Review Calculations related to medications and IV drips, Basic Safety and Infection Control, National Patient Safety Goals, Pain Management, and Blood Administration.

Review assessment, interventions, monitoring, and care for conditions commonly encountered in labor and delivery nursing, including:

- Abruptio placenta, signs and symptoms, nursing action
- Apgar scoring, given a description of a newborn
- Criteria for documenting nonreactive stress test
- Possible abuse, communication with patient
- Blood transfusion reaction
- Hemorrhage, Post-C-section, signs and symptoms, nursing action
- HELLP syndrome, signs and symptoms, epigastric pain, 3 beats of clonus
- Intra-amniotic infection: earliest sign, fetal and/or maternal tachycardia
- Nonresponsive newborn after initial measures, neonatal resuscitation: bag and mask ventilation, reassess hear rate, anticipate chest compressions for HR less than 60 bpm.
- Prodromal labor, non-reassuring FHR pattern, notify provider, anticipate admitting
- Pain assessment, patient’s perception of pain
- Perineal laceration, treatment: ice to perineum, stool softener as ordered
- Possible abuse
- PROM, signs of intra-amniotic infection
- Primigravida, motor vehicle crash, assess for vaginal bleeding and put on fetal monitor
- Ineffective pushing due to epidural, prepare for a vacuum delivery
- Shoulder dystocia, assisting in delivery, McRobert’s maneuver
- No urination 6 hours post-delivery, nursing action: palpate bladder, straight cath if needed
Review action, preparation, monitoring, and precautions related to medications commonly used in labor and delivery, such as

- Antibiotic prophylaxis intrapartum, indication: ROM for more than 18 hours with unknown GBS status
- Anti-retroviral therapy for HIV positive patient
- Betamethasone, risk for hyperglycemia and ketoacidosis
- Butorphanol (Stadol®), mL calculation for mg dose
- Calcium gluconate to reverse magnesium sulfate
- Corticosteroids while delaying delivery preterm infant, purpose: to accelerate lung maturity
- Ephedrine for hypotension during continuous epidural analgesia
- Continuous epidural analgesia w/ BP decrease, position in left lateral and administer a fluid bolus
- Insulin sliding scale
- IV drip rate calculation, drops/minute
- Magnesium sulfate, mL calculation for g dose; mL/hr for continuous infusion g dose
- Methylergonovine (Methergine®), hold for increased BP
- Nalbuphine hydrochloride (Nubane®) toxicity
- Naloxone (Narcan®), to reverse nalbuphine hydrochloride (Nubane®)
- Oxytocin (Pitocin®), contraindicated in fetal distress, EFM monitoring
- Terbutaline (Brethine®), adverse effects; risk of hyperglycemia

Review EFM tracing, parameters, interpretation, nursing action, and documentation including

- 8 different EFM tracings:
  - 2 asks for interpretation only
  - 5 include both interpretation and action
  - 1 includes interpretation and documentation
- Accelerations, definition
- Baseline, definition
• Early decelerations, definition
• Fetal bradycardia, definition
• Criteria reactive non-stress test
• Pathological sinusoidal baseline rhythm, characteristics
• Prolonged decelerations, characteristics
• Tracing interpretation, late decelerations, no accelerations, non-reassuring
• Tracing interpretation, reactive and reassuring
• Tracing documentation, unable to assess variability due to undetermined baseline
• Tracing interpretation, poor tracing, nursing action
• Tracing interpretation, emergent situation during augmentation, nursing action
• Tracing interpretation, late decelerations during augmentation, nursing action
• Tracing interpretation, uterine hyperstimulation during augmentation, nursing action
• Tracing interpretation, D/C oxytocin, increase IV fluids, position on left side, contact provider

Review principles and practices of **communication with patients and family**, including

• Communicating need for C-section due to failure to progress
• Questioning oxytocin order with provider due to late decelerations
• Communicating in potential abuse situation
• Terbutaline (Brethine®), adverse effects to expect: fluttering heartbeat, fluttering sensation

• Some patient teaching questions and nursing action questions include actions and adverse effects of medications

Review **documentation** requirements, including

• Pain
• Reactive non-stress test, criteria
• EFM tracing, unable to assess variability due to undetermined baseline; No accelerations; Prolonged deceleration; Non-reactive: Non-reassuring.
Review **safety and infection** prevention, including

- Mother w/MRSA not critically ill, baby stays in mother’s room

Review **calculations**, including

- Medication protocols
- Sliding scale
- mL per dose for order in grams or milligrams
- IV drip dosage calculations
- IV drip rate, calculating drops per minute