plans Forms:**
- High Risk Complications .......................................................... 21.0
- Women's Medical-Surgical ......................................................... 21.2
- Medication Worksheet ............................................................... 21.4
- Nursing Worksheets: Postpartum, Mother & Baby ...................... 21.5
- Nursing Care Plans: Labor & Delivery ........................................ 21.6

**Skill Lab:**
- Postpartum Assessment ............................................................ 22.0
- Promotion of Comfort and Healing ............................................. 22.3
- Skill Assessment: Postpartum Assessment .................................. 22.4
- Perinatal Assessment Skills ....................................................... 22.5
- Postpartum Observations ........................................................... 22.6

**Skill Lab: Behavioral Objectives:**
- Second Level Asepsis ............................................................... 23.0
- Second Level Asepsis ............................................................... 23.1

**First Level Skill Re-Assessment BO's:**
- Catheterization ................................................................. 24.0
- Catheterization ................................................................. 24.1

**Campus Lab:**
- Skill Lab: Self Breast Exam (SBE) BO's .................................. 25.0

**Cultural Assessment Exercise** .................................................. 27.0

**Conceptual Framework:**
- Legal/Ethical Issues ................................................................. 28.0

**Patient Education:**
- Teaching Plan ................................................................. 29.0
  - Statements about Learning ................................................. 29.1
  - Laws or Principles of Teaching ............................................ 29.2
  - Guidelines for Teaching Project ......................................... 29.4

**Guidelines and Format for the Case Study** ................................ 30.0
- Grading Criteria ................................................................. 30.1
- Format for Oral Presentation of Case Study ............................. 30.13

**EVALUATIONS:**
- Student Clinical Evaluation: ADN 235AL ................................ 31.0
COURSE INFORMATION

Course Description: This course applies the course content in a live nursing situation. It includes on-campus/clinical lab practice and testing of required skills in perinatal units, newborn nursery, GYN, and community setting.

**Time allotment, sequencing and enrollment**

1.5 Semester Units (based upon a 16 week course)

ADN 235AL Class Clinical/Campus Lab: 19 hours per week (plus 5 hours simulation), Total of 81 hours

This course is offered twice during the third semester with enrollment as space and resources allow. Concurrent enrollments with ADN 235A and ADN 600 are required.

**Required Texts:**

7. LBCC Staff, *ADN 235A/AL Course Syllabus*
8. LBCC ADN *Student Handbook* appropriate to the year admitted to the nursing program.

**Teaching Methods:**

- Completion of Agencies Self-Learning Modules
- Plans of care: actual and prototypes
- Oral Presentations of case study
- Films, Videos, CAIs computer programs
- Demonstration of old/new skills

- Critical Thinking Exercises
- Seminars (Group) Projects
- Teaching Plan
**Student Course Grade:**

Students must be concurrently enrolled in ADN 235A Maternal/Newborn Nursing and ADN 600 Skills Lab Adjunct.

When students achieve satisfactory clinical performance in ADN235AL, the percentage of theory grade in ADN 235A will become the course grade for both courses. If the student's clinical performance is less than satisfactory, the grading policy in the Student Handbook will be followed.

**Course Instructors:**

<table>
<thead>
<tr>
<th>Name &amp; Credentials</th>
<th>Office</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maricela Arnaud RN, MSN, FNP</td>
<td>G</td>
<td>(562) 938-4170</td>
<td><a href="mailto:Marnaud@lbcc.edu">Marnaud@lbcc.edu</a></td>
</tr>
<tr>
<td>Brenda M. Harrell, RN, MSN, Ed.D.</td>
<td>N</td>
<td>(562) 938-4172</td>
<td><a href="mailto:Bharrell@lbcc.edu">Bharrell@lbcc.edu</a></td>
</tr>
<tr>
<td>Ronda Wood, RN-BC, MN, Ed.D.</td>
<td>N</td>
<td>(562) 938-4615</td>
<td><a href="mailto:Rwood@lbcc.edu">Rwood@lbcc.edu</a></td>
</tr>
</tbody>
</table>

Instructor's offices hours are posted on each instructor’s office door. Other hours may be arranged. Part-time teachers may be reached by special arrangement with the individual student.
COURSE OUTLINE

Application of the campus laboratory course content and theoretical knowledge to actual nursing situations will enable the student to gain a real world experience of current Women’s health conditions.

Concept/Topic:

I. Laboratory
   A. Skills reassessment of previously learned skills
   B. Orem’s Self-Care Theory & legal/ethical issues
   C. Teaching & learning
   D. Critical thinking exercises

II. Clinical
   Applies ADN 235A and on campus laboratory course content & theoretical knowledge in actual nursing situations to provide a real world experience of current women’s health conditions. Week one includes an on campus lab with the following topics:
   A. Postpartum assessment
   B. Comfort measures
   C. Perinatal assessment
   D. Review of surgical aseptic technique
   E. Newborn assessment and care
Orem’s Self Care Model
Conceptual Framework: Curriculum Implementation

<table>
<thead>
<tr>
<th>SELF CARE MODEL</th>
<th>THEORY IMPLEMENTATION</th>
<th>CLINICAL IMPLEMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Universal Self Care Requisites are common to all persons regardless of health status.</td>
<td>The Universal Self Care Requisites serve as an outline for learning. Those Universal Self Care Requisites dealing with promotion of normalcy are highlighted throughout the course.</td>
<td>Students continue to apply all previously learned skills to the clinical setting to the Universal Self Care Requisites. During campus lab, students observe, practice and demonstrate competence in a wide variety of old as well as new skills related to caring for normal newborns, high-risk Antepartum, intrapartal, post-partum, gynecological and oncology patients. Students utilize the nursing process (assess, plan, set goals, intervene, and evaluate) to develop plans of care based on patient needs. This plan can provide individualized nursing care in the wholly, partially compensatory and educative supportive mode.</td>
</tr>
<tr>
<td>Health Deviation Self Care Requisites are needs generated by illness and the medical diagnostic procedures and treatments associated with disease.</td>
<td>The concept of Health Deviation Self Care Requisites is discussed as it relates to Women’s Health during normal and high-risk pregnancy; the intrapartal period; and gynecological conditions.</td>
<td></td>
</tr>
<tr>
<td>Developmental Self Care Requisites are needs associated with development throughout the life cycle.</td>
<td>The promotion of Developmental Self Care Requisites and patient teaching are also highlighted throughout the course.</td>
<td></td>
</tr>
</tbody>
</table>
By the end of this course, the student will:

1. Utilize Orem’s Universal Self Care Requisites in assessing, planning, and intervening, and evaluation of plans of care of Women’s Health patients.
2. Assimilate the nursing process as a basis to assess, plan and intervene safely to assigned patients.
3. Value attendance and being punctual to clinical and campus lab. Attendance is an EXPECTATION. Absences jeopardize a SATISFACTORY clinical evaluation.
4. Understand and meet the attendance policy as outlined in the Student Handbook. All clinical absences will be dealt with by the teaching team.
5. Prepare all required assigned behavioral objectives, readings, audiovisuals, and written work prior to lab.
6. Conducts self appropriately in the classroom and clinical setting.
7. Initial the attendance sheet at the beginning of campus lab for her/him only.
8. Participate in campus lab and clinical conferences.
9. Assume responsibility for meeting the behavioral objectives when absent from clinical or campus lab.
10. Prepare prototype plans for care prior to the first day of clinical as assigned by the clinical instructor. Incomplete or unsatisfactory prototype care plans will be returned to the student to be rewritten and are to be resubmitted with the specified time frame. If the prototype care plans are incomplete or unsatisfactory when resubmitted, or are not resubmitted within the specified time frame, the student will receive a progress note and will not be permitted to attend clinical.
11. Meet the Health and Safety Requirements. Submit evidence of outdated requirements to identified instructor prior to the first day of clinical.
12. Submit assigned clinical agencies Self-Learning Modules to the identified instructor prior to the first day of clinical.
13. Evaluate the course on the day of the final exam.
Learning Outcomes

Upon satisfactory completion of the course, the student will be able to demonstrate the following learning outcomes:

Professional Role
- Prepare to interact with members of the health care team in a professional manner.
- Practice within the ethical, legal, and regulatory framework of nursing as a positive role model and patient advocate.
- Demonstrate accountability for nursing care given by self while maintaining appropriate professional boundaries.

Communication
- Utilize therapeutic communication skills when interacting with patients, family and the healthcare team.

Orem’s Self Care Theory as it relates to the Nursing Process
- Demonstrate Orem’s Self-Care Theory with the women’s health patient and the neonate.
- Demonstrate the nursing process with the women’s health patient and the neonate.

Critical Thinking
- Exhibit critical thinking in the application of learned theory to the women’s health patient and the neonate.
- Utilize critical thinking of learning theory to make decisions regarding patient care within the multidisciplinary team.

Safety
- Provide patient care in a safe manner and recognize unsafe practices.
- Recognize and alleviate potential health hazards in the women’s health patient and the neonate.

Teaching and Learning
- Teach the patient and family about the health deviations.

Collaborative Management of Care
- Manage the care of four high risk Antepartum or gynecological patients.
- Manage the care of two postpartum patients and two neonates.
- Manage the care of one laboring patient.
ADN 235AL Challenge Option-Credit by Examination

1. The challenge option for each course consists of three parts;
   1st: theory portion
   2nd: Campus lab content
   a) 3rd: Clinical content
2. An announcement regarding the challenge option will be made on the first day of class.
3. The student must have evidence on file in the Cumulative Folder of formal instruction regarding course content.
4. Direct patient care experience in the content of the course being challenged must have taken place within 3 years previous to the challenge request.
5. A student interested in challenging must let the lead instructor know by the last day of the first week of the class. The form must be completed.
6. The clinical grade will be the grade earned on the theory exam.
7. The student must satisfactorily pass the clinical exam.
8. The student must utilize the conceptual framework and the nursing process in the clinical challenge portion of the option.
9. The student must complete First Level Skills Assessment with 100% accuracy. See skills assessment criteria in the course syllabus.
10. The student must demonstrate proficiency in skills required for the class as outlined on the weekly schedule.
11. Clinical time is to be individualized to meet the needs of the individual student.
12. The student is advised to attend the agency orientation unless she/he works in the unit of the agency assigned.
13. The student and instructor will plan a specified number of days (a minimum of one) in labor and delivery, and on the Antepartum/postpartum/gynecological areas during which the student will demonstrate second level nursing capabilities in:
   a) Care of the laboring patient, interpretation of basic fetal monitoring.
   b) Completion of newborn assessment immediately after delivery.
   c) Using the nursing process, formulate a nursing care plan on a high-risk antepartal patient within one and a half hours after report from a staff nurse.
   d) Care for a multiple patient assignment of normal postpartum, normal newborn, high-risk antepartum and a gynecological patient.
   e) Demonstrate knowledge of safety regarding the administration of medications safely to assigned patients.
14. The student will complete four prototype nursing care plans to meet the individual patient needs:
   a) Normal postpartum within 6 hours after delivery.
   b) Cesarean delivery within 12 hours after delivery.
   c) Normal newborn (Two care plans: One for Transition Nursery birth to 12 hours and One for the neonate 12 hours after birth to discharge.
   d) Patient in active labor without complications utilizing for four stages of labor (one care plan for each stage.

1.8
15. The components of the challenge are to be completed by the end of the fourth week of the class.  
16. For details, refer to the LBCC Catalog Statement of Policies for Credit by Examination.
APPLICATION FOR CHALLENGE BY EXAMINATION
ADN 235AL – Maternal/Newborn Nursing Lab

Student Name _______________________________ Date _______________________

Student complete section A below:
A. Justification of this request:

Student Signature _______________________________

Teaching team complete section B below:
B. Decision: yes _______ If yes, write contract below.
   No _______ If no, state reason for denial.

C. Contract
Clinical completed by ____________
Written case study completed by ____________

Signatures:
Lead Teacher: ___________________________ Teacher ___________________________
              Date ___________                     Date ___________

Teacher ___________________________ Teacher ___________________________
              Date ___________                     Date ___________

Student ___________________________ Date ___________

D. Disposition of Challenge ___________________________
BEHAVIOR OBJECTIVES:

1. Discuss the advantage and disadvantages of breast-feeding.

2. Briefly discuss the physiology of lactation, the "let down" reflex, and the principal of supply and demand.

3. Describe ways of assisting mothers with breast feeding.

4. Discuss many concerns and problems of nursing and non-nursing mothers.

5. Discuss the hygiene relative to breast care of the nursing and the non-nursing mothers.

6. Discuss how the following factors would affect nursing mothers during lactation:
   a) Rest
   b) nutritional needs and diet
   c) drugs, caffeine, alcohol, certain foods and cigarettes

7. List and discuss five major nutritional factors of lactation.

8. Describe the comparison of formulas (artificial feeding) and breast milk to include, colostrum.

9. For the following concerns and problems voiced by the new mother, identify the nursing interventions and teachings for each:
   a) "My breasts are so small. How can I have enough milk?"
   b) "The baby is having trouble getting hold of the nipple" (Primipara, 1st postpartum day).
   c) "My left breast is very hard and painful on the left side near my armpit". (Multipara, 3rd postpartum day).
   d) "Both of my breasts are very tender and firm" (Primipara, 2nd postpartum day).
   e) "The baby wants to nurse all the time now" (C-section, 4th postpartum day).

ASSIGNMENTS:

1. Ricci & Kyle: See Index
2. Learning Center: Videos:
   a. "Baby bath and breast feeding"
   b. "Baby care basics for the breast feeding mother"
   c. "Baby basics pt.5 Feeding"
3. Dudek: See Index
After attending the Basic Fetal Monitoring Seminar, the student will demonstrate on an assigned patient the following information:

**FIVE STEP BASIC FETAL MONITORING**

1. **BASELINE RATE**

2. **VARIABILITY**

3. **ACCELERATIONS**
   
   a) **CHANGES ABOVE THE BASELINE**
   
   b) **CHARACTERISTICS**

4. **DECELERATIONS (3)**
   
   a) **CHANGES BELOW THE BASELINE**
   
   b) **CHARACTERISTICS**

5. **INTERVENTIONS**
LAB CONTENT: Normal Newborn

BEHAVIORAL OBJECTIVES:

1. Review normal newborn terminology.

2. Describe initial assessment of the newborn infant utilizing the parameters of the APGAR scoring system.

3. Become familiar with the Ballard Gestational Age assessment tool noting physical characteristics that differ related to various gestational ages.

4. Independently review the newborn reflexes.
   a. Rooting
   b. Grasp
   c. Moro
   d. Tonic neck
   e. Stepping
   f. Babinski

5. Accurately plot anthropometrics (weight, length, and head circumference) on neonatal growth charts.

6. Explain the initial nursing care of the newborn following birth.

7. Review the 4 mechanisms of heat loss and describe the consequences of cold stress in the neonate.

8. Describe nursing interventions to minimize heat loss of the newborn.

9. Demonstrate the proper technique of wrapping the newborn.

10. View the video “Physical Assessment of the Neonate” available in the Learning Center.

ASSIGNMENT:

Ricci & Kyle: See Index

Internet
   View the following web site regarding the Ballard Score: http://www.ballardscore.com/
NORMAL NEWBORN TERMINOLOGY

Define:

Acrocyanosis  
Milia

AGA, LGA, SGA  
Molding

Apgar scores  
Mongolian spots

Asphyxia  
Neonate

Brown fat/Brown adipose tissue  
Nonshivering thermogenesis

Candida albicans  
Ophthalmia neonatorum

Caput succedaneum  
Ortolari’s sign

Cephalhematoma  
Phimosis

Circumcision  
Phototherapy

Ductus arteriosis  
Physiologic jaundice

Epispadias  
Polycythemia

Epstein’s pearls  
Pseudo-menstruation

Erythema toxicum  
Retractions

Foramen ovale  
Strabismus

Gestational age assessment  
Syndactyly

Hyperbilirubinemia  
Thermogenesis

Hypospadias  
Vernix caseosa

Kernicterus  
Wharton’s jelly

Lanugo  
Miliaria
LONG BEACH CITY COLLEGE
ADN 235AL Maternal/Newborn Nursing Lab

Student____________ Instruct__________

Date____________

NEWBORN ASSESSMENT

Pt. Init._____________ Mother’s Age__________
Age in hrs.____________ Mother’s Bl. type__________
Sex_______________ Inf. Bl. type_____________
Type of Delivery________ Coombs’ Direct__________
Birth Wt.____________ Indirect__________
Length_______________ Age first void__________
Head Circ.____________ Age first stool__________
Chest Circ.____________ Character of stool_________

VITAL SIGNS: T_________ P_________ R_________

PHYSICAL ASSESSMENT:

SKIN

HEAD AND NECK

EYES

ENT

THORAX

LUNGS

HEART

ABDOMEN

UMBILICUS

BOWEL SOUNDS

GENITALIA

ANUS

TRUNK/SPINE

EXTREMITIES/JOINT

17.2
REFLEXES  (Describe Action/Reaction)

Moro:  
Tonic Neck:  
Babinski:  

Rooting:  
Plantar Grasp:  
Stepping:  

General Appearance: (Tone, Activity, State)

PRENATAL: (Initial visit, problems, etc.)

LABOR: (Lengths, Meds, Anes., etc.)

DESCRIBE ONE COURSE OF A FEEDING:

DESCRIBE ONE EPISODE OF A MATERNAL/PATERNAL INTERACTION:

PLANS FOR FOLLOW-UP:  (Clinic, Pediatrician, etc.)
Admission of Patient to Labor

1. Admit in the LDR room; no patient is to be left unattended in chair.
2. Obtain patient's signature on the Delivery and Anesthetic Permit.
3. Complete the Labor-Delivery Out-Patient Record.
4. Obtain the Anesthesia Information Form and have the patient of significant other complete the form.
5. Remove all clothing; dress in hospital gown. But clothing in paper/plastic bag, write patient's name on bag. Assist into bed; notify R.N. that patient is ready for exam. Assist nurse to place monitor equipment in place.
6. Have the patient give jewelry (other than wedding ring) to the significant other.
7. Inform significant other when the patient is in the LDR bed. Orient the patient to the surroundings and hospital policies

General Care of Patient In Labor

1. Check with RN about ambulation for your patient.
2. When patient is medicated or in advanced labor, side rails are up, and the patient instructed to stay in bed unless the patient has a walking epidural.
3. Watch multiparas closely even though dilatation, station, or effacement does not indicate advanced labor. Be particularly mindful of multiparas with a history of rapid labors!
4. Check list for observing patients: (at least hourly unless otherwise indicated and report to RN)
   a) Time contractions
   b) Observe fetal heart rate
   c) Vital sign
   d) Any voiding
   e) Change patient position as needed
   f) Monitor pitocin rate if used
   g) For continuous epidural: BP every 30 minutes, turn patient every hour
   h) Pericare as needed
   i) Any vaginal discharge
   j) Check for bladder distension
   k) Comfort measures and supportive care as needed
5. When membranes rupture, always check FHT immediately. Report time, color of fluid and FHT to RN. Meconium is reported as 1+, 2+, 3+, 4+.
6. Food and fluid intake require a doctor's order.
7. Signs and symptoms to report:
   a. Rupture of membranes
   b. Bulging of perineum, bearing down contractions or any other progressive sign of approaching second stage labor.
   c. Bladder distention
   d. Prolonged contraction with little uterine relaxation
   e. Presence of frank bleeding or passing of clots
f. Passage of meconium

g. Change in vital signs

h. Change in character or rate or FHT

i. Complaint of headache or restlessness

j. Presence of edema, especially of face, eyelids, and hands

k. Presence of any open lesion

l. Symptoms indicating an URI or other disorder not related to pregnancy

Transfer of a patient to the O.R. for c-section

1. Insert foley catheter if indicated.

2. Assist checking that the consents are signed and on the chart

3. Disconnect the monitor but leave the belts under the patient.

4. Gather the chart and all medical records to accompany the patient.

5. Don surgical cap and shoe covers and place surgical cap on patient.

6. Assist the RN with the transportation of the patient.

7. Accompany the patient to the O.R. and observe the procedure.
1. Students are to know and introduce self to their primary nurse.

2. Students are to use orientation to L & D guidelines daily and look up any procedures in the procedure manual before asking for assistance.

3. The instructor will supervise all student learning's in the delivery room and first time nursing procedures except when she is involved with another student. Staff may supervise/assist the student when the instructor is not available.

4. Care plans are to be done on all high risk patients and should not interfere with patient care.

5. The group leader assigned will introduce themselves to the L & D coordinator and be readily available for admissions to be re-assigned to peers.

6. Students are to assume increasing responsibility for IV's and medications; high risk medications are to be checked with co-assigned primary nurse.

7. Students assigned to PAR are to work directly with the co-assigned RN and to assume increasing responsibility in the care of the PAR patient.

8. Students observing an operative procedure are to follow the directions of the circulating nurse for that suite.

9. Students are to wear correct attire for: labor unit, delivery rooms, surgical area, and PAR.

10. Students are to review principles & practice of asepsis and utilize these throughout the course.

11. Students will prepare for clinical assignment in a specific area (is labor, Delivery, Operating Room, Recovery Room) by reviewing chart forms, time schedule, and routine available in the syllabus.
Instruction Sheet: Role of the “Mother Nurse”

When delivery is imminent, you will be working very closely with the instructor and or staff person. It is very important for you to be able to follow on-the-spot directions quickly and to be able to anticipate the next step whenever necessary. Within a minutes’ notice, you may be told to set up the room for the delivery. NEVER SET UP A ROOM WITHOUT INSTRUCTOR OR STAFF.

When the staff person gives you the signal, secure your instructor and follow the following steps in an orderly manner:

- Check physician's white card for a listing of supplies needed.
- Obtain a pair of sterile gloves to arrange back table after opening.
- Position the back table so that you may be able to walk around.
- Secure the OB Pack and basin set from under the back table.
- Be sure to remove the yellow charge stickers prior to opening.
- Place these items on an area away from the back table.
- Pick up the OB pack and place in the center of the back table and open as directed

REMEMBER WHILE OPENING ALL OF THE PRINCIPLE OF SAT IS IN OPERATION.
- Open OB pack as directed
- Open the basin set and drape and place on the back table as directed.
- Toss the following secured objects on the sterile field on the back table. (10cc syringe, 19 Gauge needle, sutures, doctor's gloves)
- Proceed to do open gloving (within thirty seconds)

BE CAREFUL NOT TO TURN BACK ON YOUR OPENED ARTICLES ON THE BACK TABLE. YOU SHOULD POSITION SELF AS TO WATCH THE OPEN FIELD.

- Arrange the articles on the back table as directed. (Paper to paper- metal to metal, cloth to paper towels, etc).
- Cover the items opened on the back table with the blue converter sheet.
- Move back table out of the way.

Prepare the ordered amount of oxytoxic (ampules of Pitocin) in a 3 cc syringe or obtain a 100 ml pre-mixed with pitocin.

When signaled by the staff person, proceed to break the bed down for the delivery as directed.

Place both legs at the same time in adjusted stirrups. Move hips down to the edge of bed.

With staff person's signal, prep the perineal area with the Betadine sponges as directed
Watch and observe the mechanism of labor as the infant head is delivered. Watch carefully the steps that the physician delivers the infant. Note the time of delivery of the infant. Note the signs and symptoms of the third stage of delivery and prepare to add the oxytocic to the IV bag when the placenta is delivered. (Notify physician if the IV solution is less than 500 mls.) Place label(s) onto the bag and verbally say, "I have added 2 ampoules of Pitocin to the bag. After adding Pitocin to the IV bag, open the IV to infuse rather quickly as to get the medication into the bloodstream. Let the IV infuse fast for about 15 minutes then adjust back to 125 ml per hour.

Start monitoring the vitals and OB checks as indicated for the fourth stage of labor.

When signaled, start cleaning the mother and reassemble the bed. Cover with warm blankets and offer warm or cold liquids to drink, if the mother is not nauseated. (Remember; remove both legs from the stirrups at the same time, if used.)

Assist with the cleanup of the instruments on the back table. Please be sure that there are 9 instruments. Place the small basin that has the placenta in a labeled red bag inside the large basin, cover and take to the dirty utility room and discard as following: placenta in the freezer (examine prior to placing in the freezer), place the basins and instruments in the sink. Remove gloves. Don goggles prior to washing the instruments and basins. Don gloves. With a scrub brush, wash each instrument, rinse and place in receptacle as instructed. Wash basins and place on table. Keep your gloves on during this procedure. Remove gloves and goggles and return to suite.

When stable, assist staff with the transfer of mother to the postpartum room. Be careful to take all personal items during the transfer. Be prepared to give an oral report of the delivery to the nurse receiving the patient.

Throughout the room there are gloves, use them.

Dirty linen is disposed in blue hampers and uncontaminated plastics and paper is disposed of in clear hampers, and contaminated paper is disposed in a red trash can.

NEVER RECAP NEEDLES, SHARP CONTAINERS ARE IN EVERY ROOM
To prepare for the delivery of the infant: turn on the warmer, secure warm blanket and open them in the warmer. Check to be sure there is a stethoscope near the crib to be used for checking the apical heart rate. Check the clip board for the following: birth souvenir, Erythromycin eye ointment, ink plate for footprints, and a white disposable cloth towel to clean foot after footprints. Check the suction and oxygen prior to the delivery. When delivery is imminent, don a pair of clean gloves, and get two sterile towels or clean blankets from the warmer. Place one towel or blanket on the mother’s abdomen and keep one towel or blanket in your hand to dry the infant on the mother’s abdomen. Immediately after deliver the infant should be placed on the mother’s abdomen (“tummy to tummy” or “Kangaroo Care”) and left there for about 1 hour after birth. If the condition of the infant requires close assessment and/or the infant requires treatment (such as oxygen or vigorous stimulation) the infant should be taken to a warmer and the student should allow the staff nurse to attend to the infant until instructed that the infant is stable and the student can continue care, Dry the infant quickly and proceed with the head-to-toe assessment. Breastfeeding should be begun as soon as possible.

Behavioral Objective: **Know your Apgar scoring!** Start the assessment of the Apgar score while drying the infant
In an orderly manner, complete the following:

1. Dry infant in a head-to-toe manner quickly briskly to stimulate baby.
2. Listen to the apical heart rate for quality and rhythm
3. Assign a heart rate and verbally notify instructor or staff nurse
4. Listen to and assess lung sounds for quality and rhythm.
5. Assign a respiratory rate and notify the instructor or staff nurse
6. Note reflex activity and assign a score.
7. Note muscular activity and assign a score.
8. Observe the color on the body as well as the soles of the hands and feet and assign a score.
9. Assign a one minute Apgar score and verbally alert physician and other staff in the room.
10. Weigh the infant in pounds, ounces and grams and measure the infant. Call out findings.
11. Take axillary temperatures and verbally notify instructor or staff nurse. (Must be 97.4 or higher, otherwise notify the nurse in the suite)
12. Instill Erythromycin eye ointment to both eyes by placing generous ribbon of ointment to lid of eyes (inner to outer) without touching eyelid.
13. Observe cord for 3 vessels, if less than 3 clarify with RN or instructor.
14. Make footprints on the souvenir by walking heel to toe on ink pad and placing foot on souvenir in the same fashion.
15. Apply leftover eye ointment to the feet and wipe clean with white disposable washcloth.
16. Affix 2 ID bands on opposite extremities.
17. Put diaper on below the cord clamp with the plastic rolled to the outside.
18. Assign 5 minute Apgar score to baby.
Report all findings to the staff nurse and assist with charting them Afterwards assist with cleaning the room. When staff nurse notifies you get the open crib to transport newborn to the floor.
BEHAVIORAL OBJECTIVES: ALTERNATE EXPERIENCES

FETAL DIAGNOSTIC CENTER OR ANTEPARTUM ASSESSMENT CENTER

During clinical rotation at various sites there is often the opportunity for the student to spend time in ancillary areas for women's health. The student will be assigned to an R.N. and at the end of the assigned time may be required to submit a brief written account of the activities in which he/she participated during this experience.

FETAL DIAGNOSTIC/ ANTEPARTUM ASSESSMENT

1. Assess the antepartum patient to be tested according to the following:
   Abnormal signs and symptoms, major concerns, learning needs.
3. After discussing with the co-assigned nurse, participate in teaching the antepartum by:
   a. Identifying the topic(s) to be discussed.
   b. Clarify information to be given.
   c. Complete patient teaching.
   d. Evaluate.
4. Compare and contrast the types of tests performed on antepartum patient according to the following: patient problem preparation of the patient, medications, and techniques used, normal/abnormal results, follow-up testing, if any.

WOMEN’S SURGERY EXPERIENCE: The student is to call the Women’s OR the evening prior to the assigned day (no later than 5 PM) and request a room assignment. Ask to speak to the coordinator or the charge nurse at the desk.

1. Identify the reason(s) for the performance of a cesarean section, gynecological surgery.
2. Assist with the preparation of the OR suite
3. Assist with the identification of patient admitted to OR suites.
4. Identify type of anesthesia, incision, etc, during the procedure.
5. Assist with the transfer of patient from OR suite to PAR.
6. Describe the process by which the OR nurse reports to the PAR nurse receiving the patient.
7. If permitted accompany the patient to the PAR and assist in her care during recovery.

RECOVERY ROOM

1. Identify and describe the components of the assessment of the post anesthesia patient: airway, breathing, vital signs, level of consciousness, urine output, tubes, dressings, incision pain, and recovery room anesthesia.
2. Identify and describe the additional components of the assessment of the post delivery patient: fundus, lochia, and perineum.
3. Perform the nursing interventions necessary in the care of the postpartum and post-anesthesia patient.
Behavioral Objectives for 235AL NICU/ISCU Experience

Student Name:

On a separate sheet of paper, answer the following objectives and submit them to your clinical instructor the next clinical day after the experience.

1. For at least one patient cared for with the co-assigned nurse:
   a) Complete and attach a nursing care plan.
   b) Describe why the patient must be cared for in the NICU.
   c) Describe the pathophysiology of the patient’s primary medical condition.
   d) List all medications ordered for the patient with: drug name, class, dosage, route, frequency, major side effects, nursing implications, and why the drug is ordered for that patient.
   e) List actual patient cared performed (such as: hygiene, suctioning, positioning, feeding, etc.).

2. Describe any procedures observed.

3. Discuss how the role of the NICU nurse differs from that of the nurse caring for a newborn with no complications.

4. State if the experience was valuable or not and why.

At the end of the day have this sheet signed by the co-assigned nurse and attach it to the answered objectives

__________________________________________________________________________

Print name of co-assigned nurse

__________________________________________________________________________

Signature of co-assigned nurse

__________________________________________________________________________

Date
Behavioral Objectives for 235AL Women’s OR Experience

Student Name:

On a separate sheet of paper, answer the following objectives and submit them to your clinical instructor the next clinical day after the experience.

1. Identify the reason(s) for performing the procedures that were observed (such as C-section, GYN surgeries).
2. Describe the procedures/surgeries that were observed.
3. Describe the type of anesthesia that was used.
4. State if the experience was valuable or not and why.

At the end of the day have this sheet signed by the co-assigned nurse and attach it to the answered objectives

Print name of co-assigned nurse

Signature of co-assigned nurse

Date
A. Preparation before the shift begins:
   1. Independently review the Behavioral Objectives prior to group leader day.
   2. Prepare Group Leader tag to be attached to name tag.
   3. In the event a patient is no longer on the unit and/or if students have not made assignment by the designated time, the group leader will make an assignment and notify instructor of the problem.
   4. Distinguish between the two various roles and the paper work needed for each unit (Core and L&D)

B. Before the shift begins
   1. Verify accuracy of the student selected patient assignment which is compared with the assignment posted on each unit.
   2. Determine the presence of each peer as assigned in the clinical area on time.
   3. Obtain student’s BO for the day.
   4. Prepare a record sheet to record each student’s activities, skills performed
   5. Identify self and role of group leader to the staff/coordinator on the unit
   6. Assist in having students available for report.
   7. Confer with instructor your plans for the day.

C. Action during shift:
   1. Listen to report as able or where the most students are assigned.
   2. Complete a brief baseline assessment of all assigned clients in the Core Area.
   3. Obtain a verbal baseline of all assigned patients within thirty minutes of the beginning of the shift in Labor and Delivery.
   4. Organize leadership task sheet including times for medications, procedures, etc. and make two copies. One copy is to be given to instructor.
   5. Assist peers with patient care if student is behind and notifies instructor that assistance was necessary.
   6. Act as Liaison for instructor:
      a. Alert instructor to group members needs for supervision and/or instruction.
      b. Alert instructor to problems as they occur.
      c. Report any problems occurring with peers and staff to instructor as soon as possible.
   7. Collect nursing care plans at a designated time (1 1/2 hours after report). Evaluate and make comments in ink and grade each care plan as satisfactory or unsatisfactory. Discuss findings with your instructor, and make comments on the peer evaluation form.
   8. Do mid-shift or hourly check of the accuracy of peer’s charting of scheduled medications, IV sheets, graphic records, flow sheets and fetal monitor strips in L&D.
   9. Make rounds on assigned patients frequently.
   10. Review required data information forms prior to the end of the shift.
   12. Assess the awareness of peer’s organization, priority setting, patient care, communication skills and documentations. Discuss with the instructor and if directed make suggestions.
   13. Evaluate the student’s self assigned breaks and lunch periods and if necessary make adjustments to insure adequate patient coverage
D. End of the Shift:

1. Verify the completeness of peer assignment including tasks, medication administered prior to the student leaving the unit.
2. Check that all students are ready to tape or give end of the shift report to staff.
3. Collect all patient care summaries from peers as they leave the unit.
4. Complete a peer evaluation of each student to be reviewed with the student and given to the instructor by Thursday of the week of the group leader experience.
5. Evaluate group leader experience with instructor.
6. Present a 5 minute presentation of content related to nursing. This presentation should be informative as well as interactive.
<table>
<thead>
<tr>
<th>Student</th>
<th>Patient Name Age, Gender, Room</th>
<th>Medical Diagnosis Name/Date of Surgery</th>
<th>Baseline</th>
<th>Medications</th>
<th>IVs</th>
<th>Treatments Nursing Skills</th>
<th>Charting Meds</th>
<th>Notes</th>
<th>VS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Basic Conditioning Factors
<table>
<thead>
<tr>
<th>Student</th>
<th>Rm</th>
<th>Name</th>
<th>Doctor</th>
<th>G/P</th>
<th>Dil</th>
<th>Eff</th>
<th>Stat</th>
<th>Mem</th>
<th>Pres</th>
<th>EDC</th>
<th>GA</th>
<th>Remark</th>
<th>Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prep</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rm 16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phase II</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

19.3
From the following information, formulate four (4) nursing care plans as directed.

Diana Prevost is a 24 year old, African-American primigravida at 40 weeks gestation. She and her partner in attendance have had prenatal education classes. She has a regular prenatal course with her physician. She presents at the front desk stating, “I think that I am in labor.” Use your textbook, (Davidson), to formulate a plan for care for the first, second, third and the fourth stages of labor. Be careful to utilize all assessments, nursing diagnoses or collaborative problem, and nursing interventions specific to a normal course of labor and delivery, to include all pertinent medications, anesthesia and emotional concerns.

**Stage I:** Be sure to include assessments for all three phases.

Research the following medications and place on the Medication Sheet: Continuous Epidural, Stadol, Pitocin, Penicillin (loading and maintenance dose), terbutaline, and Methergine.

Include the normal labs ordered for laboring patients.

Include your assessments, nursing diagnosis, collaborative problems, goals, interventions, patient teaching, and ways to support significant other and family, during all four stages of labor.

These Prototype Nursing Care Plans are due the morning of your **First** labor and delivery clinical day.

Once the Prototype nursing care plans are completed, each day you will be required to formulate one L & D actual NCP’s which will be due in one and a half hour after report, along with specified Medication Sheets, if needed.

Assignment:

Ricci & Kyle as needed
# Long Beach City College ADN Program
## Nursing Care Plan, ADN 235AL Maternal/Newborn Nursing Lab
### Intrapartum, Stage 1

<table>
<thead>
<tr>
<th>Student</th>
<th>Date</th>
<th>Patient's Initials</th>
<th>RM/Bed #</th>
<th>Adm Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coassigned Nurse</td>
<td>MD/OB</td>
<td></td>
<td>MD/Ped</td>
<td></td>
</tr>
</tbody>
</table>

#### Basic Conditioning Factors

<table>
<thead>
<tr>
<th>Age</th>
<th>Religion</th>
<th>Occupation</th>
<th>Ethnicity</th>
<th>Family Role</th>
<th>Blood Type/Rh</th>
<th>Allergies</th>
<th>Predisposing Factors/Hx</th>
<th>Acuity</th>
<th>Code Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Universal Self Care Requisites

<table>
<thead>
<tr>
<th>Physical Assessment Lab Data-Dx Tests-Drugs</th>
<th>Self Care Deficits</th>
<th>Nursing Dx/Collaborative Problems</th>
<th>Goals</th>
<th>Nursing Interventions - Therapeutic Self Care Demands</th>
<th>Prevention of Hazards</th>
<th>Promotion of Normalcy</th>
<th>Nsg Agy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maint. of Balance between Solitude and Social Interaction</td>
<td>C.N.S. &amp; Psychosocial:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maint. of Sufficient Intake of Air</td>
<td>Cardio-Respiratory:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maint. of Sufficient Intake of Food Elimination Process</td>
<td>GI, Metabolic:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maint. of Sufficient Intake of Water Elimination Process</td>
<td>GU, Fluid and Electrolyte:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developmental Self Care Requisites Specific to Child Bearing</td>
<td>Obstetrical:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gravida:</td>
<td>Para:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latent:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transition</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maint. of Balance between Activity &amp; Rest</td>
<td>MS, Integument &amp; Comfort:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*PRIORITY PROBLEM:

Special appointments or tests for today:

20.1
### Long Beach City College ADN Program

#### Nursing Care Plan, ADN 235AL Maternal/Newborn Nursing Lab

**Intrapartum, Stage 2**

| Universal Self Care Requisites | Physical Assessment Lab Data-Dx Tests-Drugs | Self Care Deficits Nursing Dx/ Collaborative Problems | Goals | Nursing Interventions - Therapeutic Self Care Demands Prevention of Hazards Promotion of Normalcy | Nsg Agy |
|-------------------------------|--------------------------------------------|------------------------------------------------------|-------|-----------------------------------------------------------------------------------------------|
| Maint. of Balance between Solitude and Social Interaction | C.N.S. & Psychosocial: | | | | | |
| Maint. of Sufficient Intake of Air | Cardio-Respiratory: | | | | | |
| Maint. of Sufficient Intake of Food Elimination Process | GI, Metabolic: | | | | | |
| Maint. of Sufficient Intake of Water Elimination Process | GU, Fluid and Electrolyte: | | | | | |
| Developmental Self Care Requisites Specific to Child Bearing | Obstetrical: | | | | | |
| | Gravida: Para: | | | | | |
| Maint. of Balance between Activity & Rest | MS, Integument & Comfort: | | | | | |

*PRIORITY PROBLEM:*

Special appointments or tests for today: 20.2
# Intrapartum, Stage 3

<table>
<thead>
<tr>
<th>Universal Self Care Requisites</th>
<th>Physical Assessment Lab Data-Dx Tests-Drugs</th>
<th>Self Care Deficits Nursing Dx/ Collaborative Problems</th>
<th>Goals</th>
<th>Nursing Interventions - Therapeutic Self Care Demands Promotion of Normalcy</th>
<th>MS, Integument &amp; Comfort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maint. of Balance between Solitude and Social Interaction</td>
<td>C.N.S. &amp; Psychosocial:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maint. of Sufficient Intake of Air</td>
<td>Cardio-Respiratory:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maint. of Sufficient Intake of Food Elimination Process</td>
<td>GI, Metabolic:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maint. of Sufficient Intake of Water Elimination Process</td>
<td>GU, Fluid and Electrolyte:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developmental Self Care Requisites Specific to Child Bearing</td>
<td>Obstetrical:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gravida:</td>
<td>Para:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Basic Conditioning Factors**
- Age
- Religion
- Occupation
- Ethnicity
- Family Role
- Blood Type/Rh
- Allergies
- Predisposing Factors/Hx
- Acuity
- Code Status

**Self Care Requisites**

- Physical Assessment Lab Data-Dx Tests-Drugs
- Self Care Deficits Nursing Dx/ Collaborative Problems
- Goals
- Nursing Interventions - Therapeutic Self Care Demands Promotion of Normalcy

**Nursing Interventions**
- Therapeutic Self Care Demands
- Promotion of Normalcy

**Maint. of Balance between Solitude and Social Interaction**

**C.N.S. & Psychosocial:**

**Cardio-Respiratory:**

**GI, Metabolic:**

**GU, Fluid and Electrolyte:**

**Obstetrical:**

**Gravida:**

**Para:**

**MS, Integument & Comfort:**

---

*PRIORITY PROBLEM:*

Special appointments or tests for today:

20.3
### Long Beach City College ADN Program
Nursing Care Plan, ADN 235AL Maternal/Newborn Nursing Lab

**Intrapartum, Stage 4**

<table>
<thead>
<tr>
<th>Student</th>
<th>Date</th>
<th>Patient's Initials</th>
<th>RM/Bed #</th>
<th>Adm Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Coassigned Nurse</th>
<th>MD/OB</th>
<th>MD/Ped</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Basic Conditioning Factors

<table>
<thead>
<tr>
<th>Age</th>
<th>Religion</th>
<th>Occupation</th>
<th>Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family Role</th>
<th>Blood Type/Rh</th>
<th>Acuity</th>
<th>Code Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Allergies</th>
<th>Predisposing Factors/Hx</th>
<th>Acuity</th>
<th>Code Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Universal Self Care Requisites

<table>
<thead>
<tr>
<th>Physical Assessment Lab Data-Dx Tests-Drugs</th>
<th>Self Care Deficits Nursing Dx/ Collaborative Problems</th>
<th>Goals</th>
<th>Nursing Interventions - Therapeutic Self Care Demands</th>
<th>Prevention of Hazards</th>
<th>Promotion of Normalcy</th>
<th>Nsg Agy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maint. of Balance between Solitude and Social Interaction</td>
<td>C.N.S. &amp; Psychosocial:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintain of Sufficient Intake of Air</td>
<td>Cardio-Respiratory:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintain of Sufficient Intake of Food Elimination Process</td>
<td>GI, Metabolic:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintain of Sufficient Intake of Water Elimination Process</td>
<td>GU, Fluid and Electrolyte:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developmental Self Care Requisites Specific to Child Bearing</td>
<td>Obstetrical:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gravida:</td>
<td>Para:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latent:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transition</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintain of Balance between Activity &amp; Rest</td>
<td>MS, Integument &amp; Comfort:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*PRIORITY PROBLEM:*

Special appointments or tests for today:

20.4
## Long Beach City College ADN Program
Nursing Care Plan, ADN 235AL Maternal/Newborn Nursing Lab

### High Risk/Complications of Childbearing

<table>
<thead>
<tr>
<th>Student</th>
<th>Date</th>
<th>Patient's Initials</th>
<th>RM/Bed #</th>
<th>Adm Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coassigned Nurse</td>
<td>MD/OB</td>
<td>MD/Ped</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Basic Conditioning Factors

- Age
- Religion
- Occupation
- Ethnicity

<table>
<thead>
<tr>
<th>Family Role</th>
<th>Blood Type/Rh</th>
<th>Allergies</th>
<th>Predisposing Factors/Hx</th>
<th>Acuity</th>
<th>Code Status</th>
</tr>
</thead>
</table>

### Universal Self Care Requisites

<table>
<thead>
<tr>
<th>Maint. of Balance between Solitude and Social Interaction</th>
<th>C.N.S. &amp; Psychosocial:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Maint. of Sufficient Intake of Air</th>
<th>Cardio-Respiratory:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Maint. of Sufficient Intake of Food Elimination Process</th>
<th>GI, Metabolic:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Maint. of Sufficient Intake of Water</th>
<th>GU, Fluid and Electrolyte:</th>
</tr>
</thead>
</table>

### Developmental Self Care Requisites Specific to Child Bearing Obstetrical

<table>
<thead>
<tr>
<th>Obstetrical:</th>
<th>G:</th>
<th>P:</th>
<th>EDC:</th>
<th>WKS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fetal Heart tones</td>
<td>Loc:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fetal movement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal Leaking</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal Bleeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C/O Contractions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prenatal care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MS, Integument &amp; Comfort:</th>
</tr>
</thead>
</table>

### Self Care Deficits

<table>
<thead>
<tr>
<th>Physical Assessment Lab Data-Dx Tests-Drugs</th>
<th>Nursing Dx/ Collaborative Problems</th>
<th>Goals</th>
<th>Nursing Interventions - Therapeutic Self Care Demands</th>
<th>Prevention of Hazards</th>
<th>Promotion of Normalcy</th>
</tr>
</thead>
</table>

### Therapeutic Self Care Demands

- Prevention of Hazards
- Promotion of Normalcy

###Goals

- Therapeutic Self Care Demands
- Prevention of Hazards
- Promotion of Normalcy

### Priority Problem:

*PRIORITY PROBLEM:

### Special appointments or tests for today:

Special appointments or tests for today:

21.0
<table>
<thead>
<tr>
<th>Laboratory or Test Name</th>
<th>Normal Range</th>
<th>Patient Results for previous days</th>
<th>Patient Results for assigned day</th>
<th>Nursing Responsibility, Clinical Implications</th>
<th>Probable cause of any abnormalities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DIAGNOSTIC TESTS**

|                         |              |                                   |                                 |                                               |                                   |
|                         |              |                                   |                                 |                                               |                                   |
|                         |              |                                   |                                 |                                               |                                   |
|                         |              |                                   |                                 |                                               |                                   |
|                         |              |                                   |                                 |                                               |                                   |
|                         |              |                                   |                                 |                                               |                                   |
|                         |              |                                   |                                 |                                               |                                   |
|                         |              |                                   |                                 |                                               |                                   |
|                         |              |                                   |                                 |                                               |                                   |
### Universal Self Care Requisites

<table>
<thead>
<tr>
<th>Maint. of Balance between Solitude and Social Interaction</th>
<th>C.N.S. &amp; Psychosocial:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maint. of Sufficient Intake of Air</td>
<td>Cardio-Respiratory:</td>
</tr>
<tr>
<td>Maint. of Sufficient Intake of Food Elimination Process</td>
<td>GI, Metabolic:</td>
</tr>
<tr>
<td>Maint. of Sufficient Intake of Water Elimination Process</td>
<td>GU, Fluid and Electrolyte:</td>
</tr>
<tr>
<td>Maint. of Balance between Activity &amp; Rest</td>
<td>MS, Integument &amp; Comfort:</td>
</tr>
</tbody>
</table>

### Basic Conditioning Factors

- **Age**
- **Religion**
- **Occupation**
- **Ethnicity**
- **Developmental Level**
- **Reason for being under nursing care**
- **Allergies**
- **Predisposing Factors/Hx**
- **Acuity**
- **Code Status**

### Physical Assessment
- Lab Data-Dx Tests-Drugs

### Self Care Deficits

<table>
<thead>
<tr>
<th>Nursing Dx/ Collaborative Problems</th>
</tr>
</thead>
</table>

### Goals

<table>
<thead>
<tr>
<th>Nursing Interventions - Therapeutic Self Care Demands</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention of Hazards</td>
</tr>
<tr>
<td>Promotion of Normalcy</td>
</tr>
</tbody>
</table>

### Nsg Agy

<table>
<thead>
<tr>
<th>Maint. of Balance between Solitude and Social Interaction</th>
<th>C.N.S. &amp; Psychosocial:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maint. of Sufficient Intake of Air</td>
<td>Cardio-Respiratory:</td>
</tr>
<tr>
<td>Maint. of Sufficient Intake of Food Elimination Process</td>
<td>GI, Metabolic:</td>
</tr>
<tr>
<td>Maint. of Sufficient Intake of Water Elimination Process</td>
<td>GU, Fluid and Electrolyte:</td>
</tr>
<tr>
<td>Maint. of Balance between Activity &amp; Rest</td>
<td>MS, Integument &amp; Comfort:</td>
</tr>
</tbody>
</table>

*PRIORITY PROBLEM:*

Special appointments or tests for today: 21.2
<table>
<thead>
<tr>
<th>Laboratory or Test Name</th>
<th>Normal Range</th>
<th>Patient Results for previous days</th>
<th>Patient Results for assigned day</th>
<th>Nursing Responsibility, Clinical Implications</th>
<th>Probable cause of any abnormalities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDICATION</td>
<td>DRUG CLASSIFICATION</td>
<td>METHOD OF ACTION</td>
<td>WHY THIS MEDICATION IS PRESCRIBED FOR THIS CLIENT</td>
<td>NURSING IMPLICATIONS AND SIDE EFFECTS</td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>---------------------</td>
<td>------------------</td>
<td>-------------------------------------------------</td>
<td>--------------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

21.4
# POSTPARTUM WORKSHEET

**STUDENT ___________________________ Date: __________________**

<table>
<thead>
<tr>
<th>Pt. Initials</th>
<th>Rm#</th>
<th>Baby Initials</th>
<th>Baby Sex</th>
<th>Rm#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Del Type</td>
<td>Date/time</td>
<td>Patient</td>
<td>Newborn</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>G</th>
<th>P</th>
<th>T</th>
<th>A</th>
<th>L</th>
<th>Baby wt.</th>
<th>Length</th>
</tr>
</thead>
</table>

**ALLERGIES**

<table>
<thead>
<tr>
<th>Apgar@ 1 min.</th>
<th>@ 5 min.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>T</th>
<th>P</th>
<th>R</th>
<th>B/P</th>
<th>Pain</th>
</tr>
</thead>
</table>

**Type & Rh:**

<table>
<thead>
<tr>
<th>Mom</th>
<th>PPD</th>
<th>Type &amp; Rh Baby</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Hgb</th>
<th>Hct</th>
<th>VDRL</th>
<th>BM</th>
<th>Stool (describe)</th>
</tr>
</thead>
</table>

**Rubella | GBS | HbsAG | Voiding | Cord Care Done |
|----------|-----|-------|---------|----------------|

**Homan’s | Fundus | Circumcision Date | Care Done |
|----------|--------|-------------------|------------|

**Lochia | Perineum | Jaundiced |
|----------|----------|-----------|

**Episiotomy | Laceration | Formula type | Bottle |
|-------------|------------|--------------|-------|

**Breastfeeding Q | Bottle Q | Last Feeding | Amount |
|-----------------|----------|--------------|--------|

**Diet | %consumed | Hep. Given | site |
|-------|-----------|------------|------|

**Primary Language | Vit K. given | site |
|-------------------|-------------|------|

**ORDERS**

<table>
<thead>
<tr>
<th>Newborn Screen</th>
<th>completed</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Labs</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Moro</th>
<th>Tonic neck</th>
</tr>
</thead>
</table>

**BONDING**

<table>
<thead>
<tr>
<th>Root</th>
<th>Suck</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Babinski</th>
<th>Walk</th>
</tr>
</thead>
</table>

**TEACHING**

**ORDERS**

**MEDS**

**MEDS**

---

Personal Behavioral Objective:

21.5
LONG BEACH CITY COLLEGE
Associate Degree Nursing Program
ADN 235AL Maternal/Newborn Nursing Lab
LABOR AND DELIVERY NURSING CARE PLAN

Name_________________________________________ Today’s Date________________ Room_________________

Patient’s Initials:_________ Age:_________ Estimated Due Date:_________ Gestational Age:_____

Developmental Level:_______________VS_______________Allergies:________________________________

<table>
<thead>
<tr>
<th>PRIORITY PROBLEM:</th>
<th>PERSONAL OBJECTIVE:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>C.N.S. &amp; PSYCHOSOCIAL</td>
<td>INTERVENTIONS</td>
<td>MUSCULOSKELETAL</td>
<td>INTERVENTIONS</td>
</tr>
<tr>
<td>CARDIO/RESP</td>
<td>INTERVENTIONS</td>
<td>OBSTETRICAL</td>
<td>INTERVENTIONS</td>
</tr>
<tr>
<td>G.I.</td>
<td>INTERVENTIONS</td>
<td>FETAL ASSESSMENT</td>
<td>INTERVENTIONS</td>
</tr>
<tr>
<td>G.U.FLUIDS</td>
<td>INTERVENTIONS</td>
<td>MEDICATIONS</td>
<td>LABS</td>
</tr>
</tbody>
</table>

21.6
LONG BEACH CITY COLLEGE
Associate Degree Nursing Program
ADN 235AL Maternal/Newborn Nursing Lab

SKILL LAB: Postpartum Assessment

BEHAVIORAL OBJECTIVES:
1. Describe the rationale for a Postpartum Assessment.
2. List routine and/or usual times a Postpartum Assessment is to be completed.
3. Identify the components of the Postpartum Assessment.
4. Identify other assessments and activities expected in conjunction with the Postpartum Assessment.
5. Discuss the normal findings and/or alterations and possible causes that might be found when doing a Postpartum Assessment.
6. Propose nursing interventions for these findings.

CRITICAL ELEMENTS:
1. Maintain aseptic technique.
2. Provide privacy.
3. Assess breasts using inspection and palpation.
4. Assess condition of the uterus by identifying fundal location and uterine tone.
5. Assess lochia for amount, color and consistency.
6. Assess perineum and anus.
7. Provide pericare as appropriate.
8. Complete examination within 10 minutes.

PROCEDURE FOR COMPLETING A POSTPARTUM ASSESSMENT:

Overview
1. Gather equipment:
   a) Small brown paper bag
   b) Non-sterile gloves
   c) Chux pad
   d) 4 periwipes, (from the mother's bag)
   e) 1 or 2 peripad(s) (from the mother's bag)

The actual number you need may vary depending on how long ago delivery occurred and on mother's preference.

2. Maintain aseptic technique throughout: wash hands before beginning assessments; use equipment belonging only to the mother; move from clean to least clean.
3. Provide privacy: pull curtains, expose only the body part being assessed, etc.
4. Explain the procedure to mother, step by step, as you go along. She will need to do most of the same assessments herself after going home. She needs to learn the purpose and expected findings for each step.
Assessment of breasts

1. Ascertain whether or not mother is breastfeeding so that appropriate questions can be asked and appropriate observations be made. All mothers should be encouraged to wear a comfortable, well-fitted bra as soon as possible after delivery.

2. Expose breasts.

3. Inspect breasts for reddened areas, size, shape and contour. Nipples should be supple and pigmented without cracks, fissures or soreness.

4. Using a circular motion with the fingertips, gently palpate each breast in its entirety, including the axilla. Findings may depend on the number of days postpartum. Breast consistency may be soft, firm, full or engorged. Areas of increased warmth, tenderness or hardness should be further evaluated.

Assessment of fundus and lochia

1. Roll head of bed down so that mother is lying flat on her back. Exceptions include where an elevation of 30 degrees has been ordered.

2. Don non-sterile gloves. Prepare all other items for fast access.

3. Pull underwear down and fold under buttocks. This facilitates observing lochia expressed with fundal massage.

4. Gently palpate for the location and consistency of the fundus of the uterus. Begin at the level of the umbilicus, midline. If mother has a midline C-section incision, palpate from the sides. If a C-section incision is just above the pubis, palpate as described. The fundus should be located at midline, above, below or at the umbilicus (u+1, 0, u-1) and should feel firm to the touch or respond immediately to gentle massage.

5. If the uterus seems deviated to the left or right and higher than +1 or +2, it may be due to a full bladder. In this instance, assist mother to the bathroom, have her void if possible, then re-assess the fundus. The second assessment is charted.

6. If the uterus is not firm, but is "boggy," massage slightly more vigorously. If this becomes necessary, the uterus must be supported by placing one hand on the abdomen just above the pubis and exerting counter-pressure while you are massaging the fundus with the other. Charting should reflect your actions, i.e., f = firm or f + m = firm with massage.

7. It may be appropriate to have mother feel her uterus and gently massage it at this time. Often any discomfort is lessened if she is encouraged to participate.

8. Observe amount, color and character of lochia before and after massage of the fundus. It is normal for a good amount of lochia to be expressed with massage, especially in the first few hours after delivery, as this probably represents what has pooled in the vaginal vault. The color should be dark red (rubra) and not contain any large clots. Continued gushing of lochia and/or bright red lochia is not normal and needs further evaluation as well as continued clot expression. Use your sense of smell to assess lochia. A foul odor may indicate an infection and should be reported. Lochia is charted as moderate, scant, increased, etc.and "r" for rubra.

9. When this part of the assessment has been completed, provide peri-care. DO NOT SPREAD LABIA. Gather periwipes by the edges, keeping the area in the center sterile. Using three different wipes, cleanse labia front to back, far side, near side and center, discarding used wipes into the paper bag. Apply clean peripad. Do not touch center surface. If a belt is being used, attach only the front at this time.
Assessment of perineum

1. Position mother in lateral Sims position. Completely remove soiled peripad and discard.
2. Lift up one buttock so that the perineum and anus are well exposed. The episiotomy should be a straight incision with the edges tight together and no stitches visible. Some edema around the incision is normal. Redness is not normal. A localized bulge is usually a hematoma; this is not normal. Ecchymosis may be present. If so it will remain present for a few weeks. Observe closely for any extension of ecchymosis.
3. Inspect anus for hemorrhoids.
4. While mother is on her side, use another wipe to cleanse perineum and anal area. Apply any ordered local medication, according to the package instructions, to the episiotomy and/or hemorrhoids.
5. Position peripad in the back.
6. Reposition mother for comfort.
7. Document findings according to clinical facility guidelines.

HOW THIS SKILL WILL BE LEARNED:
- Campus lab demonstration.
- Observation and experience in the clinical area with primary and/or instructor.

TEACHER RESPONSIBILITIES:
- Come to lab prepared to discuss the objectives and critical elements.
- Demonstrate procedure.

STUDENT RESPONSIBILITIES:
- Come to lab prepared to discuss behavioral objectives and critical elements, having read Davidson, et al as needed.
- Practice in lab.
- Request teacher clarification as needed.

HOW THIS SKILL WILL BE TESTED:
- In the clinical setting, student will complete the critical elements with 100% accuracy, using a required time frame of 10 minutes. Skill may be observed and evaluated by a primary nurse or the instructor on the post partum unit, or in the labor and delivery unit.
LAB CONTENT:  Postpartum Promotion of Comfort and Healing

BEHAVIORAL OBJECTIVES:

1. Identify the procedure and rationale for the use of interventions that may be used to promote comfort and/or healing for the postpartum patient.
   a. Ice pack
   b. Disposable Sitz bath (Patient takes equipment home)
   c. Squeeze bottle filled with warm water from tap.
   d. Topical medications:
      - Tucks
      - Anesthetizing spray (Americaine)
      - A&D ointment
      - Masse cream

2. Describe the specific nursing measures for the preparation, administration, patient teaching needs, maintenance of patient privacy, and patient safety related to each.

ASSIGNMENT:

Ricci & Kyle as needed
**SKILL ASSESSMENT: Postpartum Assessment**

Name: ______________________________ Date: ______________
Evaluator: ____________________________

<table>
<thead>
<tr>
<th>CRITICAL ELEMENTS</th>
<th>Pass</th>
<th>Fail</th>
<th>COMMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain aseptic technique</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide privacy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assess breasts using inspection and palpation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assess condition of the uterus by Identifying fundal location and uterine tone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assess lochia for amount, color and consistency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assess perineum and anus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide peri-care as appropriate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete within 10 minutes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document findings of the above assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

RETEST:

22.4
BEHAVIORAL OBJECTIVES:

I. Independently review the following previously learned assessment skills (A, B, C). Be able to identify situations in Women's health and Obstetrics to which each skill applies and to perform each skill accurately in the clinical setting.

A. Assessment of deep tendon reflexes:
   1. Discuss the purpose of the examination.
   2. Describe the equipment needed for the examination.
   3. Discuss the implementation guidelines.
   4. Identify three (3) sites for assessment.
   5. Discuss the evaluation scale and its implications.

B. CNS assessment:
   1. Review the critical elements from the neuro-check.
   2. Discuss the neuro-check and be able to rank the difference between early and late signs of neurological changes exhibited by the patient.
   3. Review the steps involved in seizure precautions.
   4. Review and discuss in lab the nursing care of a patient before, during and post-ictal.

C. Homan's sign:
   1. Identify the purpose of the test.
   2. Describe the steps in performing the test.
   3. Explain the implications/limitations of the test.

II. The following are skills appropriate only to the antepartum situation. Be prepared to discuss them in lab and be tested on written examination.

A. Leopold Maneuvers:
   1. Describe the purpose of the examination.
   2. Describe the steps used for the patient and nurse in preparation for the test.
   3. Discuss the four maneuvers and the rationale for each.

B. Measuring fundal height:
   1. Discuss the purpose of the examination.
   2. Describe the steps involved in obtaining the measurement.
   3. Explain the rationale for/ramifications of the findings.

ASSIGNMENTS:
Ricci & Kyle as needed

22.5
POSTPARTUM OBSERVATIONS

ON-ADMISSION

I. Prepare unit to receive patient
   The unit secretary will call a room number and type of delivered patient to be admitted
   "new mother or C-section".
   A. Gather IV pole and 2 large chux and make an open bed to receive the patient.
   B. Prepare bed by raising the HOB as high as possible, pulling top covers all the way to the
      bottom, position chux, unlock wheels.

II. Receive patient
   A. Report has been given to primary by phone from Birth Care Center or
      Recovery Room. She may discuss the patient before she arrives.
   B. Assist with the transfer of the patient from gurney or chair to bed. Raise head of bed to
      30°. Check IV and Foley, if present.
      a. Determine if side rails are to be raised and lower bed completely.
   C. Listen to report from nurse.
   D. Check the PAR/LDR sheet for a baseline of VS and Post partum assessment.

III. Do a complete post partum assessment to include a head to toe assessment. You may omit
     the breast check. Check patency of IV and the site.

IV. Subsequent OB checks and care.
   A. C-Section: every 4 hour for 4 hours, then every 4 hours for 24 hours if stable. Vaginal
      delivery: on admission and in 4 hours, then every 8 hours, if stable.
   B. For the vaginal delivery patient:
      a. 1. Collect a "hat" to measure her first two voids. Instruct patient about this and
         NOT to get out of bed alone.
      b. Check orders and if not prohibited, or the patient is not nauseated, give water,
         juice, or food if the patient requests it.
      c. Follow Dr's orders; obtain any supplies for this patient’s ongoing care. Provide
         fresh ice pack if ordered.
      d. Ambulate to the bathroom with another person as soon as the patient feels ready.
         Instruct on specifics, PRN.
   C. For the C-section patient
      a. OB checks x 4, including VS. For patients who have had an Epidural with
         Morphine there will be very specific orders from the anesthesiologist regarding
         ongoing assessments. Follow them carefully. Do not hesitate to ask for
         clarification if unsure.
      b. Assess abdominal dressing. Do not remove.
      c. Maintain patency of IV and Foley. Assess q h for 4 hours and encourage TCDB
      d. q h until ambulating.
      e. Assess pain or comfort needs.
ROUTINE/ Q SHIFT

I. Vital Signs
   a. Check temperature, pulse, respirations and blood pressure on admission, with each fundal check and then once each shift. For those C-section patients who have had a Morphine Epidural, the respiratory rate may be monitored more frequently for a longer period of time. Refer to anesthesia orders.
   b. Record on appropriate flow sheet ASAP.
   c. Any temperature that is over 100° F should be reported to the primary nurse and monitored q h. Interventions initiated as needed.
   d. Any blood pressure over 140/90 should be retaken after the patient has been repositioned on her left side for 10 minutes. Report to primary nurse and retake in one hour.

II. Post partum Assessments and treatments
   a. Must be done on all admissions (may omit the breast exam). Then in 4hr -- as stated on the previous page for c-section or vaginal delivery.
   b. Fundus: Location and tone. Ex: firm, firm with massage, boggy. Measure location as related to umbilicus. Ex: F+1 or F/U.
   c. Lochia: Amount, color, character (clots). Any unusual amount or clots should be reported to primary nurse.
   d. Perineum and/or episiotomy:
      1. Check location, condition and appearance.
      2. Continue and/or initiate treatments as ordered.
      3. Instruct patient on pericare, medical asepsis and treatments she may continue to do for herself.
      4. Check for presence of hemorrhoids. Instruct on treatments and other nursing interventions.
   e. Breasts:
      2. Encourage patient to wear a bra as soon as it can be tolerated.
      3. Initiate instructions for usual care of breasts for all patients.
      4. Provide any medication or care items ordered

III. General Observations
   a. Bladder:
      1. Watch for distended bladder for at least 24 hours. Voiding should be measured until more than 300 mls for 2 consecutive voidings are obtained.
      2. First two voidings MUST be measured and recorded on all PP patients including after the removal of a Foley.
   b. Bowel activity:
      1. Observe for first BM and chart as appropriate.
      2. Check for specific enema, suppository or flushes ordered especially on 2nd or 3rd PP day
c. **Activity:**
   1. Check orders for ambulation after epidural block. Some patients may have specific orders for positioning.
   2. All patients MUST be assisted by two persons the first time up.
   3. Student nurses should not get a patient OOB for the first time without instructor or staff.

d. **Hygiene:**
   All patients should be accompanied to the shower for the first time. Orient the patient to safety features in shower room and check periodically. Physicians do not like to make rounds and not find their patients. It is best to encourage the patient to wait until she has been seen that day. Also for patients who have had a CS or are on antepartum a Dr.’s order may be needed. Check with your primary nurse. Instruct all patients about breast and perineal cleansing.

e. **Mental attitude:**
   Be sensitive to all patients’ mental attitude toward self, environment and newborn. Trust your instincts and remember mood swings and psychological changes are expected.

IV. **General Information**

a. **Teaching**
   Do not assume that mothers know how to care for themselves and their babies even if this is not their first. It is imperative that all teaching be recorded including mother’s response to and understanding of the information given.

b. **Charting**
   Most charting on the units used is by Flow sheet. There are specific areas on the nursing notes where admission and discharge information is charted. There is an area where teaching information is recorded on the Care Map. There are also standard NCP’s for most situations/problems, i.e., urinary retention, postpartum hemorrhage. If you admit a patient and a problem arises, be sure to open the problem by adding a NCP and documenting as appropriate. All charting is in black ink. Signatures should be added to the flow sheets as you review them at the beginning of the shift.
LONG BEACH CITY COLLEGE
Associate Degree Nursing Program

ADN 235AL Maternal/Newborn Nursing Lab

CAMPUS LAB: Second Level Asepsis

BEHAVIORAL OBJECTIVES: The student will:

1. Prior to lab, review principles of Surgical Aseptic Technique (S.A.T.)
2. In lab, discuss the actions of the instructor who is demonstrating setting up a sterile field in the labor/delivery room.
3. Identify breaks in S.A.T.
4. Practice setting up the sterile field in lab or in skill lab.
5. Discuss the purpose and procedure for the perineal prep prior to delivery.
6. Utilize a sterile conscious whenever needed.

ASSIGNMENT:

Use notes from 11A/B and 12A/B
Smeltzer, et al, and Perry & Potter as needed
SKILL RE-ASSESSMENT: **Second Level Asepsis**

<table>
<thead>
<tr>
<th>CRITICAL ELEMENTS</th>
<th>Pass</th>
<th>Fail</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintains aseptic technique throughout procedure.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identifies sterility of package</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opens sterile package.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Places sterile equipment on sterile field.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pours liquid into sterile basin.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If contamination occurs, recognizes it and remedies it.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completes within 5 minutes.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

RETEST:
LONG BEACH CITY COLLEGE
Associate Degree Nursing Program

ADN 235AL Maternal/Newborn Nursing Lab

CAMPUS LAB: First Level Skill Re-assessment

BEHAVIORAL OBJECTIVES:

1. Prior to the lab, independently review lab content from previous courses.
2. Prior to the lab, practice with required equipment as necessary.
3. On day assigned for re-assessment bring all Skill Sheets to be re-assessed with your first and last name and date.
4. Come to lab prepared to demonstrate the critical elements of First Level Skills with 100% accuracy as follows:

   • Demonstrate the critical elements of Catheterization using mannequin as directed, within 10 minutes.
LONG BEACH CITY COLLEGE
Associate Degree Nursing Program
ADN 235AL – Maternal/Newborn Nursing Lab

SKILL RE-ASSESSMENT: **Urinary Catheterization**

Student (print) ______________________________ Date ________________
Evaluator ______________________________

<table>
<thead>
<tr>
<th>CRITICAL ELEMENTS</th>
<th>Pass</th>
<th>Fail</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maintain privacy.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Position and drape the patient.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. With an unsterile glove, locate the meatus.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Verbalize cleansing the vulvar area if necessary.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Set up equipment without contamination.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Apply gloves without contamination.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Clean meatus following aseptic principles.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Insert catheter into urinary bladder and maintain in place.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. State presence of urine flow prior to inflating balloon.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Maintain asepsis throughout procedure.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Complete all elements within 10 minutes or less.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

RETEST:

Date ______________ Evaluator ______________________________

24.1
LONG BEACH CITY COLLEGE
Associate Degree Nursing Program
ADN 235AL Maternal/Newborn Nursing Lab

CAMPUS LAB:  **Self Breast Exam**

BEHAVIORAL OBJECTIVES: SELF BREAST EXAM
1. Describe the rationale for regular breast examination.
2. Describe when and by whom the exam should be performed.

CRITICAL ELEMENTS:
1. Breasts are examined for contour, color, size and surface characteristics with client's arms at sides.
2. Placing hands on hips, press firmly and re-inspect.
3. Lying down, with a small towel under the same shoulder, palpate gently in a circular motion on the outer surfaces on the breast, followed by a second circle closer to the nipple.
4. The axilla are palpated.
5. The nipples are squeezed to determine presence of drainage.
6. The exam is done in a sequential fashion, using the palmar surfaces of the fingers. Both breast are done in the same manner.

HOW THESE SKILLS WILL BE LEARNED:
1. Discussion in lab.
2. Viewing of media materials in lab.
3. Reading assignments in Olds, et al, and Brunner as needed.
4. Practice on the model circulated during class and identify tumors.

TEACHER RESPONSIBILITIES:
1. Lead discussion, demonstrate as needed.
2. Serve as a resource.

STUDENT RESPONSIBILITIES:
1. Come to class prepared to observe/discuss.
2. Perform steps as directed by instructor.
3. Practice skill independently.
4. Begin to do routine SBE on self monthly.
5. Function as an advocate to clients; teach the importance of SBE and STE.

TESTING:
Material from this lab will be tested within the written portion of the course tests/quizzes.
After viewing the video, discuss the following

1. Individually complete the following for sharing; Person Heritage
   a. What is your heritage?
   b. What are the health traditions of your heritage?
   c. What cultural practices interacts with your health care beliefs?

2. Identify the definitions of:
   a. Melting pot
   b. Salad bowl

3. Discuss the benefits and challenges of having a culturally diverse staff in the health care environment

4. What can you do to increase your ability to provide culturally sensitive health care?
CAMPUS LAB: Conceptual Framework: Legal/Ethical Issues

BEHAVIORAL OBJECTIVES:
1. Describe the scope of maternity and women’s health nursing
2. Discuss contemporary issues and trends in maternity and women’s health nursing.
3. Discuss the legal issues in the delivery of nursing care.
4. Discuss the ethical issues in the delivery of nursing care.
5. Discuss how the nursing process interrelates with critical thinking, clinical decision-making, and problem solving.
6. Discuss how maintaining HIPPA regulations preserves the integrity of the patient.
7. Analyze how honesty and oath of confidentiality relate to students as they care for patients.
8. Discuss the impact of trends of Consumer Involvement, Self-care movement, and Focus on Health Care on contemporary childbirth and women’s health problems.
9. Review Dorothea Orem Self-Care concept from previous classes.
10. Discuss the use of Orem’s Self-Care relates to Women’s Health
11. Discuss Orem’s Developmental Self-Care Requisites as they relate to the promotion of normalcy for the pregnant patient, neonate, infant and women’s GYN health deviations.
12. Discuss how practicing in caring manner provides individualized care.
13. Discuss the value of acting as a patient advocate for patients.
15. Discuss standards of care as they relate to the nurse practice act.
16. Discuss relationship of how cost containment relates to nursing care.
17. Share how evidence-based practice is integrated into this class.

ASSIGNMENT:
Ricci & Kyle: See Index
Review notes from Previous Classes on Orem’s Conceptual Framework

28.0
CAMPUS LAB: Patient Education

BEHAVIORAL OBJECTIVES:

After today’s lab, the student will be able to:

1. Prior to class, define the following terminology: Affective learning, Cognitive learning, Psychomotor learning, reinforcement, and motivation.

2. Compare and contrast the nursing process with learning assessments, learning diagnosis, learning objectives, and learning outcomes. (Come to lab prepared to discuss and give an example of each).

3. Discuss 5 internal and external factors that may affect learning.

4. Prepare for lab to discuss information sheets in course syllabus:
   a. Statements about Learning
   b. Laws or Principles of Teaching

5. Compare and contrast learning needs of the adolescent and young adult learner.

6. Identify 5 essential principles of teaching.

7. Verify your patients in the clinical setting that exhibits a learning need.

8. Prepare a teaching plan to identified patient with a learning need that was approved by clinical instructor. (Include at least one visual aid with your presentation). Always start with an educative supportive nursing diagnosis, goal, and teaching interventions, with evaluation of the teaching.

ASSIGNMENTS:

Ricci & Kyle, See index
Information sheets:
   a. Statements About Learning
   b. Laws or Principles of Teaching
STATEMENTS ABOUT LEARNING WHICH THE MAJORITY OF LEARNING THEORISTS WOULD AGREE

1. In deciding who should learn what, the capacities of the learner are very important. Brighter people can learn things less bright ones cannot learn; in general, older children can learn more readily than younger ones; the decline of ability with age, in the adult years, depends upon what it is that is being learned.

2. A motivated learner acquires what he learns more readily than one who is not motivated. The relevant motives include both general and specific ones, for example, desire to learn, need for achievement (general), desire for a certain reward or to avoid a threatened punishment (specific).

3. Motivation that is too intense (especially pain, fear, anxiety) may be accompanied by distracting emotional states, so that excessive motivation may be less effective than moderate motivation for learning some kind of tasks, especially those involving difficult discriminations.

4. Learning under the control of reward is usually preferable to learning under control of punishment. Correspondingly, learning motivated by success is preferable to learning motivated by failure. Even though the theoretical issue is still unresolved, the practical outcome must take into account the social by-products, which tend to be more favorable under reward than under punishment.

5. Learning under intrinsic motivation is preferable to learning under extrinsic motivation.

6. Tolerance for failure is best taught through providing a backlog of success that compensates for experienced failure.

7. Individuals need practice in setting realistic goals for themselves, goals neither so low as to elicit little effort nor so high as to foreordain to failure. Realistic goal-setting leads to more satisfactory improvement than unrealistic goal-setting.

8. The personal history of the individual, for example, his reaction to authority, may hamper or enhance his ability to learn from a given teacher.

9. Active Participation by a learner is preferable to passive reception when learning, for example, from a lecture or a motion picture.

10. Meaningful materials and meaningful tasks are learned more readily than nonsense materials and more readily than tasks not understood by the learner.

11. There is no substitute for repetitive practice in the over learning of skills (for instance, the performance of a concert pianist), or in the memorization of unrelated facts that have to be automatic.

12. Information about the nature of a good performance; knowledge of his own mistakes; and knowledge of successful results; aid learning.

13. Transfer to new tasks will be better if, in learning, the learner can discover relationships for himself, and if he has experience during learning of applying the principles within a variety of tasks.

14. Spaced or distributed recalls are advantageous in fixing material that is to be long retained.

Ernest B. Hilgard
LAWS OR PRINCIPLES OF THE TEACHING - LEARNING PROCESS

1. People learn through their five senses: seeing, hearing, feeling, smelling and tasting.

2. Enhanced learning occurs when the objectives are understandable, attainable, and meaningful to the learner.

3. Learning is influenced by personal factors such as age, ability to learn, past experiences, personal satisfaction, culture and beliefs about health.

4. Learning takes place at various speeds: some students learn rapidly and others slowly.

5. Retention (remembering) in learning is increased when the knowledge is used or the skills are practiced soon after they are acquired.

6. When learning experiences are accompanied by satisfaction in the learner s (he) learns more quickly. Fear of failure and criticism or disapproval may discourage or stifle learning. Learner must be able to succeed.

7. Provision of stimulation and guidance by the teacher without paternalistic domination or coercion promotes learning.

8. Active involvement of the student in the learning activity results in motivation and maximal learning.

9. Learning is facilitated when the learner is accepted and respected as a person worth in a mutually trusting relationship without fear of criticism or ridicule. A warm, permissive and accepting teacher makes learning as easy as possible, according to individual needs.

10. Learning is facilitated when the student has knowledge of how well he is performing in a learning experience-recognition and praise.

11. If learning is to occur, practice cycles must be provided; if practice cycles are provided, learning will occur; a practice cycle includes: input, practice and feedback.

12. Students learn more when they perceive a need to learn and when they have a clear overview of the ideas planned for in the instructional scheme or course.

13. Learning is facilitated and perceived as a whole. The learner responds as a total integrating organism to the learning situation, his thinking, feeling and experiencing come into play.

14. Spaced or distributed learning activities are apt to result in lasting learning, as opposed to massed or crammed learning which may be short-lived.

15. The learning is increased when the learning activities are organized to reinforce each other.
16. There is no substitute for repetitive practice when manipulative or physical skills are being learned.

17. Learning is more effective when it is based on the learner's previous knowledge and experience.

18. The teacher's preconceived notions on what to expect from the student in amount of learning will affect the amount of learning that will occur either positively or negatively; prejudices, biases and stereotypes affect learning negatively.

19. Wanting to learn (motivation) is the greatest aid to learning. Readinesses, praise, success in learning, mild level of anxiety are factors that promote motivation. Fear may immobilize and block motivation.

20. The self concept of feeling of personal worth will have an effect on how much learning will occur.

21. Learning may be promoted by several arrangements of experiences in courses, units, or series of lessons. Arrange learning from:
   a. **Simple to complex.** Experiences where a few elementary concepts concerning a subject precede many or complicated concepts concerning it.
   b. **Concrete (tangible) to abstract.** Experiences providing sensory learning moving to experiences of solely theoretical content.
   c. **General to specific.** Experiences which present a learning unit without application; which move to experiences that apply the material to specific events.
   d. **Whole to parts.** Experiences in which the learning unit
   e. (as overview) is presented in its entirety first, followed by examination of the various parts of the unit, idea or concept.
GUIDELINES AND FORMAT FOR CASE STUDY

A. Policy for written work in the nursing program:
   1. Eight and 1/2” by 11” standard size white paper is to be used for all written assignments.
   2. All written assignments are to be typed or written legibly in ink on one side of the paper only.
   3. The following format is to be used for all written work.
      a. Title on the first page: type, double space and center the following information: Full title of the paper, students’ name, and school.
      b. All pages are to be numbered (including the title page)
      c. The text of the paper is to be **double-spaced**.
      d. Assignments of more than one page must be stapled together. The average length of the case study for third semester should be 8-10 pages.
      e. Each section of the case study is to be identified by a heading.
      f. References should be cited throughout the paper.
   4. Documentation style must be **APA** (American Psychological Association) except where otherwise directed by these guidelines (see Information on APA Style).

B. Select one of your assigned patients to present in the case study. Discuss the selection with your clinical teacher during the hospital day. The selected patient must be approved by your clinical teacher.

C. The case study will be submitted in writing to your clinical instructor and will be presented orally to your clinical group on an assigned day. A **visual aid** must be used for your presentation. See your clinical instructor for suggestions.

D. Format for the case study

   **Introduction title here**
   Include your introduction here. You may define your topic but do not include any anatomy, physiology or pathophysiology in the introduction. State the purpose of your paper.

   **Basic conditioning factors**
   Include all information from the top of your nursing care worksheet. Be sure to include the developmental level on a separate paragraph. Define the developmental level. Provide a rationale for why you think the patient has achieved or failed to achieve resolution of the appropriate Erickson’s developmental level using the definition of the developmental level. Don’t forget to cite your information.

   **Anatomy and Physiology of the involved organs**
   Include a brief statement about the structure and function of each of the involved organs. Include anatomy so it is easier to explain your patient’s pathology. This section is not to be copied verbatim from a textbook but is to be **paraphrased**, in your own words, from knowledge gained from biology and nursing textbooks. It is considered plagiarism if copied verbatim. Remember to cite all of your material.
Pathophysiology
This section must include general information including statistics regarding the incidence (how many patients have this condition/year) of the condition, predisposing and/or precipitating factors, and the most common causes of the selected pathophysiology. Describe what went wrong for your particular patient, the cause (if known), and any signs and symptoms that your patient exhibited. Briefly describe any surgical or procedures that were performed on your patient. Remember to cite all of your material.

Medical Orders
List the orders in effect for your patient when you were assigned to that patient.
1. Activity, diet, IV fluid replacement, drains, etc., as the MD wrote the orders.
2. List all medications as the MD wrote them: drug, dose, frequency, and route. Add the expected therapeutic effect upon your particular patient.
3. List the results of the major diagnostic tests/procedures, including labs tests and state how they contributed to the diagnosis.

Health Deviations (Two parts)
1. For each category of the Universal Self-Care Requisites, describe your patient’s health deviations that were caused by the illness (from the patient’s diagnosis). Use your care plan as a guide in describing any abnormal findings in each assessment area.
2. Describe your patient’s health deviations brought on by diagnostic test and/or treatments.

Nursing Diagnosis
Identify the PRIORITY nursing diagnosis (one) and the PRIORITY collaborative problem (one) with specific goals and interventions. Attach your nursing care plan that you made out for this patient on the assigned day. If your nursing care plan was unsatisfactory, redo the nursing care plan. Attach both nursing care plans with your paper.

Teaching Plan
Describe a teaching plan for this patient and/or the patient’s family. Follow the format as described in the Rubric.

References (this goes on its own page; level 1 Heading)
Include a list of references, with publication dates within 5 years. Use APA style.

Include and attach a copy of a NURSING RESEARCH that relates to the patient’s problems and was helpful in writing your case study. Use the Cumulative Index of Nursing and Allied Health Literature (CINAHL) in the college library or one of the health data bases to help you find appropriate articles. Proquest is an excellent data base.

The nursing article should not be an opinion piece or a report of a single case. The article must be a research article. Articles that cite nursing research are preferred. The article should be from a refereed journal. Refereed journal means that all articles are reviewed by peers before publication. The article MUST be referenced in the body of your paper at least once. The article must be approved by your clinical instructor prior to submitting the case study.
Recommended: Visit the LAC LBCC library. The library has health care databases, with many health care journal articles that are in full text on the database. For students who have Internet access at home, the reference librarian will give you the codes you need to access the databases at home.
INFORMATION ON APA STYLE

The American Psychological Association (APA) style of documentation differs from the Modern Language Association (MLA) style taught in the English composition courses at LBCC in English 1 and higher courses. The APA style, commonly used by the discipline of nursing, emphasizes the date of publication. Sources more than five years old are considered outdated, although there may be older sources with historical value (classics). APA maintains a Web site where up-to-date information is provided <www.apastyle.org/styletips.html>. The standard reference work of APA is Publication Manual of the American Psychological Association, (6th ed.) 2001. Washington DC: APA. Several useful style manuals are on sale in our bookstore.

The following information is very brief and intended to give examples to illustrate what is required for your case study and or coursework papers.

Title Page
- In the middle of the page, type, double space and center the following information: Full title of the paper, students’ name, and school.
- Student title pages are often modified to also include the course number and name, the instructor’s name and the due date.
- A good title is descriptive, clarifying both the topic and the perspective of the paper. APA recommends that titles be no more than 12 words long.

Format
- **Typeface:** Preferred font is Times New Roman and is in 12 point font.
- **Margins:** They are 1” all around. Right side of the paper should have ragged edges. Do not justify the right margin.
- **Double-space:** Double-space all parts of the paper except elements within tables and figures, which use single-spacing. This includes the title page, headings, quotations, and references.
- **Spacing:** Use two spaces after periods, question marks, and exclamation points. Use one space after commas, colons, and semicolons; periods with initials and between elements in citations.
- **Page Numbers:** Page numbers begin with the title page. The number should appear at least 1 inch from the right-hand edge of the paper.
- **Paragraphs:** The first line of every paragraph is to be indented five to seven spaces or ½ inch, use the tab key for consistency.
- **Abbreviations:** *APA prefers that authors use abbreviations sparingly.* A term to be abbreviated must, on its first appearance, be written out completely and followed immediately by its abbreviation in parentheses. Use the abbreviation thereafter. Example: American Psychological Association (APA).
Running Head: A running head is the abbreviated title at the top of all pages and is used primarily for a published article. It is not necessary for course work. (example below)

Running head: APA IS EASY

- **Preferred Spelling:** Merriam-Webster’s Collegiate Dictionary is the standard spelling reference. This dictionary is available online at the following URL: http://www.m-w.com/.

- **Heading:** There are five levels of headings used in APA; however, most papers will use only two or three levels. The heading structure for all sections follows the same top-down progression. Each section starts with the highest level of heading, even if one section may have fewer levels of subheading than another section. (See the examples below)
  
  - The main heading is centered and the initial letters of the main words are capitalized (Level 1).
  - The second level most commonly used (Level 2) is flush with the left margin and the initial letters of the main words are capitalized. No period is at the end. This level is bolded.
  - The third level used (Level 3 is indented. Only the initial letter of the first word is capitalized. This heading is bolded and ends with a period. The first sentence of the text starts immediately following the heading on the same line.

**Five Level Heading Example 1:**

<table>
<thead>
<tr>
<th>Centered, Boldface, Uppercase and Lowercase (Level 1)</th>
</tr>
</thead>
</table>

Flush Left, Boldface, Uppercase and Lowercase Heading (Level 2)

- **Indented, boldface, lowercase paragraph heading ending with a period.** (Level 3)

  *Indent, boldface, italicized, lowercase paragraph heading ending with a period.* (Level 4)

  *Indented, italicized, lowercase paragraph heading ending with a period.* (Level 5)

**Three-Level Heading Example 2:**

Health Deviations (Level 1)

Balance between solitude and social interaction (Level 2)

1. **Health deviation brought on by illness.** (Level 3) Mrs. H. had a high level of social interaction……

2. **Health deviation brought on by illness** (Level 3) Mrs. H. had a increase level of solitude due to……

30.4
• **Seriation:** To show seriation within a paragraph or sentence, use lower case letters (not italicized) in parenthesis. (example below)

  o Job satisfaction is increased when a nurse is provided with (a) therapeutic massage, (b) relaxation therapy, and (c) music therapy.

• Within a sentence, use commas to separate three or more elements that do not have internal commas; use semicolons to separate three or more elements that have internal commas. (example below)

  o We tested three groups: (a) low scorers, who scored fewer than 20 points; (b) moderate scorers, who scored between 20 and 50 points; and (c) high scorers, who scored more than 50 points.

• To show seriation of separate paragraphs, number each paragraph with an Arabic numeral, followed by a period but not enclosed in or followed by parentheses (example below).

In two-three pages answer the following questions:
1. Are the books suitable for infants/toddlers?
2. Are the books made from durable material?
3. Are the books action-oriented?
Alternately, you may use bulleted lists within a sentence to separate three or more elements. In these instances, capitalize and punctuate the list as if it were a complete sentence (example below). **Bullets** may be utilized in APA. Symbols such as small squares, circles, and so forth may be used in creating a bulleted list.

In accordance with this theory, these relations should be marked by

• equity, social justice, and equal opportunity;
• sensitivity to individual differences between………
• affirmative actions to correct ontogenetic………

**Text**

• Begin by typing the title of your paper and centering it.
• **Introduction:** Begin your paper with an introduction. It is placed right after the title of the paper. Because the introduction is clearly identified by its position in the paper, it is not labeled. In the introduction, the problem or topic is introduced and the purpose of the paper is stated.
• The next line should be indented five to seven spaces and begin your text.

• When beginning a new paragraph at the bottom of a page, there must be two complete lines of that paragraph. In not, move the first line to the top of the next page.
• A heading or subheading at the bottom of a page must have a least two full lines of text below it. Otherwise, the subheading should begin on the next page.
• Capitalize the first letter on formal names of tests, conditions & major words, in headings, titles, and subtitles.
• Capitalize the first word after a comma or colon if, and only if, it begins a complete sentence. For example “This is a complete sentence, so it is capitalized.” As a counter example, “no capitalization here”
• Spell out common fractions and common expressions (one-half, Fourth of July).
• The general rule is to use numerals to express numbers 10 and above and words to express numbers below 10. In addition use figures to express numbers below 10 that are grouped for comparison with numbers 10 and above (2 out of the 10 tests). Use words if a number begins a sentence, title, or text heading. (Whenever possible, reword the sentence to avoid beginning with a number.)
• For student papers figures, tables may be incorporated at the appropriate point in the text as a convenience to readers. Single spacing can be used for table titles and headings. Single space within the table.
• Use italics, not underlining, in all parts of your paper.

Citations
• References are either quoted directly or indirectly (summarized or paraphrased).
• Always provide author, year, and page number for all direct quotes.
• Direct quotes less than 40 words (approximately four lines) are included within the paragraph and enclosed with double quotation marks. (Examples below)


  Direct quotes longer than 40 words, display it in a freestanding block of text and omit the quotation marks. Start the block quotation on a new line and indent the block about a half inch from the left margin.

• All indirect quotes should include author, date format to cite references in text. No page number’s are to be used.

  Example: Smeltzer & Bare (2008) stated that joint replacement patients may have severe joint pain and disability.

  Early onset results in a more persistent and severe course (Kessler, 2006).

If the name of the author appears as part of the narrative, as in the first example, cite only the year of publication in parentheses. Otherwise, place both the name and the year, separated by a comma, in parentheses (as in the second example). Include only the year in the text citation.
• When citing work that has two authors, cite both names every time the reference occurs in text.
It is considered **PLAGIARISM** if credit for ideas, quotations and concepts taken from another source are not identified. So all indirect quotes should be summarized or paraphrased and should include the author, and date in parenthesis. Direct quotes should be enclosed with double quotation marks and include author, date and page number.

When a work has two authors, cite both names every time the reference occurs in the text. When a work has three, four, or five authors, cite all authors the first time the reference occurs; in subsequent citation, include only the surname of the first author followed by et al. (not italicized and with a period after al.) and the year if it is the first citation of the reference within a paragraph. (example below)

Kisangau, Lyaruu, Hosea, and Joseph (2007) found [Use as first citation in text.]

Kisangau et al. (2007) found [Use as subsequent first citation per paragraph thereafter.]

When a work has six or more authors, cite only the surname of the first author followed by et al. (not italicized and with a period after al.) and the year for the first and subsequent citations.

Janet, P. et al. (2009) noted…..

**References**

- Begin on a new page and type the word References and **center it** (upper/lower case).
- **Alphabetize entries by surname of the first author listed on the textbook or journal.**
- **Put a period after each section of a citation (see examples); put one space after punctuation separating parts of the reference citation.**
- Use the hanging indent for reference lists. Start the first line of each reference at the left margin; indent subsequent lines of each entry five to seven spaces.
- Capitalize the first word of the title and of any subtitle of an article, chapter or book; second and succeeding words are not capitalized unless they are proper nouns.
- All major words of journal titles should be capitalized.
- Use *italics* for titles of books, articles, statistical symbols, and volume numbers in reference lists.
- If your references take up more than one page simply continue your listings with the first line on the next page.
- Double space the reference page.
- Double-space the reference list, within each citation and between references
- **DO NOT** number the reference list.
- Do not use titles for textbooks or articles as a heading just alphabetize entries by author’s last name
Entire Textbook:
Textbooks should include surnames and initials for up to and including seven authors. When authors number eight or more, include the first six authors’ names, then insert three ellipsis points, and add the last author’s name. (example of three authors below)


Key:
1 author (last name, first and middle initial) 2 year of publication 3 title 4 place of publication

In-text citation (Pender, Murdaugh & Parson, 2008)

Chapter in a book or entry in a reference book: (print version)


Note: up to six authors or editors should be listed. After the sixth author, use a comma and the words et al. An ampersand is used with two or more authors. Use an ampersand before the final surname, and use commas to separate the names)

Periodicals:
Periodicals include items published on a regular basis such as journals, magazines, newspapers, and newsletters.
- Include the digital object identifier (DOI) in the reference if one is assigned.
- If no DOI is assigned include the home page URL in the reference. Use this format: Retrieved from http://xxxxxxx
- When a reference has up to seven authors, spell out all authors’ names in the reference list.

One Author.


30.8
Key:

1 author (last name, first and middle initial)  2 year of publication  3 article title  4 journal title (in italics)  5 volume  6 issue number  7 page numbers or indicator of length  8 digital object identifier

In-text citation (Mores, 2010)
Note: There is no space between volume and the issue number. For magazine articles (element 2), include complete date (2002, October 28). For journal articles, give year only.

Two Authors. (use an ampersand between author’s surnames and do not use commas to separate names)


Greater than seven authors. Now only list up to and including seven authors. When there are eight or more authors, the eighth and subsequent authors are abbreviated as et al. With three or more names, use an ampersand before the final surname, and use commas to separate the names


Electronic references. Includes, the date the information was retrieved, along with the name and/or address of the source.

Professional Website or Information Database (an example).

1  2  3

Key:

1 web site name  2 date (n.d. indicates no date)  3 document title  4 electronic address

30.9
Website example with author.


Classical Adlerian Psychology website: http://ourworld.compuserve.com

An Article in an Online Journal


An Article in a Journal


Key:
1 author 2 year 3 article title 4 journal title 5 volume(issue) 6 page numbers 7 access date

Key:
1 author 2 year 3 article title 4 journal title 5 volume(issue) 6 page numbers
## GRADING CRITERIA FOR CASE STUDY

Attach this page to the back of your case study

Student Name __________________________________________ Date __________

<table>
<thead>
<tr>
<th>ITEM TO BE EVALUATED</th>
<th>Correct</th>
<th>Not Correct</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assignment is typed, word processed on one side of 8 1/2” by 11” white paper.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Student’s name, date and clinical instructor’s name in the center of the title page.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>√ Title on first page (not in bold)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>√ All pages are numbered</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>√ Pages are stapled together</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>√ Each section of the case study is identified by its title (Level 1 heading)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>√ Heading and title are APA.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. The format and content is college level.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>√ Documentation style is APA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>√ Double space the entire paper</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>√ Paragraphs are organized and logical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>√ Sentences are complete and grammatically correct</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>√ Spelling is correct</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>√ Reference source of the information is cited throughout paper.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. The patient selected was approved by the clinical teacher.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. A visual aid was utilized in the oral presentation.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Basic Conditioning Factors included all information.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. The Physiology (function) of the involved organs is brief and accurate.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Pathophysiology of the patient’s health deviations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>√ Statistics regarding incidence is given</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>√ Description of what went wrong and why</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>√ Predisposing and/or precipitating factors are listed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>√ Signs and symptoms were accurately described</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>√ The disease process is related to the surgical treatment, if any</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ITEM TO BE EVALUATED</td>
<td>Correct</td>
<td>Not Correct</td>
<td>Comments</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------</td>
<td>---------</td>
<td>-------------</td>
<td>----------</td>
</tr>
<tr>
<td>9. Medical orders in effect</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>√ Medications are listed along with expected therapeutic effects.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>√ Diagnostic tests/procedures are listed with an explanation of how the test was effective in contributing to the diagnosis.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Health Deviations caused or associated with the childbearing process/gynecological condition is identified accurately.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>√ HD associated with the diagnostic tests or treatments are identified.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>√ The effect of the health deviations upon universal self-care requisites is explained.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Assign a priority Nursing Diagnoses relevant to the case.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>√ The listed collaborative problems are relevant to the case.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>√ Goals are specific for the patient and the nursing diagnosis or collaborative problem.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>√ Interventions are specific for the patient and the nursing diagnosis or collaborative problem.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. The revised nursing care plan is attached.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. The teaching plan is relevant to the patient’s problems:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>√ The teaching plan is appropriate to the patient’s family or support system.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>√ Begins with the Educative Supportive Diagnosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>√ Goals meet SMART criteria</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>√ Interventions are appropriate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>√ Evaluation of teaching is evident</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Developmental Self Care Requisites</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>√ Identify Erikson’s Developmental Level</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>√ Rationale for the selected Erickson’s developmental level was reasonable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>√ Identify special needs brought on by the child bearing process/Gynecological condition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. The list of references is included.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>√ On a separate, last page</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>√ In APA style (<strong>use the APA guide in the syllabus</strong>)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. A copy of a <strong>nursing article</strong> is attached.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>√ The article is related to nursing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>√ The article is related to the patient’s problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>√ The article is evidence based</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>√ The article is from a nursing research journal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>√ The article was cited once in the body of the paper</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Format for the Oral Presentation of Case Study

Oral presentations of your case study to your peers and instructors are major step in demonstrating your ability to integrate theory to clinical involving critical thinking, oral communication skills, problem solving, and clinical decision making with selected patients. In presenting your case study, you MUST show the ability to discuss your case in the following format:

1. Poster board/ handouts or power point presentation of key outlined areas.
2. When using power point presentation, the entire content of case study cannot be shown.
3. ABSOLUTELY, no reading of case study will be permitted.
4. BE CREATIVE, MAKE IT INTERESTING.
5. Each student will be allowed 10 minutes for presentation.

When you present, please discuss the following areas:

1. Basic conditioning factors
2. Pathophysiology of the patient’s health deviations (Visual aid)
3. Description of what went wrong and why
4. Predisposing and/or precipitating factors showing correlation
5. Correlation of Pathophysiology
6. Surgical procedure, if any, briefly described
7. Medical Orders
   a. Medications listed along with expect therapeutic effect.
   b. Diagnostic test with an explanation of normal and abnormal values and how they relate to disease process.
8. Appropriate Nursing Diagnoses relevant to the case.
   a. Nursing Diagnosis and Collaborative problem relevant to the case
   b. Goals are specific for the patient and the nursing diagnosis or collaborative problem.
   c. Interventions are specific for the patient.
9. Teaching plan is relevant to the patient’s family, or support system educative need
   a. Educative supportive diagnosis evident
   b. Goal meets SMART criteria
   c. Interventions are appropriate
   d. Evaluation of the teaching shared
10. Developmental Self Care Requisites
    a. Identify Erikson’s Developmental Level
    b. Rationale for the selected Erickson’s Developmental Level shared
    c. Special needs brought on by the child bearing process/Gynecological condition shared

Submit written case study meeting specific requirements to assigned instructor by the specified due date listed on the weekly schedule.

30.13
LONG BEACH CITY COLLEGE
Associate Degree Program
ADN 235AL Maternal/Newborn Nursing
STUDENT CLINICAL EVALUATION

Student Name _______________________________________________ Dates of Course ______________________________

Theory: _______%, Course Letter Grade: _______
Overall Clinical Rating: ( ) Satisfactory, ( ) Marginal, ( ) Unsatisfactory

Rotation Dates:_________________________
Clinical Agency: ____________________________
Clinical Absences:_______ Tardies: ___________
Lab Absences:___________ Tardies: ___________

Introduction:
The student is expected to satisfactorily participate as a member of the clinical team; to complete all assigned course outcomes while safely, effectively, and consistently using acceptable principles of client care.

Directions:
Both the student and instructor will evaluate each student’s performance. The student evaluates self in the indicated column. If the instructor agrees, no additional mark will be made. If the instructor’s evaluation differs with that of the student, the instructor will circle the student’s mark and initial. The instructor will then mark the column indicating the evaluation of the student.

Criteria:
--Overall Satisfactory Rating
At the end of the course, each student is expected to receive a satisfactory rating on 75% or more of the clinical days to receive a passing grade.

--Overall Clinical Marginal Rating
An overall clinical marginal rating may be based on one overriding area of safety or on a group of behaviors that have been identified as “Marginal” (Must Improve) in 50% to 74% of the behavioral objectives for the course.

--Unsatisfactory Clinical Rating
An unsatisfactory clinical rating will be given for clinical practice whenever the student receives a second Overall Clinical Marginal Evaluation, or whenever the student demonstrates unsafe clinical practice, i.e., patient safety or welfare is compromised, or meets less than 50% of the behavioral objectives for the course. See Student Handbook for explanation of process and options.

Criteria Definition:
- A check in the S (Satisfactory) column indicates that 75% or more of the time, the student demonstrated appropriate behavior, knowledge, and skills consistent with the current level of student experience.

- A check in the M (Marginal) column indicates that 50% to 74% of the time, student behavior does not meet the expected objective(s). Documented comments should clarify the problem area(s).

- A check in the U (Unsatisfactory) column indicates that the student met their objectives less than 50% of the time, and that behavior is below the acceptable level of performance. A behavior compromising the safety of the client will result in an unsatisfactory evaluation. Unsatisfactory areas will be documented in the appropriate section(s) on the evaluation.

- A check in the N (Not Applicable, or not observed) column indicates that the behavior was not evaluated.

31.0
Clinical Outcomes:
At the completion of this course the student will satisfactorily complete the following clinical outcomes utilizing the nursing process.

<table>
<thead>
<tr>
<th>I. Professional Behaviors</th>
<th>S &gt; 75%</th>
<th>M 50-74%</th>
<th>U &lt; 50%</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Practices within the ethical, legal, and regulatory frameworks of nursing and standards of professional nursing practice in the maternal/newborn course.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Attendance - follows student handbook policy.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Promptness - on duty on time, returns on time from break.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Appearance - follows dress code. Refer to student handbook.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Provides up-to-date Health and Safety requirements.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Upholds the Honesty Policy.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Independently meets Clinical agency requirements.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Reports unsafe practices to instructor and co-assigned licensed personnel using appropriate channels of communication as soon as possible.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Demonstrates accountability for nursing care according to standards of nursing practice.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Preparation - comes with proper materials and written preparation to perform assigned role.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Independently advocates for patient rights.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Initiates questions and concerns relating to patient care to instructor and licensed personnel.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Maintains organizational and patient confidentiality.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Abides by HIPPA Standards.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Practices within the parameters of individual knowledge and experience based upon the theory of Women's Health.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Performs with composure during stressful situations.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Recognizes own stress level and alters coping strategies to decrease stress.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Requests supervision when needed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Develops an awareness of political processes as they affect agency specific healthcare.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Serves as a positive role model.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Maintains a professional and collegial relationship with the healthcare team and instructor.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Recognizes the social, economic, political and demographic forces on the delivery of healthcare to the maternal/newborn patient.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Independently develops and implements a plan to identify and meet self learning needs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Modifies behavior in response to constructive criticism and suggestions in a professional manner.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Shows initiative in meeting learning needs by seeking and completing clinical requirements.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Formulates and critically evaluates own clinical behavioral objective daily.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Delineates and maintains appropriate professional boundaries in nurse-patient relationships.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### II. Communication

<table>
<thead>
<tr>
<th></th>
<th>S &gt; 75%</th>
<th>M 50-74%</th>
<th>U &lt; 50%</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Utilizes interpersonal/therapeutic communication skills when interacting with maternal/newborn patients and significant support person(s).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Communicates relevant, accurate, and complete information in a concise and clear manner.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Communicates clearly in English both verbally and written.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Independently demonstrates assertiveness with members of the multidisciplinary healthcare team.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Agency charting and nursing notes are relevant, accurate, complete, and clear.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Reports and documents assessments and interventions and progress toward patient outcomes.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Documents on-time and according to LBCC and agency policy and guidelines.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Utilizes appropriate channels of communication to achieve positive patient outcomes.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Identifies self as caregiver and delineates responsibilities to the co-assigned licensed personnel and staff at the beginning of the shift.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Receives complete patient report from licensed personnel.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Uses a variety of communication techniques that fosters rapport with the healthcare team.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Demonstrates recognition of the need to consult with support personnel such as pharmacist, nutritionist and case managers.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Maintains communication with group leader by giving a thorough report and updating the group leader as needed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Utilizes information technology to support and communicate the planning and provision of patient care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Formulates a Case Study on a maternal/newborn patient as per grading criteria.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### III. Assessment

<table>
<thead>
<tr>
<th></th>
<th>S &gt; 75%</th>
<th>M 50-74%</th>
<th>U &lt; 50%</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Utilizes Dorothea Orem's Model to establish each maternal/newborn patient’s database</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Completes a thorough physical assessment as taught to date prior to patient care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Collects and validates additional data pertinent to the maternal/newborn patient’s condition to determine deficits in the USCR.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assesses the impact of developmental, emotional, cultural, religious, and spiritual influences on the health status of maternal/newborn patients.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Accurately identifies Erikson's developmental level.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Basic conditioning factors are identified.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Basic conditioning factors are used to support nursing diagnoses and collaborative problems.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Assesses the maternal/newborn patient's health status by completing a health history or by performing a physical, cognitive, psychosocial, and functional assessment.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Recognizes the educational needs of the maternal/newborn patient and significant person(s).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Documents educational needs in the patient's chart and plan of care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Assesses the maternal/newborn patient's response to actual and potential health problems.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Accurately completes the health deviations section of the nursing plan of care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Assesses the maternal/newborn patient's response to interventions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Assesses the maternal/newborn patient for changes in health status and identified needs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Assesses the environment for factors that may impact the maternal/newborn patient’s health status.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Demonstrates awareness of the influence of the community on the patient's strengths, resources, and needs on the nursing plan of care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
IV. Clinical Decision Making

<table>
<thead>
<tr>
<th></th>
<th>S &gt; 75%</th>
<th>M 50-74%</th>
<th>U &lt; 50%</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Makes timely clinical judgments to ensure accurate and safe care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Uses appropriate clinical judgment in prioritizing nursing care for the</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal/newborn patient.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Uses clinical judgment in medication administration decisions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Analyzes and utilizes assessment and reassessment data to plan care in the</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal/newborn patient.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Consistently incorporates assessment and reassessment skills to plan care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Makes own patient assignment and posts as directed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Independently formulates an individualized plan of care to meet each</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal/newborn patient's outcomes.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Selects appropriate nursing diagnoses and collaborative problems for each patient.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Accurately prioritizes nursing diagnoses and collaborative problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Supports diagnoses with defining characteristics.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Identifies goals.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i). Formulates specific, measurable, attainable and realistic goals within a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>time frame that correlate with nursing diagnoses (SMART).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(ii). Formulates a nurse oriented goal that correlates with the collaborative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>problem.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Identifies interventions appropriate to achieve goals for each</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>nursing diagnosis and collaborative problem.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. submits completed plans of care 1 ½ hours after receiving report.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. On the designated day submits satisfactory labor and delivery prototype</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>prototype plans of care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Utilizes critical thinking throughout the nursing process in providing care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Demonstrates accurate rationale in performing care and administering medications.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Correlates pathophysiology with medications, and relevant laboratory values.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Evaluate the effectiveness of care provided in meeting patient outcomes.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Identifies and modifies factors that hinder goal achievement.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Identifies desired outcomes versus actual outcomes achieved.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Reviews and modifies plans of care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Utilizes evidence-based information to support clinical decision-making.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Incorporates current Women's Health theory content and refers to previously</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>learned material.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Incorporates current literature in preparation for clinical practice.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
V. Caring Interventions

1. Protects and promotes the high-risk antepartum, postpartum, newborn and GYN patient's dignity.
   a. Provides for privacy at all times.

2. Demonstrates active caring behavior towards the maternal/newborn patient, significant support person(s), peers, and other members of the health care team.
   a. Treats patient with respect.
   b. Shows interest in patient's needs and responds in a positive manner to the patient's questions and concerns.

3. Provides accurate and safe nursing care in diverse settings when caring for Maternal/newborn patients.
   a. Demonstrates continuing progress in mastering previously learned skills.
   b. Performs newly learned skills with minimal assistance.

4. Implements the prescribed care regimen within the legal, ethical, and regulatory framework of nursing practice for the maternal/newborn patient.
   a. Informs the instructor immediately of deficits in patient care.
   b. Administers medications to assigned patients each clinical day.
      (i). Prepares for safe drug administration by completing the drug/intravenous worksheet.
      (ii). Administers medications with 100% accuracy and monitors drug regimen.
      (iii). Administers intermittent intravenous medication with supervision.
   c. Manages intravenous fluid therapy with supervision.
   d. Completes total patient care on patients as defined below:
      (i). Three high-risk antepartum patients
      (ii). Three-Four GYN patients
      (iii). Four postpartum patients (2 mother/baby couplets)
      (iv). Assigned group of newborn patients

5. Provides a safe physical and psychosocial environment for the maternal/newborn patient.

6. Supports the maternal/newborn patient and significant support person(s) during stressful events and changes in health status.

7. Assists the maternal/newborn patient to achieve optimum comfort and functioning.

8. Prepares the maternal/newborn patient and significant support person(s) for intervention and treatment modalities.

9. Supports the maternal/newborn patient and significant support person(s) when making healthcare and end-of-life decisions.
   a. Utilizes empathetic active listening techniques.

10. Adapts care in consideration of the maternal/newborn patient’s values, customs, culture and/or habits and self-care in the local area.
### VI. Teaching and Learning

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>S &gt; 75%</th>
<th>M 50-74%</th>
<th>U &lt; 50%</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Develops an individualized teaching plan of the maternal/newborn patient.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Identifies patient learning needs and evaluates the need for further information.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Submits a satisfactory teaching plan as part of the case study.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Provides the maternal/newborn patient and significant support person(s) with accurate information to make choices regarding health.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Teaches the maternal/newborn patient and significant support person(s) with accurate information and skills needed to achieve desired goals.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Evaluates the progress of the maternal/newborn patient and significant support person(s) toward achievement of desired goals.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Modifies the teaching plan based on evaluation of progress toward meeting identified learning outcomes for the maternal/newborn patient.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### VII. Collaboration

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>S &gt; 75%</th>
<th>M 50-74%</th>
<th>U &lt; 50%</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Works cooperatively with the healthcare team to achieve patient and organizational outcomes.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Functions in the role of group leader as per syllabus guidelines.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Collaborates with the patient, staff members, fellow students and instructor to evaluate patient outcomes.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Interacts creatively and openly with others to achieve patient goals and outcomes.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### VIII. Managing Care

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>S &gt; 75%</th>
<th>M 50-74%</th>
<th>U &lt; 50%</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Establishes priorities in the care of the maternal/newborn patient.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Coordinates the implementation of an individualized plan of care for the maternal/newborn patient and significant support person(s).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Demonstrates time management and organizational skills needed to complete a three to four patient clinical assignment.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Arrives to post-conference on time.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Facilitates the continuity of care within the Women's healthcare setting.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Delegates aspects of patient care to qualified personnel under the direction of the instructor.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Adapts the provision of patient care to the changing Women's healthcare settings.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Assists the patient and significant support person(s) to access available resources services.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Demonstrates awareness of the case management role and other support resources available.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Implement appropriate nursing strategies to provide cost efficient care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Demonstrates competence with current technologies as oriented.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

31.5