



**COURSE OUTLINE**

**RNSG 2208 / 2261**

**MATERNAL/NEWBORN AND WOMEN'S HEALTH**

**FALL 2010**



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**FALL 2009**

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**ANGELO STATE UNIVERSITY  
DEPARTMENT OF NURSING  
RNSG 2208 – MATERNAL/NEWBORN AND WOMEN’S HEALTH  
FALL 2010**

**COURSE NUMBER:** RNSG 2208 (2-0-0)  
**COURSE TITLE:** Maternal/Newborn and Women’s Health  
**COURSE LEVEL:** Introductory

**FACULTY:**

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**COURSE DESCRIPTION:**

Study of concepts related to the provision of nursing care for normal childbearing families and those at risk, as well as women’s health issues; competency in knowledge, judgment, skill, and professional values within a legal/ethical framework, including a focus on normal and high-risk needs for the childbearing family during the preconception, prenatal, intrapartum, neonatal, and postpartum periods; and consideration of selected issues in women’s health.

**COURSE PREREQUISITES:**

Biology 2411, RNSG 2213, RNSG 1163

**COURSE COREQUISITES:**

RNSG 2261, 2221

**COURSE OVERVIEW:** The focus of this course is the provision of nursing care for normal childbearing families and those at risk, as well as women’s health issues; Emphasis is placed on the wellness aspect of the birth process, and on nursing care of women’s health issues. Major concepts include pathophysiology, nursing interventions and treatment for perinatal women’s health disorders. Students gain theory content

with both well and ill pregnant mothers, newborns, and selected issues in women's health.

- COURSE OBJECTIVES:**
1. Learning fundamental principles, generalizations, or theories.
  2. Learning to apply course material (to improve thinking, problem solving, and decisions).
  3. Acquiring skills in working with others as a member of a team.

**LEARNING OUTCOMES:**

Examine the three roles of the associate-degree nurse in the obstetric and women's health setting; and utilize a systematic problem-solving approach and critical thinking skills when providing maternal/newborn and women's health nursing care.

**COURSE OUTCOMES:**

**As PROVIDER OF CARE, the student will have the opportunity to:**

1. Integrate theoretical and practical knowledge from nursing, physical, and behavioral sciences into maternal/newborn and women's health the nursing care.
2. Correlate the nursing process in implementing and evaluating care for women's health and maternal/newborn families.
3. Incorporate rules and regulations of the Nursing Practice Act as they relate to implementation and evaluation of the nursing process.
4. Relate aspects unique to the individual client, such as: age, culture, emotional and mental development to implement and evaluate care for women's health and maternal/newborn families.

**As COORDINATOR OF CARE, the student will have the opportunity to:**

1. Relate the communication process and its relationship to maternal/newborn and women's health issues..
2. Collaborate with other health care providers and clients and their families to provide care for maternal/newborn and women's health issues.

**As MEMBER OF A PROFESSION, the student will have the opportunity to:**

1. Demonstrate accountability and responsibility for the quality of nursing care provided for families with maternal/newborn and women's health issues.
2. Relate behaviors of client advocacy to own professional practice.

**COURSE REQUIREMENTS:**

1. Maintain a classroom grade of "70" or better for sequential progression in nursing courses and have an overall GPA of 2.0 or better for courses taken at ASU (Including transfer courses).
2. Attend class on a regular basis. Class attendance is required. Attendance is checked and excessive absences may jeopardize achievement of course objectives. Online lessons and quizzes must be completed with 100%. If they are not, the student is considered absent. Every lecture missed after a week of absences (2 lectures) will result in the lowering of the course grade by 2 pts. per lecture. (See Nursing Student Handbook, re: Absences & Policy on Exam Make-up)

3. Submit all assignments, or other requested work by the posted deadlines. Students are responsible for making arrangements to make-up and/or submit late work. Failure to complete required assignments will result in a failing grade.
4. Take responsibility for the information provided through announcements made during class time and/or posted in designated locations.

## REQUIRED TEXTBOOKS & MATERIALS:

Davidson, M., London M. & Ladewig P. (2008). *Olds' Maternal-Newborn Nursing and Women's Health Across the Lifespan* (8<sup>th</sup> ed.). Upper Saddle, New Jersey : Pearson Education, Inc.

Davidson, M., London M. & Ladewig P. (2008). *Clinical Handbook for Olds' Maternal-Newborn Nursing and Women's Health Across the Lifespan* (8<sup>th</sup> ed.). Upper Saddle, New Jersey : Pearson Education, Inc.

Davidson, M., London M. & Ladewig P. (2008). *Workbook for Olds' Maternal-Newborn Nursing and Women's Health Across the Lifespan* (8<sup>th</sup> ed.). Upper Saddle, New Jersey : Pearson Education, Inc.

American Psychological Association. (2009). *Publication manual of the American Psychological Association* (6<sup>th</sup> ed.). Washington DC: American Psychological Association

## OPTIONAL TEXTBOOKS:

- Drug Guide of choice
- Medical Dictionary of your choice
- Nursing Laboratory Diagnostics of your choice
- Nursing Study Guide of your choice

## GRADING SYSTEMS:

The grading system used in this course RNSG 2208 is:  
A, B, C, D, F, NC (no credit)\*, W

\*Note: RNSG 2208 & RNSG 2261 must be successfully completed simultaneously to receive credit in either course and progress.

### Grading System:

100-90	=	A
89-80	=	B
79-70	=	C
69-60	=	D
59-0	=	F

## EVALUATION METHODS:

Students must have a passing grade of 70 or more on their course average in order to progress to the next nursing course.

### Percentage of Total Grade

Unit Examinations (3)	60%
Final Examination	25%
Evidence Based Poster	10%
ATI Proctored Assessment	<u>5%</u>
TOTAL	100%

*Student conferences with instructor are required when receiving an examination grade 75% or below and when having an average 75% or below.*



*The teaching team reserves the right to make additional or alternative assignments in order to meet the needs of an individual student or a particular class.*

**ASU ACADEMIC HONESTY POLICY:** “Angelo State University expects its students to maintain complete honesty and integrity in their academic pursuits.” (ASU Honor Code, Student Handbook)

- STUDENTS WITH DISABILITIES:**
1. Angelo State University is committed to the principle that no qualified individual with a disability shall, on the basis of disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of the university, or be subjected to discrimination by the university, as provided by the Americans with Disabilities Act of 1990 (ADA), the Americans with Disabilities Act Amendments Act of 2008 (ADAAA), and subsequent legislation.
  2. Student Contact: The Student Life Office is the designated campus department charged with the responsibility of reviewing and authorizing requests for reasonable accommodations based on a disability, and it is the student’s responsibility to initiate such a request by contacting the Student Life Office, room 112 University Center, at 325-942-2191, or 325-942-2126, (TDD/Fax) or by email, [Student.life@angelo.edu](mailto:Student.life@angelo.edu) to begin the process.
  3. Upon notification from the Student Life office, the instructors with collectively meet and consider individual requests.

**ATTENDANCE:** Class attendance is required for successful completion of the course. Attendance will be checked for each lecture. Online lessons and quizzes must be completed with a score of 100 to be credited with class attendance for those lessons. If they are not, the student will be considered absent for that lesson. Every lecture (on-campus and online) missed after two lectures will result in the lowering of the course grade by 2 pts. per missed lecture.

**TOPICAL OUTLINE:**

Unit I:	Prenatal
Unit II:	Intrapartum
Unit III:	Postpartum
Unit IV:	Newborn
Unit V:	Women’s Health

RNSG 2208

Fall Schedule 2010

<b>August 23</b>	<b>Prenatal I</b>	Olds': 1, 2, 5, 6, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19
<b>August 30</b>	<b>Prenatal II</b>	
<b>September 6</b>	<b>Holiday</b>	
<b>September 13</b>	<b>Labor and Delivery I</b>	Olds': 20, 21, 22, 23, 24, 25, 26, 27
<b>September 20</b>	<b>Labor and Delivery II</b>	
<b>September 27</b>	Exam I	
<b>October 4</b>	<b>Infant Nutrition</b>	Olds': 31
<b>October 11</b>	<b>Newborn I</b>	Olds': 28, 29, 30, 32, 33, 37
<b>October 18</b>	<b>Newborn II</b>	
<b>October 25</b>	Exam II	
<b>November 1</b>	<b>Postpartum</b>	Olds': 34, 35, 36, 38
<b>November 8</b>	<b>Women's Health</b>	Olds': 4, 6, 7, 8, 9
<b>November 15</b>	Exam III	
<b>November 22</b>	<b>Poster Presentation Group I</b>	
<b>November 29</b>	<b>Poster Presentation Group II</b>	
<b>December 6</b>	Final Exam	

## **UNIT OUTLINES**

**PRENATAL  
INTRAPARTUM  
NEWBORN  
POSTPARTUM  
WOMEN'S HEALTH**

PRENATAL

LEARNING OUTCOMES	TOPICAL OUTLINE	LEARNING ACTIVITIES/SCANS	EVALUATION/ COMPETENCY
<p>1. Examine the nature and scope of contemporary maternity nursing including selected tools for practice in providing maternal-newborn care.</p>	<ul style="list-style-type: none"> <li>• scope of maternity nursing</li> <li>• contemporary maternity nursing care</li> <li>• health care needs of clients &amp; families</li> <li>• holistic nursing</li> <li>• biostatistical picture</li> <li>• birth rate</li> <li>• fertility rate</li> <li>• infant mortality rate</li> <li>• neonatal mortality rate</li> <li>• maternal mortality rate</li> </ul>	<p>Olds', Ch. 1</p>	<p>Exam Provider of Care 1 a, c 2 b, c 3 a, b, c, f 4 a, b</p>
<p>2. Discuss legal and ethical issues related to maternity nursing.</p>	<p>Legal Issues</p> <ul style="list-style-type: none"> <li>• malpractice</li> <li>• standard of care</li> <li>• informed consent</li> <li>• reporting practices</li> <li>• charting</li> <li>• comprehensiveness</li> <li>• adoption</li> <li>• surrogate families</li> </ul> <p>Ethical Issues</p> <ul style="list-style-type: none"> <li>• ethical decisions</li> <li>• invitro fertilization</li> <li>• embryo transplant</li> <li>• elective abortion</li> <li>• neonatal ICU</li> <li>• AIDS</li> </ul>	<p>Olds', Ch. 1</p>	<p>Exam Provider of Care 3 i, j Member of a Profession 1 b 2 a, b</p>

<p>3. Identify the physiology of pregnancy as related to the male and female reproductive system, and the male/female infertility problems related to fertilization.</p>	<p>Reproductive System</p> <ul style="list-style-type: none"> <li>• external structures</li> <li>• internal structures</li> <li>• breasts</li> <li>• menstrual cycle &amp; associated hormones</li> <li>• hypothalamus-pituitary- ovarian axis</li> <li>• female &amp; male development and response patterns</li> <li>• prostaglandins</li> <li>• gametogenesis</li> <li>• fertilization (conception)</li> <li>• implantation (nidation)</li> <li>• viability</li> <li>• teratogens</li> </ul>	<p>Olds', Chs. 5,10,11,12</p>	<p>Exam Provider of Care 1 d</p>
<p>4. Discuss immunologic and infectious conditions in maternity nursing.</p>	<p>Immunologic Conditions</p> <ul style="list-style-type: none"> <li>• hemolytic disease in newborn</li> <li>• TORCH</li> <li>• AIDS</li> <li>• assessing immune responses</li> </ul>	<p>Olds', Ch. 6</p>	<p>Exam Provider of Care 1 d, e</p>
<p>5. Describe the development, structure and function of the placenta, umbilical cord and amniotic fluid including the significant changes in growth and development of the embryo in utero at 4, 6, &amp; 8 weeks.</p>	<p>Placenta Fetal membranes Amniotic fluid Umbilical cord Yolk sac Fetal maturation Cardiovascular system Respiratory system</p>	<p>Olds', Ch. 14</p>	<p>Exam Provider of Care 1 d</p>

<p>6. Define terminology associated with pregnancy and explain.</p>	<p>Gravida Para Presumptive, Probable &amp; Positive Signs of Pregnancy Pregnancy Tests Systems Adaptations to Pregnancy</p> <ul style="list-style-type: none"> <li>• reproductive system</li> <li>• uterus</li> <li>• vagina &amp; vulva</li> <li>• breasts</li> <li>• general body systems             <ul style="list-style-type: none"> <li>• cardiovascular system</li> <li>• respiratory system</li> <li>• renal system</li> <li>• integumentary system</li> <li>• musculoskeletal system</li> <li>• neurologic system</li> </ul> </li> </ul>	<p>Olds', Ch. 14, 15</p>	<p>Exam Provider of Care 1 d, f</p>
<p>7. Explain family adaptation to pregnancy; acceptance, identification with parenthood role, anticipation of labor, and family relationships.</p>	<p>Maternal Adaptation Paternal Adaptation Sibling Adaptation Pre-birth Education Parent Education Program</p>	<p>Olds', Ch. 13,16</p>	<p>Exam Provider of Care 1 d 2 c 4 a, b Coordinator of Care 3 c Member of a Profession 2 a</p>

<p>8. Describe the expected discomforts of pregnancy and the appropriate nursing care.</p>	<p>First Trimester</p> <ul style="list-style-type: none"> <li>• diagnosis of pregnancy</li> <li>• estimated date of delivery</li> <li>• schedule of visits</li> <li>• assessment</li> <li>• collection of specimens</li> <li>• vaginal exam</li> <li>• laboratory tests</li> <li>• first trimester discomforts</li> <li>• nursing diagnosis</li> <li>• planning/implementation</li> <li>• sexual counseling</li> <li>• evaluation</li> </ul> <p>Second Trimester</p> <ul style="list-style-type: none"> <li>• assessment</li> <li>• maternal assessment</li> <li>• discomforts</li> <li>• fetal assessment</li> <li>• planning/implementation</li> <li>• supportive role</li> <li>• teacher/counselor/advocate</li> <li>• evaluation</li> </ul> <p>Third Trimester</p> <ul style="list-style-type: none"> <li>• assessment</li> <li>• maternal assessment</li> <li>• discomforts</li> <li>• fetal assessment</li> <li>• planning/implementation</li> <li>• pre-birth preparation</li> </ul>	<p>Olds', Chs. 13, 16, 18</p>	<p>Exam Provider of Care 1 a 3 f, 1 5 a</p>
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<p>9. Discuss the nutritional aspects of pregnancy. Including optimal weight gain and the required nutrients for a positive pregnancy outcome</p>	<p>Nutritional Requirements            Weight Gain During Pregnancy            Nutritional Risk Factors in Pregnancy &amp; Lactation            Nursing Process in Nutritional Care</p> <ul style="list-style-type: none"> <li>• assessment</li> <li>• nursing diagnosis</li> <li>• planning</li> <li>• implementation</li> <li>• evaluation</li> </ul>	<p>Olds', Ch.18</p>	<p>Exam            Provider of Care            1 d, f            2 b            3 a</p>
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<p>10. Evaluate and analyze pathological findings and nursing care in high risk prenatal clients.</p>	<p>Assessment of Risk Factors            Scope of the Problem            Maternal Health Problems and the Effects on Pregnancy</p> <ul style="list-style-type: none"> <li>• Hypertension</li> <li>• preeclampsia</li> <li>• infections</li> </ul> <p>Hemorrhagic Disorders</p> <ul style="list-style-type: none"> <li>• Early Pregnancy</li> <li>• Late Pregnancy</li> </ul> <p>Fetal &amp; Neonatal Health Problems</p> <ul style="list-style-type: none"> <li>• Rh incompatibility</li> <li>• special consideration for the adolescent pregnancy</li> <li>• special consideration of the older expectant couple</li> <li>• preterm loss</li> </ul> <p>Endocrine Disorders            Diabetes Mellitus (D.M.)</p> <ul style="list-style-type: none"> <li>• effects on pregnancy</li> <li>• effects on D.M. nursing care</li> </ul> <p>Hyperemesis Gravidarum            Cardiovascular Disorders</p> <ul style="list-style-type: none"> <li>• nursing process</li> <li>• cardiovascular conditions</li> </ul> <p>Anemia</p> <ul style="list-style-type: none"> <li>• iron deficiency</li> <li>• folic acid deficiency</li> </ul>	<p>Olds', Chs. 15, 19-21, 33</p>	<p>Exam</p> <p>Provider of Care</p> <p>1 a, e, f, d</p> <p>2 c</p> <p>4 b</p>
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<p>11. Identify pharmacological agents commonly used in the antenatal period and discuss why most pharmacological agents are categorized as class B for use in pregnant woman.</p>			<p>Exam Administer medications safely &amp; appropriately Provider of Care 1 f</p>
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**ARTICLES: PRENATAL**

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- Underwood, J., (2000). Mothers and others: African-American woman's preparation for motherhood. Vol. 25, No. 2, 86-91.
- Wald, N. (2004). Folic Acid and the Prevention of Neural-Tube Defects. *Journal of Obstetrics & Gynecology*, 350(2), 101-103.

## INTRAPARTUM

LEARNING OUTCOMES	TOPICAL OUTLINE	LEARNING ACTIVITIES/SCANS	EVALUATION/ COMPETENCY
<p>1. Describe nursing assessments and interventions for the laboring mother during each stage and phase of the labor and birth process.</p> <p>A. Identify the nursing interventions, physiology processes, and stages of labor that underlie women's behaviors and needs for care.</p> <p>B. Evaluate the FHR and uterine contractions. Identify appropriate nursing intervention for nonreassuring FHR patterns.</p> <p>C. Identify how to assist the mother and family with coping &amp; comfort techniques</p> <p>D. Compare and contrast different nursing actions and interventions in the 2<sup>nd</sup> stage of labor.</p>	<p>The Stages &amp; Phases of Labor</p> <p>Mother's Response to Contractions</p> <p>Family Interaction</p> <p>Cardinal Movements (mechanism of labor)</p> <p>Feto-Maternal Relationships</p> <p>Evaluation of FHR &amp; Contractions</p> <ul style="list-style-type: none"> <li>• contractions &amp; effect</li> <li>• FHR baseline</li> <li>• FHR variability</li> <li>• types &amp; significance of decelerations</li> <li>• types of FHR monitoring</li> <li>• nursing interventions</li> </ul> <p>Nursing Measures for Emotional Support of the Mother, Her Attendant(s), Family &amp; Friends</p> <ul style="list-style-type: none"> <li>• cultural differences &amp; family dynamics</li> <li>• nursing role in providing labor support</li> <li>• breathing, relaxation, coping, &amp; comfort strategies</li> <li>• ambulation and positioning throughout the stages &amp; phases of labor.</li> <li>• nonpharmacologic comfort measures for labor.</li> </ul> <p>Physiologic Pushing</p> <p>Valsalva Pushing</p>	<p>Olds', Chs. 22-27,34</p> <p>Video/Lecture</p> <p>On Campus Clinical practice session w/FHR tracings</p> <p>On Campus Clinical activities reviewing appropriate nursing interventions for non-reassuring FHR tracing</p>	<p>Exam</p> <p>Provider of Care</p> <p>1 a-e</p> <p>2 a, b, c, d, e, h</p> <p>3 a, b, c, d, f, h, i, j, k</p> <p>5 a, b</p> <p>7 a, b</p> <p>Coordinator of Care</p> <p>1 a, b</p> <p>2 a</p> <p>3 a</p>

<p>2. Identify nursing assessments and interventions for clients experiencing augmentation or induction of labor.</p>	<p>Induction of Labor</p> <ul style="list-style-type: none"> <li>• AROM</li> <li>• oxytocin augmentation &amp; induction</li> <li>• prostin gel</li> <li>• misoprostol (cytotec)</li> <li>• nursing intervention &amp; protocols</li> </ul> <p>Nursing Measures for Emotional Support of the Client &amp; Support Person(s)</p> <ul style="list-style-type: none"> <li>• nursing roles</li> <li>• breathing, relaxation, coping &amp; comfort strategies</li> </ul>	<p>Olds', Chs. 23, 25, 27</p>	<p>Exam</p> <p>Provider of Care</p> <p>1 a-j</p> <p>2 a, b, c, d, e, f, h</p> <p>3 a-n</p> <p>4 a, b</p> <p>5 a, b</p> <p>6 a-e</p> <p>7 a, b, c</p> <p>Coordinator of Care</p> <p>1 a, b, d</p> <p>2 a, b, d</p> <p>Member of a Profession</p> <p>1 a-d</p> <p>2 a, b</p>
<p>3. Compare and contrast the types of analgesia and anesthesia used during the birthing process and the appropriate nursing interventions for each.</p>	<p>Analgesia/Anesthesia</p> <ul style="list-style-type: none"> <li>• narcotic analgesia</li> <li>• narcotic antagonist (Narcan)</li> <li>• mixed narcotic agonist-antagonist</li> <li>• hypnotics/sedatives</li> <li>• epidural anesthesia/analgesia</li> <li>• pudendal anesthesia</li> <li>• local infiltration</li> <li>• general anesthesia</li> </ul> <p>Factors that Determine Analgesia Choices</p> <ul style="list-style-type: none"> <li>• stage of labor</li> <li>• maternal/fetal assessment</li> <li>• progression of labor</li> <li>• vaginal/cesarean birth</li> <li>• mother's preference</li> </ul> <p>Nursing Interventions Required with Various Analgesia/Anesthesia Options</p>	<p>Olds', Ch. 23</p>	<p>Exam</p> <p>Provider of Care</p> <p>1 a, b, c, d, e, f, g, i, j, k</p> <p>2 b, c, d, e, f</p> <p>3 a-n</p> <p>4 a, b</p> <p>5 a</p> <p>7 a, b, c</p> <p>Coordinator of Care</p> <p>2 a, b, d</p> <p>Member of a Profession</p> <p>1 a-d</p> <p>2 a, b</p>

<p>4. Describe priority nursing diagnoses and interventions for care of the newborn immediately at birth.</p> <p>To be discussed in Newborn Lecture</p>	<p>Immediate Care and Assessment of the Newborn</p> <ul style="list-style-type: none"> <li>• Apgar scoring</li> <li>• Neonatal resuscitation</li> <li>• Initial breastfeeding</li> <li>• Family bonding</li> </ul>	<p>Olds', Chs. 30,34</p>	<p>Exam</p> <p>Provider of Care</p> <p>1 a-j</p> <p>2 a, b, c, d, e, f, h</p> <p>3 a-n</p> <p>4 a, b</p> <p>5 a, b</p> <p>7 a, b, c</p> <p>Coordinator of Care</p> <p>2 a</p> <p>3 a, c</p>
<p>5. Describe pathologic findings and perinatal care for the client admitted with or developing high risk conditions related to childbirth.</p>	<p>Nursing Assessments &amp; Interventions</p> <ul style="list-style-type: none"> <li>• abruption placenta vs. placenta previa</li> <li>• prolapsed cord</li> <li>• emergency childbirth</li> <li>• shoulder dystocia</li> <li>• pre-term labor             <ul style="list-style-type: none"> <li>• tocolytic therapy</li> <li>• drug protocols &amp; nursing interventions</li> </ul> </li> <li>• promoting fetal lung maturity</li> <li>• nursing diagnosis &amp; interventions</li> </ul>	<p>Olds', Ch. 20, 26</p>	<p>Exam</p> <p>Provider of Care</p> <p>1 a-j</p> <p>2 a, b, c, d, e, f, h</p> <p>3 a-n</p> <p>4 a, b</p> <p>5 a, b</p> <p>6 a, b, c, e</p> <p>7 a, b, c</p> <p>Coordinator of Care</p> <p>2 a, b, d</p> <p>3 a, b</p> <p>Member of a Profession</p> <p>1 a-d</p> <p>2 a, b</p>

<p>6. Analyze criteria, risks, nursing assessments, and interventions required for selected procedures and mechanical or operative births.</p>	<p>Mechanical/Operative Birth</p> <ul style="list-style-type: none"> <li>• external version</li> <li>• VBAC</li> <li>• forceps/vacuum extraction</li> <li>• cesarean birth</li> </ul>	<p>Olds', Ch. 38</p>	<p>Exam</p> <p>Provider of Care</p> <p>1 a-i</p> <p>2 a, b, c, d, e, f, h</p> <p>3 a-n</p> <p>4 a, b</p> <p>5 a, b</p> <p>7 a, b, c</p> <p>Coordinator of Care</p> <p>1 a</p> <p>2 a, b, d</p> <p>3 a, b</p> <p>Member of a Profession</p> <p>1 a-d</p> <p>2 a, b, d</p>
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**INTRAPARTUM  
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## NEWBORN

LEARNING OUTCOMES	TOPICAL OUTLINE	LEARNING ACTIVITIES/SCANS	EVALUATION/COMPETENCY
<p>1. Evaluate the newborn infant's transition from intrauterine to extrauterine life and the physiologic adaptations involved.</p>	<p>Biological Characteristics</p> <ul style="list-style-type: none"> <li>• cardiovascular changes               <ul style="list-style-type: none"> <li>• circulatory transition</li> <li>• pressure changes</li> <li>• heart rate alterations</li> </ul> </li> <li>• establishment of respirations               <ul style="list-style-type: none"> <li>• transition process</li> <li>• respiratory patterns</li> <li>• surfactant &amp; lung maturity</li> </ul> </li> </ul>	<p>Olds', Ch. 30</p>	<p>Exam            Provider of Care            1 a, b, c, d, g            7 a, b, c            Coordinator of Care            2 a            3 a, c</p>
<p>2. Differentiate between normal and abnormal newborn findings and teach parents the significance, implications, and relevant care.</p>	<p>Physical Assessment            Gestational Age Assessment</p>	<p>Olds', Ch. 29</p>	<p>Exam            Provider of Care            1 a-j            2 a-h            3 a, b, c, d, e, f, g, i, m, n            4 a, b, c            5 a, b            7 a, b, c            Coordinator of Care            2 a            3 a, b, c            Member of a Profession            1 a, b, c            2 a, b</p>

<p>3. Identify appropriate nursing care for a newborn (assessment and interventions).</p>	<p>Admission to Nursery</p> <ul style="list-style-type: none"> <li>• report of birth</li> <li>• vital signs/measurements</li> <li>• estimate of gestational age</li> <li>• eye prophylaxis</li> <li>• vitamin K &amp; Hepatitis B vaccine</li> <li>• cord care/number of vessels</li> <li>• maintain thermoneutral zone</li> <li>• observation for micturation</li> <li>• observation for stool</li> </ul> <p>Daily Newborn Care</p> <ul style="list-style-type: none"> <li>• bathing &amp; hygiene</li> <li>• feeding</li> <li>• observation and care for</li> <li>• care of cord at home</li> <li>• circumcision care</li> <li>• review immunization schedule</li> <li>• car seat safety/liability</li> <li>• normal weight loss</li> <li>• parent teaching</li> </ul>	<p>Olds', Chs. 29-31</p>	<p>Exam</p> <p>Provider of Care</p> <p>1 a-j</p> <p>2 a-h</p> <p>3 a, b, c, d, e, f, g, i, m, n</p> <p>4 a, b, c</p> <p>5 a, b</p> <p>7 a, b, c</p> <p>Coordinator of Care</p> <p>2 a</p> <p>3 a, b, c</p> <p>Member of a Profession</p> <p>1 a, b, c</p> <p>2 a, b, d</p>
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<p>4. Synthesize physiologic knowledge, standards of care, and education principles related to assisting parents to feed their infants.</p>	<p>Newborn Nutrition</p> <ul style="list-style-type: none"> <li>• bottle feeding</li> <li>• breast feeding <ul style="list-style-type: none"> <li>• physiology</li> <li>• immunological, nutritional &amp; other</li> </ul> </li> <li>• health benefits</li> <li>• positioning</li> <li>• assessment of mother &amp; baby</li> <li>• documentation</li> <li>• controversies</li> <li>• public health implications</li> </ul>	<p>Olds', Ch. 31</p>	<p>Exam</p> <p>Provider of Care</p> <p>1 a-d</p> <p>2 c-h</p> <p>3 a, b, c, d, e, g, h, i, j, k, m, n</p> <p>4 a, b, c</p> <p>5 a, b</p> <p>7 a, b, c</p> <p>Coordinator of Care</p> <p>2 a, b</p> <p>3 a, b</p> <p>Member of a Profession</p> <p>1 a, b, c</p> <p>2 a, b</p>
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<p>5. Compare and contrast the pathophysiology, appropriate management, and nursing interventions for newborns with health complications.</p>	<p>Gestational Variations &amp; Complications in the Neonate</p> <ul style="list-style-type: none"> <li>• low birth weight</li> <li>• preterm</li> <li>• post-term &amp; post-mature</li> <li>• large for gestational age</li> <li>• appropriate for gestational age</li> <li>• small for gestational age</li> </ul> <p>Physiologic &amp; Pathologic Variations in the Neonate</p> <ul style="list-style-type: none"> <li>• macrosomia</li> <li>• birth trauma</li> <li>• hypoglycemia</li> <li>• physiologic &amp; pathologic jaundice</li> <li>• hemolytic disease</li> <li>• respiratory complications</li> <li>• neonatal infections</li> </ul> <p>Substance Abuse</p> <p>Congenital Anomalies</p> <ul style="list-style-type: none"> <li>• congenital heart defects</li> <li>• omphalocele &amp; gastroschisis</li> <li>• diaphragmatic hernia</li> <li>• tracheoesophageal fistulas</li> <li>• cleft lip and palate</li> <li>• neurological anomalies</li> </ul> <p>Preparation to Transfer to Tertiary Care Center</p> <p>Emotional Support to Families of a Newborn with Health Complications</p>	<p>Olds', Chs. 32, 33, 37</p>	<p>Exam</p> <p>Provider of Care</p> <p>1 a-j</p> <p>2 a-h</p> <p>3 a, b, c, d, e, f, g, i, j, l, m, n</p> <p>4 a, b, c</p> <p>5 a, b</p> <p>7 a, b, c</p> <p>Coordinator of Care</p> <p>1 a, b, d, f</p> <p>2 a-d</p> <p>3 a-d</p> <p>Member of a Profession</p> <p>1 a-d</p> <p>2 a, b, d</p>
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**POSTPARTUM**

LEARNING OUTCOMES	TOPICAL OUTLINE	LEARNING ACTIVITIES/SCANS	EVALUATION/COMPETENCY
<p>1. Describe the physiologic, anatomic and nursing care adaptations that occur during the postpartum phase.</p>	<p>Reproductive System                      Lactation                      GI System                      Urinary Tract                      Vital Signs                      Blood Values                      Psychological Adaptations</p> <ul style="list-style-type: none"> <li>• taking-in-phase</li> <li>• taking-hold phase</li> <li>• letting go phase</li> <li>• blues/psychosis</li> </ul> <p>Physical Assessment</p> <ul style="list-style-type: none"> <li>• breasts</li> <li>• abdomen and fundus</li> <li>• lochia</li> <li>• perineum</li> <li>• lower extremities</li> <li>• activities of daily living (nutritional, elimination, sleep status)</li> </ul> <p>Psychologic Assessment &amp; Nursing Care Cultural Influences</p> <p>Providing Care for Physical Needs</p> <ul style="list-style-type: none"> <li>• comfort/relief of pain</li> <li>• rest and activity</li> <li>• prevention of infection</li> <li>• facilitating elimination</li> </ul> <p>Promoting Family Wellness</p> <ul style="list-style-type: none"> <li>• rooming-in</li> <li>• sibling visitation</li> <li>• effective parent education</li> </ul> <p>Postpartum Care After C/S</p>	<p>Olds', Ch. 34, 35, 36</p>	<p>Exam                      Provider of Care                      1 a, b, c, d, e, f, g, h, j</p>

<p>2. Evaluate the attachment process that occurs within the developing family, and the nursing interventions that facilitate a positive attachment process.</p>	<p>Maternal &amp; Newborn Factors Affecting Attachment Evaluation of &amp; Interventions in Mother, Father, &amp; Family-Infant Bonding</p>	<p>Olds', Ch. 34</p>	<p>Exam Provider of Care 1 a, b, c, d, h, k 2 a, b, d, h 3 a, b, d, g, l, n Coordinator of Care 1 b 2 b, d 3 a Member of a Profession 1 a, b, c, d 2 b, d</p>
<p>3. Assess pathological findings and post-partum care for a woman experiencing complications during the post-partum period.</p>	<p>Puerperal Hemorrhage Hematomas Puerperal Infections and the Effects on Postpartum Women Thromboembolic Disease • thrombophlebitis • pulmonary embolism Laceration of Genital Tract Urinary Tract Infection Mastitis</p>	<p>Olds', Chs. 34-36, 38</p>	<p>Exam Provider of Care 1 a-j 2 a-h 3 a, b, c, d, e, f, g, i, j, l, m, n 4 a, b, c 5 a, b 7 a, b, c Coordinator of Care 1 a, b, d, f 2 a-d 3 a-d Member of a Profession 1 a-d 2 a, b, d</p>

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## WOMEN'S HEALTH

LEARNING OUTCOMES	TOPICAL OUTLINE	LEARNING ACTIVITIES/SCANS	EVALUATION/ COMPETENCY
1. Describe the physiologic, anatomic and nursing care adaptations that occur female reproductive system	Menstruation and Menopause Female Health Assessment Health Promotion and Prevention	Olds', Ch. 4	Exam Provider of Care 1 a, b, c, d, e, f, g, h, j
2. Evaluate the evolution of violence against women including the assessment, diagnosis, management and response to domestic violence.	Violence Against Women The Cycle of Violence Managing Domestic Violence Sexual Assault, Abuse and Rape	Olds', Ch. 9	Exam Provider of Care 1 a, b, c, d, h, k 2 a, b, d, h 3 a, b, d, g, l, n Coordinator of Care 1 b 2 b, d 3 a Member of a Profession 1 a, b, c, d 2 b, d

<p>3. Assess, diagnose, manage care, and evaluate findings and care for a woman experiencing reproductive system concerns</p>	<p>Menstrual Disorders Alterations in Bleeding Menopause Managing Reproductive Concerns</p>	<p>Olds', Ch. 7</p>	<p>Exam Provider of Care 1 a-j 2 a-h 3 a, b, c, d, e, f, g, i, j, l, m, n 4 a, b, c 5 a, b 7 a, b, c Coordinator of Care 1 a, b, d, f 2 a-d 3 a-d Member of a Profession 1 a-d 2 a, b, d</p>
<p>4. Differentiate signs, symptoms, diagnoses and management of bacterial and viral sexually transmitted diseases and infections.</p>	<p>Sexually Transmitted Diseases Sexually Transmitted Infections Prevention Bacterial Sexually Transmitted Infections Virally Sexually Transmitted Infections Vaginal Infections Managing Diseases and Infections</p>	<p>Olds', Ch. 6</p>	<p>Exam Provider of Care 1 a-j 2 a-h 3 a, b, c, d, e, f, g, i, j, l, m, n 4 a, b, c 5 a, b 7 a, b, c Coordinator of Care 1 a, b, d, f 2 a-d 3 a-d Member of a Profession 1 a-d 2 a, b, d</p>

<p>5. Identify and Explain different forms of contraception, including associated nursing interventions.</p>	<p>Contraception                      Assessment and Nursing Diagnoses                      Methods of Contraception                      Contraception Management                      Hormonal Methods                      Intrauterine Devices                      Sterilization</p>	<p>Olds', Ch. 4</p>	<p>Exam                      Provider of Care                      1 a-j                      2 a-h                      3 a, b, c, d, e, f, g, i, j, l, m, n                      4 a, b, c                      5 a, b                      7 a, b, c                      Coordinator of Care                      1 a, b, d, f                      2 a-d                      3 a-d                      Member of a Profession                      1 a-d                      2 a, b, d</p>
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**CLINICAL OUTLINE**

**RNSG 2261**

**MATERNAL/NEWBORN AND WOMEN'S HEALTH**

**FALL 2010**

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**ANGELO STATE UNIVERSITY  
DEPARTMENT OF NURSING  
RNSG 2261 – CLINICAL NURSING  
FALL 2008**

**COURSE NUMBER:** RNSG 2261(0-0-6)

**COURSE TITLE:** Clinical Nursing

**COURSE LEVEL:** Advanced

**FACULTY:**

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**COURSE DESCRIPTION:**

A health-related work-based learning experience that enables the student to apply specialized occupational theory, skills, and concepts. Direct supervision is provided by the clinical professional.

**CLINICAL PREREQUISITES:**

Biology 2411, RNSG 2213 and RNSG 1163

**CLINICAL COREQUISITES:**

RNSG 2208, 2221

## **CLINICAL OVERVIEW:**

In this clinical course, students provide direct care to maternal/newborn and women's health families. Clinical experiences are structured so that as students progress through the program, they must demonstrate increasing independence and competence in providing nursing care. Students are expected to accomplish their clinical objectives by the end of this course.

When direct patient care is part of the learning experience, patient safety and well-being is of paramount concern. If a faculty member evaluates that a student is unable to provide safe nursing care in accordance with Standards of Professional Nursing Practice (BON, Nursing Practice Act, 2001), and if this deficit is such that it cannot be remedied, the student will be removed from the clinical setting and will receive a grade of "F" in the course.

## **CLINICAL LEARNING OUTCOMES:**

Students will apply theory, concepts, and skills in caring for maternal/newborn and women's health clients and their families. Students will demonstrate legal and ethical behavior, safe practices, and appropriate interpersonal/teamwork skills.

## **CLINICAL OUTCOMES:**

In the clinical setting, the student will have the opportunity to:

### **PROVIDER OF CARE:**

#### *Critical Thinking*

1. Critically evaluate situations from different perspectives to develop an in-depth comprehensive assessment for multiple clients with predictable or unpredictable health care needs.

#### *Therapeutic Nursing Interventions:*

##### Skills/Safety

2. Function as a member of the interdisciplinary team by demonstrating clinical skills, with minimal supervision, in caring for multiple clients with predictable or unpredictable health care needs.

#### *Therapeutic Nursing Interventions:*

##### Nursing Process and Care Planning

3. Design a client specific appropriate plan of care, based on scientific rationales for clients with predictable or unpredictable health care needs.

#### *Therapeutic Nursing Interventions:*

##### Delegation

4. Demonstrate principles of nursing leadership.



## **COORDINATOR OF CARE**

1. Evaluate effectiveness of interdisciplinary team's communication skills that promote continuity of care for multiple clients with predictable or unpredictable health care needs.

## **MEMBER OF A PROFESSION:**

### *Professional Behavior and Advocacy*

1. Apply professional behaviors to nursing practice (BON, NPA, & ANA Code).
2. Evaluate behaviors that support advocacy for clients.

## **CLINICAL REQUIREMENTS:**

Refer to the clinical sections for each area (Intrapartum, Newborn, Postpartum, and Women's Health for unit-specific information on:

- Written assignments. Failure to complete assignments will result in failure of the course.
- Preparing for clinical - prior to clinical, research your patient's history and medical condition, medications, and treatments. Use your book, the internet, electronic databases and the library.

Additional course requirements are listed below.

- Clinical absences. Missing more than a week of clinical will result in an evaluation of the student's ability to meet course objectives and may result in an unsatisfactory grade. If missing clinical is unavoidable, the student must:
  - Notify the agency prior to duty time.
  - Notify the clinical instructor at or prior to duty time.
- Maintain student liability insurance and current CPR certification.
- Provide safe nursing care within level of knowledge and skills.

Additional course requirements are listed in the student handbook. Please refer to the student handbook for details of:

- clinical attire
- behavior in clinical agencies
- standards of nursing practice
- patient confidentiality
- student absences
- exam make-up policy
- universal precaution policy
- guidelines for written work
- BON declaratory statement
- student clinical evaluation conferences

**REQUIRED TEXTBOOKS & MATERIALS:**

(See information under required texts in RNSG 2208)  
Uniform – see Clinical Attire ASU Nursing Handbook  
Bandage scissors, watch, stethoscope, and penlight

**OPTIONAL TEXTBOOKS & MATERIALS:**

(See information under required texts in RNSG 2208)

**CLINICAL GRADING SYSTEMS:**

The grading system used in this course RNSG 2261 is:

P (pass)            F (fail)            NC\*            W

\*Note: RNSG 2208 & RNSG 2261 must be successfully completed simultaneously to receive credit in either course and progress.

**CLINICAL EVALUATION METHODS:**

See Nursing Student Handbook for UNSATISFACTORY & UNSAFE Clinical Performance Satisfactory Completion of Written Assignments.

Clinical Performance	-	Satisfactory/Unsatisfactory
Flowsheets	-	Satisfactory/Unsatisfactory
Worksheets	-	Satisfactory/Unsatisfactory

Clinical performance will be determined by the anecdotal method and evaluation tool: satisfactory and unsatisfactory. A student whose practice in the clinical is judged to be UNSATISFACTORY will receive an “F” for the course.

**SKILLS VALIDATION:**

Students must demonstrate competency in selected skills prior to starting RNSG 2261 clinicals. The time and date is TBA. Remediation will be required if students are unable to demonstrate mastery of these basic skills. Faculty strongly urges students to practice in the lab and thoroughly review skills prior to attempting skills validation.

Skills to be validated for RNSG 2261:

Deep Tendon Reflexes  
Foley catheter insertion  
IM/IV insertion  
Medication administration

**ON CAMPUS CLINICAL**

## **Week 1**

On campus clinicals and orientation.

## **Week 2**

On campus clinicals and orientation

## **Week 3**

Clinical rotations start

## **ELECTRONIC FETAL HEART RATE MONITORING**

Evaluation of FHR can be done with intermittent auscultation using a fetoscope or a doppler.

Internal methods of continuous FHR monitoring

Fetal scalp electrode (FSE)

Internal uterine pressure catheter (IUPC)

External methods of continuous FHR monitoring

Transducer

Tocodynamometer (toco) -

## EVALUATION OF FHR TRACINGS

Baseline rate

Baseline variability – Represents intactness of fetal CNS. Most important indicator of fetal well-being

STV (BTBV) – Very fine, low amplitude waves seen throughout tracing. Usually documented as present or absent.

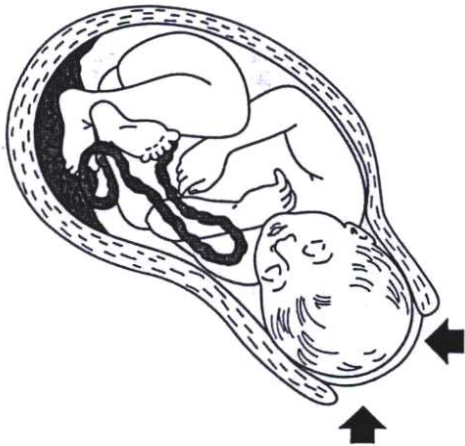
LTV – waveform oscillations in FHR tracings. Often described as absent, minimal, average, moderate or marked variability (depending on the amplitude of the waves).

Periodic changes

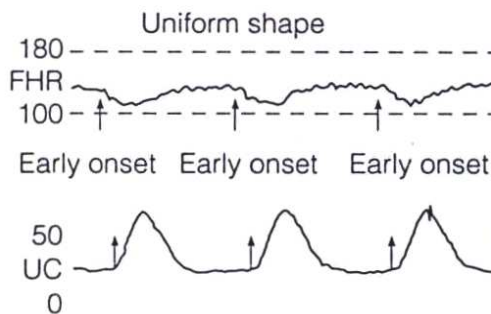
1. Early decelerations – Deepest part of deceleration occurs at peak of contraction. Caused by fetal head compression.
2. Late decelerations – Deepest part of deceleration occurs after peak of contraction. Caused by – utero – placental insufficiency, fetal hypoxia. Requires interventions to enhance fetal oxygenation and placental perfusion. Reposition patient, IVF, oxygen, notify MD, DC induction or augmentation of labor.
3. Variable decelerations – Varies in timing, depth, shape, duration. (But most occur with contractions.) Cause - cord compression. If severe, interventions aimed at eliminating cord compression, increasing fetal oxygenation.
4. Prolonged decelerations.
5. Accelerations.

Please review your book. Know the meanings and interventions for each.

### Early deceleration



Head compression (HC)



Waveform consistently uniform inversely mirrors contraction

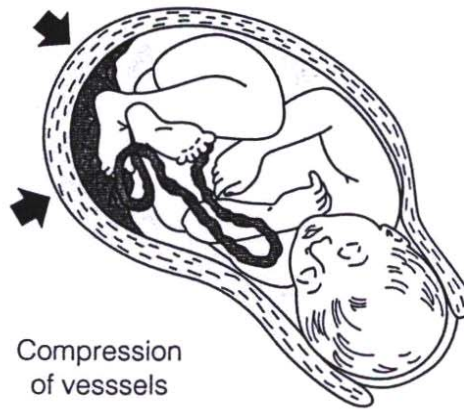
Just prior to or early in contraction

Consistently at or before midpoint of contraction

Usually within normal range of 120–160 beats/min

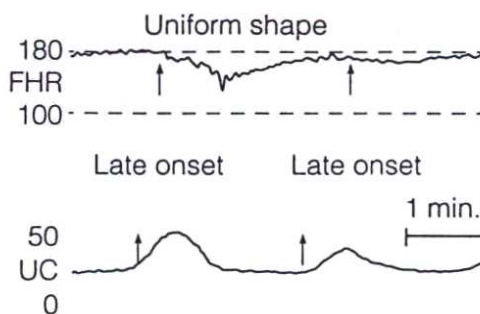
Can be single or repetitive

### Late deceleration



Compression of vessels

Uteroplacental insufficiency (UPI)



Waveform uniform; shape reflects contraction

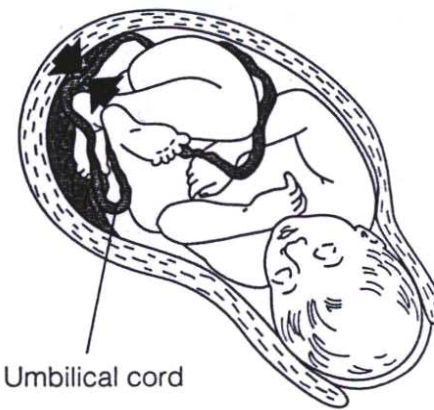
Late in contraction

Consistently after the midpoint of the contraction

Usually within normal range of 120–130 beats/min

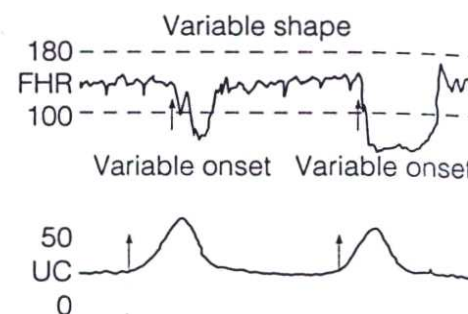
Occasional, consistent, gradually increase—repetitive

### Variable deceleration



Umbilical cord

Umbilical cord compression (CC)



Waveform variable, generally sharp drops and returns

Abrupt with fetal insult; not related to contraction

Variable around midpoint

Not usually within normal range

Variable—single or repetitive

## **ON CAMPUS CLINICAL NEWBORN**

The RN who performs the initial NB assessment is establishing that infant's medical history. Be thorough. You don't want to miss anything.

### **Report from LD**

1. History
2. Antepartum history
3. Family/social info
4. Parent preferences

### **Physical Assessment** – Review Video and Book

1. Warm area
2. General appearance of baby – “20 foot look”
3. Respirations
4. HR
5. BP
6. Pulses
7. Temperature
8. Weight and measurements

### **Neurological and Gestational Age Assessment** – Review Video and Book

### **Weight Related to Gestational Age**

1. SGA
2. LGA
3. AGA

### **Medications**

1. Vitamin K
2. Erythromycin ophthalmic ointment
3. Hepatitis B vaccine

### **Common Labs**

1. HCT/HgB
2. Blood glucose
3. Newborn screening – done prior to DC. Must have sufficient protein feeds.
4. Blood type and Coombs



**First Feeding** – Please read your book

1. Breastfeeding
2. Formula feeding

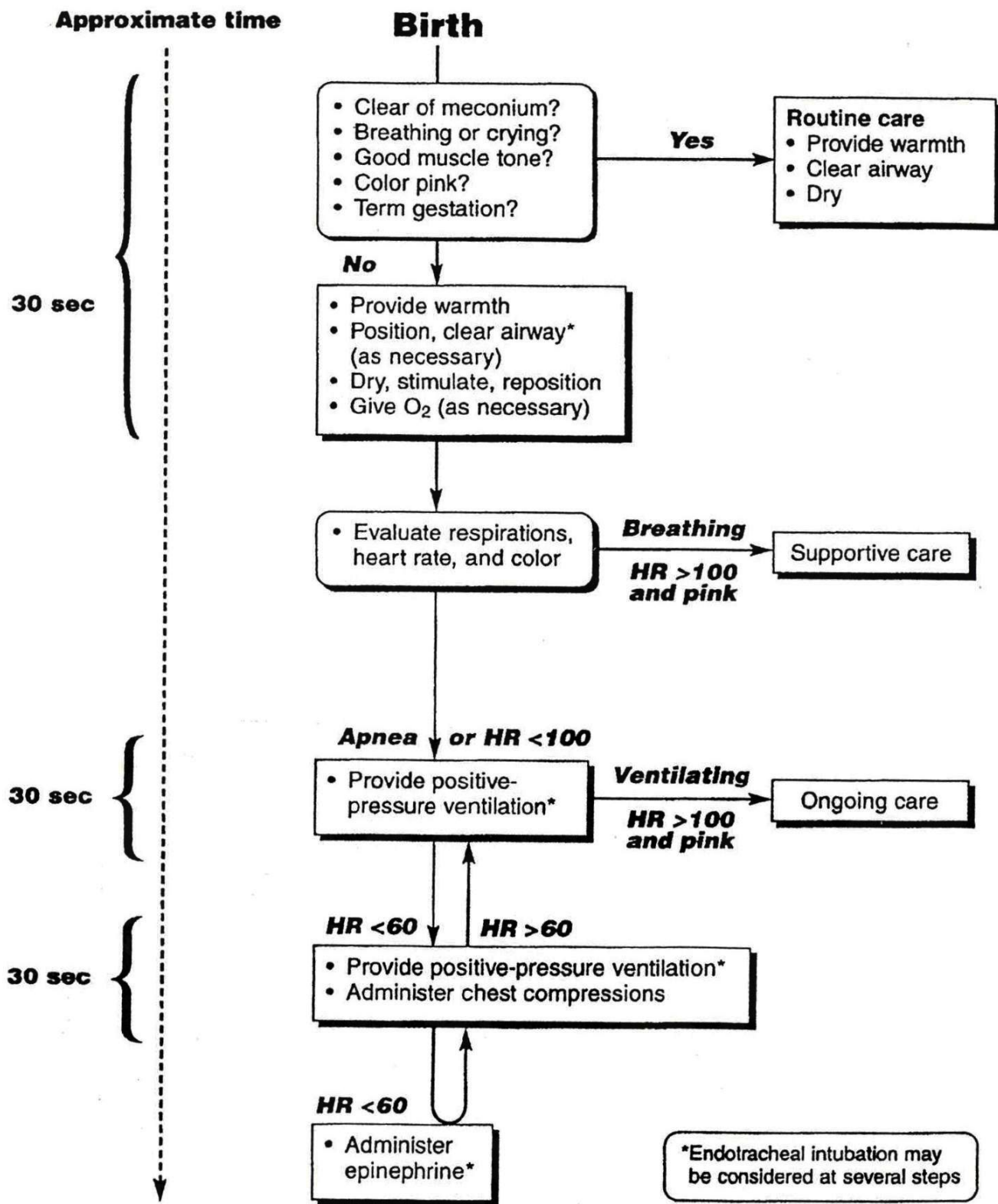
**First Bath**

**Safety**

1. ID
2. Baby on back
3. Bulb syringe
4. Baby transported in crib

**NB Circumcision**

**Parent Teaching** – Please read your book



Algorithm for resuscitation of the newly born infant.

## **ON-CAMPUS CLINICAL POST-PARTUM**

### **ASSESS Q SHIFT:**

B - breast  
U - uterus  
B - bowel  
B - bladder  
L - lochia  
E - episiotomy/perineum

H - Homan's  
E - emotional bonding and baby

V - vital signs  
N - nutrition

### **BREASTS**

1. Only breastfeeding mothers need a visual inspection and detailed breast assessment. This is best done when the mother is breastfeeding, so that proper position, latch-on and other aspects of breastfeeding can be evaluated.
  - Evaluate for discomfort or tenderness, especially during feedings
  - Evaluate nipples/breasts for soreness, symmetry, cracks, inversion/eversion, redness, streaking
  - Ask how breastfeeding is going
2. Bottle-feeding mothers should be evaluated for breast discomfort and they should be encouraged to wear a supportive bra for comfort. Bottle-feeding mothers do not need their breast palpated or inspected unless there is a problem. Any palpation should be light to avoid breast stimulation.

### **UTERUS**

(Listen for bowel sounds first)

1. Client supine
2. Palpate fundus (2 handed)
  - Fundus should be midline and firm
    - 1<sup>st</sup> 24 hrs near umbilicus
    - recedes 1 cm/day postpartum
3. Document as
  - U/1 1 cm below umbilicus
  - 1/U 1 cm above umbilicus
  - Midline or right of midline
  - Tone--firm, boggy

## **BLADDER**

(May void copiously the first few days after delivery)

1. Palpate bladder
  - Empty, shouldn't be able to feel above symphysis
  - If full, prevents uterine contractions
    - -will rise up to right
    - increases vaginal bleeding
2. Observe for infection
  - Infrequent or insufficient urination
  - Discomfort or burning
  - Foul smelling
  - Note frequency, dysuria, retention

Causes: perineal edema

  - lacerations
  - long labor without voiding regularly

## **BOWELS/ABDOMEN**

1. Abdomen should be soft and not distended
2. Auscultate bowel sounds
3. Document - 1st BM usually 2 days postpartum
4. NO enema or digital exam if pt. has 3rd or 4th degree lacerations!

## **LOCHIA**

Assess to prevent hemorrhage and shock

1. Inspect for color, amount, odor, presence of clots
  - Color
    - Days 1-3: rubra (dark red)
    - Days 4-8: serosa (pink to brown)
    - Days 10-3rd, 4th week: alba (yellowish-white)
    - Color shouldn't revert to earlier stage.
  - Amount
    - slight or scant - 4 pads/day
    - moderate - 4 to 8 pads/day
    - heavy - 8 pads (woman's changing habits influences)
    - 1cc = 1 gm
  - Odor - earthy, faintly musky; foul may indicate infection
  - Clots - few small in 1st few days
    - Note presence of small clots

## **EPISIOTOMY/PERINEUM**

Position on affected side, instruct to flex upper leg; gently lift upper buttock; episiotomy will be midline, right or left

Inspect for:

Irritation, approximation of sutures, white line length of episiotomy, ecchymoses, s/s of infection, s/s perineal hematoma, tenderness, swelling, severe, intractable pain, edema, discharge, perineal discoloration, hemorrhoids

## **HOMAN'S SIGN**

1. Assessing for thrombophlebitis:  
Legs symmetrical? Equally warm? Ask pt. to flex foot
2. Assess for:  
Tenderness, nodules, warm areas, discoloration or varicosities

## **EMOTIONAL STATUS**

1. Assess phase
  - Taking in - immediately after birth
    - sleeps
    - depends on others
    - relives events surrounding birth
  - Taking hold - few days postpartum
    - begins to gain control of body functions
    - becomes preoccupied with present
    - is concerned about her health, baby's health, her ability to care for baby
    - show independence in self-care and newborn care
  - Letting go
    - re-establishes relationships with others
2. May feel vulnerable, have mood swings, insomnia, irritability (baby blues)
3. Causes: hormonal changes, role definition, discomfort, fatigue

## **VITAL SIGNS**

1. Check BP, P q 15 min. Immediately x 4 or until stable
2. Then q 30 min, x 2
3. Check pulse q 15 min. - should be normal within 4 checks
4. When stable check VS every 8 hours and PRN

## **NUTRITION**

Increased need for most nutrients, particularly folic acid, iron & B-12

## **NURSING MANAGEMENT**

### **BREASTS**

1. Determine whether or not mother is breastfeeding
2. Teach to wear good-fitting bra or bind bottom to top
3. Ice packs for engorgement
4. Meds
5. Instruct non-nursing mothers to wear snug bra
6. Instruct nursing moms in breast care, positioning and comfort, length of time to breast feed, hygiene

### **UTERUS/ABDOMEN**

1. Palpate uterus, if massage is needed, put one hand at symphysis to stabilize; while the other hand massages fundus until firm and clots expressed
2. If administering pitocin, give at ordered rate and NEVER IV-push
3. Pitocin can cause increase in BP
4. Teach patient to assess and massage fundus
5. Administer meds for “afterpains” as needed
6. Assess C-section incision; change dressing as ordered; remove sutures or clips as ordered

### **EPISIOTOMY**

Employ comfort measures

- Moist heat - Sitz bath
  - if community bath, clean, rinse, dry tub and pad with towel before filling
  - disposable - place under toilet seat with overflow valve to back
  - fill 1/3 to 1/2 full with warm water after connecting bag to groove at front
  - teach to tighten gluteal muscles until seated, then relax
  - check q 15 min. - assess pulse as needed, make sure call bell is in reach
- Ice pack
  - apply covered pack to perineum (apply immediately after birth and as needed X 24-36 hrs to prevent edema and for comfort)
- Administer analgesics,: Tucks (Witch Hazel wipes) topical sprays and ointments

### **HOMAN’S SIGN**

Help prevent thrombophlebitis

- early ambulation - teach to request assistance at first; may become light-headed or faint
- avoid constricting clothing and crossed legs

### **CHECK ABDOMINAL INCISION**

R - redness  
E - edema  
E - ecchymosis  
D - discharge  
A - approximated edges

# MATURATIONAL ASSESSMENT OF GESTATIONAL AGE (New Ballard Score)

NAME \_\_\_\_\_ SEX \_\_\_\_\_  
 HOSPITAL NO. \_\_\_\_\_ BIRTH WEIGHT \_\_\_\_\_  
 RACE \_\_\_\_\_ LENGTH \_\_\_\_\_  
 DATE/TIME OF BIRTH \_\_\_\_\_ HEAD CIRC. \_\_\_\_\_  
 DATE/TIME OF EXAM \_\_\_\_\_ EXAMINER \_\_\_\_\_  
 AGE WHEN EXAMINED \_\_\_\_\_  
 APGAR SCORE: 1 MINUTE \_\_\_\_\_ 5 MINUTES \_\_\_\_\_ 10 MINUTES \_\_\_\_\_

## NEUROMUSCULAR MATURITY

NEUROMUSCULAR MATURITY SIGN	SCORE							RECORD SCORE HERE
	-1	0	1	2	3	4	5	
POSTURE								
SQUARE WINDOW (Wrist)								
ARM RECOIL								
POPLITEAL ANGLE								
SCARF SIGN								
HEEL TO EAR								
TOTAL NEUROMUSCULAR MATURITY SCORE								

## SCORE

Neuromuscular \_\_\_\_\_  
 Physical \_\_\_\_\_  
 Total \_\_\_\_\_

## MATURITY RATING

score	weeks
-10	20
-5	22
0	24
5	26
10	28
15	30
20	32
25	34
30	36
35	38
40	40
45	42
50	44

## PHYSICAL MATURITY

PHYSICAL MATURITY SIGN	SCORE							RECORD SCORE HERE
	-1	0	1	2	3	4	5	
SKIN	sticky friable transparent	gelatinous red translucent	smooth pink visible veins	superficial peeling &/or rash, few veins	cracking pale areas rare veins	parchment deep cracking no vessels	leathery cracked wrinkled	
LANUGO	none	sparse	abundant	thinning	bald areas	mostly bald		
PLANTAR SURFACE	heel-toe 40-50 mm:-1 <40 mm:-2	>50 mm no crease	faint red marks	anterior transverse crease only	creases ant. 2/3	creases over entire sole		
BREAST	imperceptible	barely perceptible	flat areola no bud	stippled areola 1-2 mm bud	raised areola 3-4 mm bud	full areola 5-10 mm bud		
EYE/EAR	lids fused loosely: -1 tightly: -2	lids open pinna flat stays folded	sl. curved pinna; soft; slow recoil	well-curved pinna; soft but ready recoil	formed & firm instant recoil	thick cartilage ear stiff		
GENITALS (Male)	scrotum flat, smooth	scrotum empty faint rugae	testes in upper canal rare rugae	testes descending few rugae	testes down good rugae	testes pendulous deep rugae		
GENITALS (Female)	clitoris prominent & labia flat	prominent clitoris & small labia minora	prominent clitoris & enlarging minora	majora & minora equally prominent	majora large minora small	majora cover clitoris & minora		
TOTAL PHYSICAL MATURITY SCORE								

## GESTATIONAL AGE (weeks)

By dates \_\_\_\_\_  
 By ultrasound \_\_\_\_\_  
 By exam \_\_\_\_\_

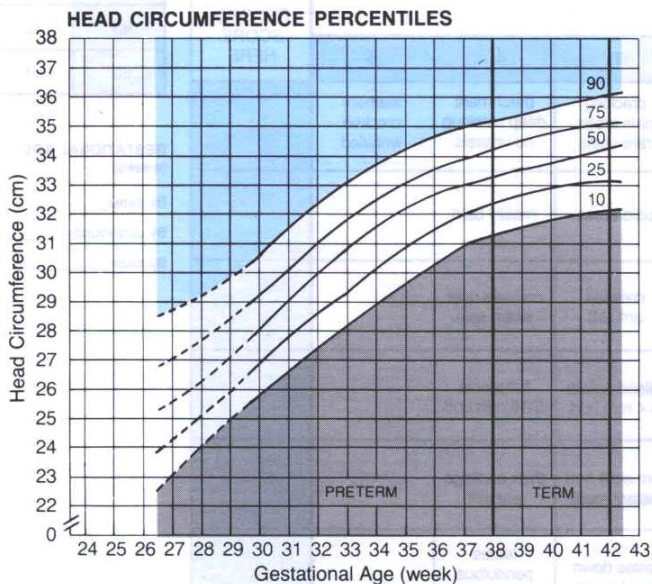
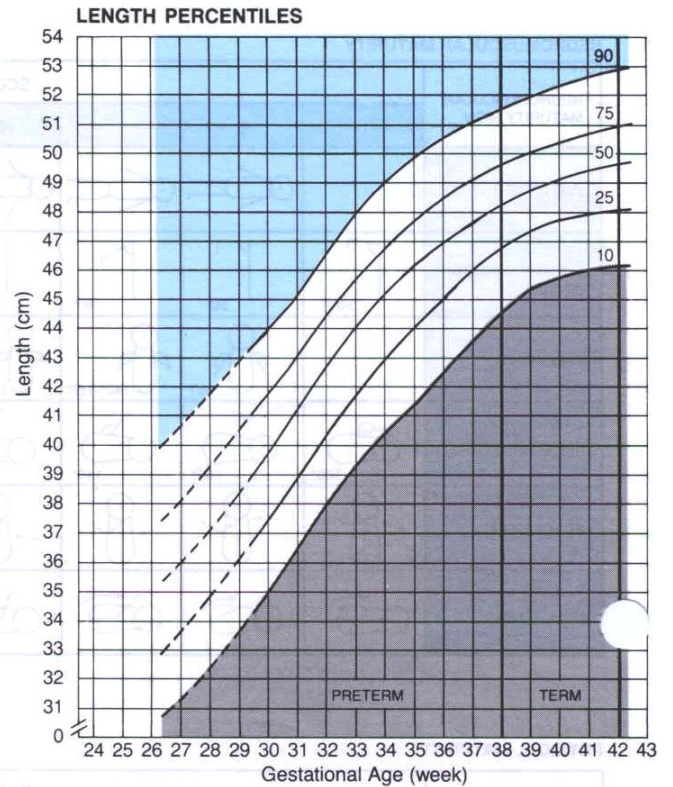
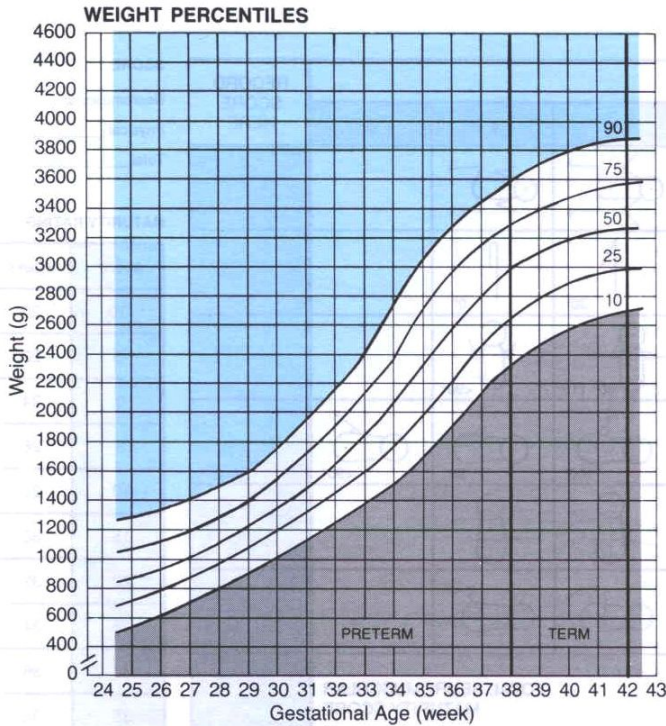
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TOTAL PHYSICAL MATURITY SCORE

# CLASSIFICATION OF NEWBORN (BOTH SEXES) BY INTRAUTERINE GROWTH AND GESTATIONAL AGE <sup>1,2</sup>

NAME \_\_\_\_\_ DATE OF EXAM \_\_\_\_\_ LENGTH \_\_\_\_\_  
 HOSPITAL NO. \_\_\_\_\_ SEX \_\_\_\_\_ HEAD CIRC. \_\_\_\_\_  
 RACE \_\_\_\_\_ BIRTH WEIGHT \_\_\_\_\_ GESTATIONAL AGE \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_



#### CLASSIFICATION OF INFANT\*

	Weight	Length	Head Circ.
Large for Gestational Age (LGA) (>90th percentile)			
Appropriate for Gestational Age (AGA) (10th to 90th percentile)			
Small for Gestational Age (SGA) (<10th percentile)			

\*Place an "X" in the appropriate box (LGA, AGA or SGA) for weight, for length and for head circumference.

#### References

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- Lubchenco LO, Hansman C, Boyd E: Intrauterine growth in length and head circumference as estimated from live births at gestational ages from 26 to 42 weeks. *Pediatrics* 1966; 37:403-408.

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# MATURATIONAL ASSESSMENT OF GESTATIONAL AGE (New Ballard Score)

NAME \_\_\_\_\_ SEX \_\_\_\_\_  
 HOSPITAL NO. \_\_\_\_\_ BIRTH WEIGHT \_\_\_\_\_  
 RACE \_\_\_\_\_ LENGTH \_\_\_\_\_  
 DATE/TIME OF BIRTH \_\_\_\_\_ HEAD CIRC. \_\_\_\_\_  
 DATE/TIME OF EXAM \_\_\_\_\_ EXAMINER \_\_\_\_\_  
 AGE WHEN EXAMINED \_\_\_\_\_  
 APGAR SCORE: 1 MINUTE \_\_\_\_\_ 5 MINUTES \_\_\_\_\_ 10 MINUTES \_\_\_\_\_

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NEUROMUSCULAR MATURITY SIGN	SCORE							RECORD SCORE HERE
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POPLITEAL ANGLE								
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HEEL TO EAR								
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## SCORE

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 Total \_\_\_\_\_

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TOTAL PHYSICAL MATURITY SCORE								

## GESTATIONAL AGE (weeks)

By dates \_\_\_\_\_  
 By ultrasound \_\_\_\_\_  
 By exam \_\_\_\_\_

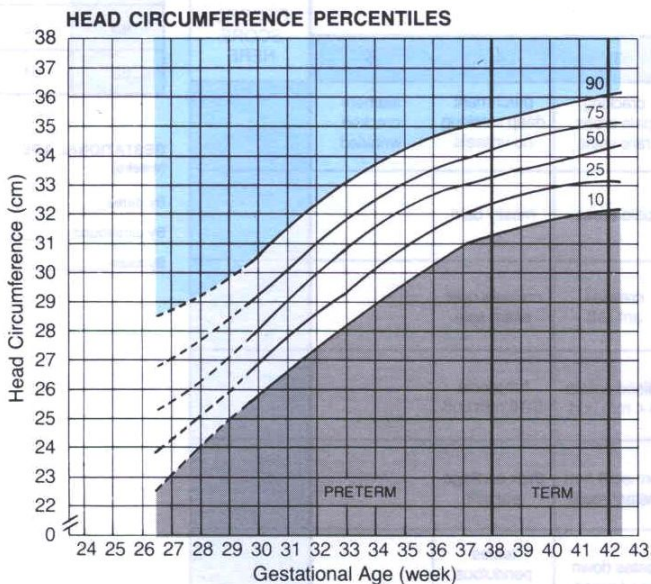
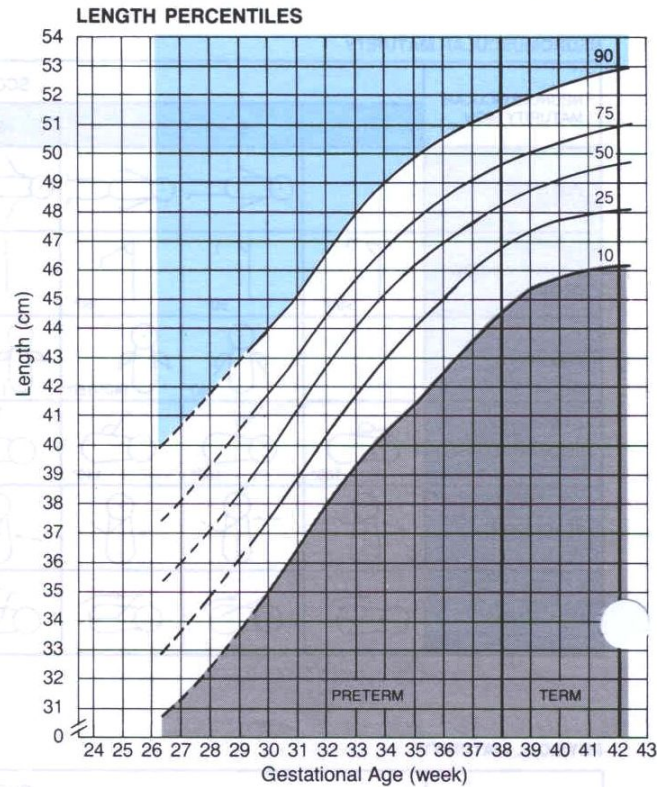
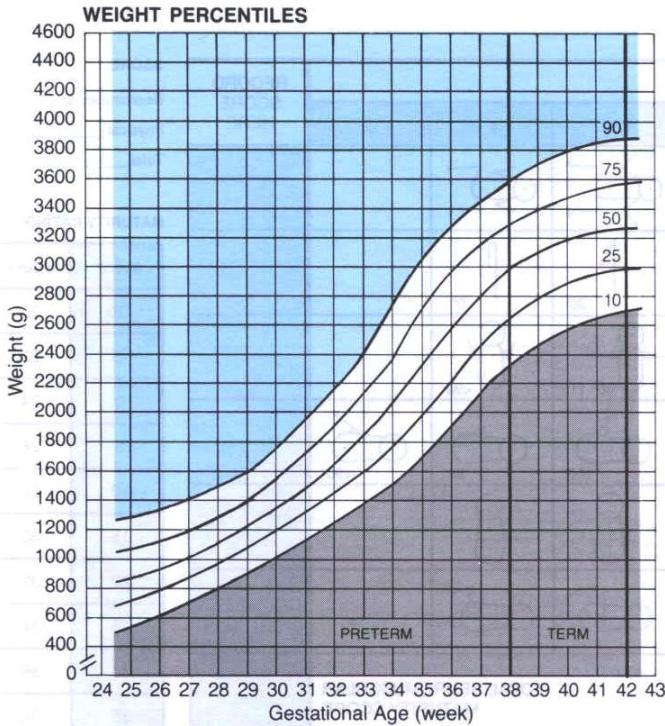
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 HOSPITAL NO. \_\_\_\_\_ SEX \_\_\_\_\_ HEAD CIRC. \_\_\_\_\_  
 RACE \_\_\_\_\_ BIRTH WEIGHT \_\_\_\_\_ GESTATIONAL AGE \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_



CLASSIFICATION OF INFANT*	Weight	Length	Head Circ.
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**CLINICAL  
ASSIGNMENTS**

## **INTRAPARTUM UNIT**

### **INTRAPARTUM CLINICAL ASSIGNMENTS & EXPECTATIONS**

Your role in the labor and delivery unit will be observing and assisting the LD nurse taking care of labor patients. You must be able to provide labor support techniques and comfort measures to laboring mothers. Be prepared to help new mothers breastfeed their newborns after birth. Plan to assist the nurses providing care in the 1-2 hour recovery period after mothers give birth. You do not go in advance to select your laboring mothers prior to the day you are assigned to the Labor and Delivery Unit.

You will wear hospital scrubs for this clinical rotation. Please allow sufficient time to change clothes and be on the unit on time! You may wear neat street clothes (no jeans!) with a clean pressed white lab coat to the hospital prior to changing clothes.

How should you prepare for clinical?

1. Read your book and be familiar with:
  - the stages and phases of labor and nursing interventions for each
  - anesthesia and analgesia for labor and birth (and the nurses' role)
  - how to provide labor support and comfort measures
  - fetal heart rate and uterine contraction monitoring
  - antepartum testing and procedures (biophysical profile, nonstress test, contraction stress test, and amniocentesis)
  - complications (preterm labor, preeclampsia, cesarean births)
2. Answer the questions for the intrapartum worksheet.

What do you turn in? In the morning, you will turn in your:

- intrapartum worksheet

## INTRAPARTUM WORKSHEET

Please type on a separate sheet – APA cover sheet and reference page required.

1. Name and describe the 4 parts to Leopold's maneuver.
2. What is variability of the FHR and what is its significance?
3. Describe and draw (not computerized) the 3 types of decelerations, the **causes**, and the **appropriate interventions** for each.
4. List and describe 10 labor support techniques to help the intrapartum mother cope.
5. List the common medications that the **RN** (not anesthetist) might give for each of the following situations. The number in parentheses is the number of drugs required. Please refer to your book and lecture notes.
  - normal labor and birth (5). (hint: all are for analgesia or potentiator effects)
  - induction of labor (2).
  - preterm labor (5). (hint: 4 are tocolytic drugs and one is not)
  - pregnancy induced hypertension (PIH or preeclampsia) (5). (hint: 4 are antihypertensive medications)
  - hemorrhage following birth of the placenta (3).
6. Briefly describe the types of breathing techniques to help women cope with labor.
7. List 3 nursing diagnoses for the laboring woman who unexpectedly needs a cesarean birth. These diagnoses should pertain to her current intrapartum situation, and not her upcoming postpartum situation. (i.e. not Potential for Infection).

Turn in worksheet on or before your first clinical day in Labor & Delivery.  
Please number your answers.

## NEONATAL UNIT CLINICAL ASSIGNMENTS & EXPECTATIONS

In the neonatal nursery, you will provide direct care to two or more newborn infants. Your responsibilities include, but are not limited to:

1. Taking newborn vital signs.
2. Performing complete head to toe physical assessments.
3. Performing gestational age assessments.
4. Feeding and changing newborns.
5. Teaching parents how to care for and feed their newborn.
6. Teaching mothers how to breastfeed.
7. Administering intramuscular injections
8. Administering eye ointment medications.
9. Bathing newborns.
10. Attending cesarean and vaginal births.
11. **DOCUMENTING ALL CARE.**

You will also observe the role of the neonatal nurse and will observe procedures, such as circumcisions.

You do not select your well neonates prior to the day you are assigned to the Newborn Nursery. You might have to wear hospital scrubs for this clinical rotation. Come in your ASU uniform in case you are not required to wear hospital scrubs.

How should you prepare for clinical?

1. Review the section in your book on neonatal nursing care, specifically related to physical assessment, breastfeeding, and what to teach the parents about how to care for their baby.
2. Make extra copies of the gestational age assessment forms to take to the nursery because you will use 2 of these per day.

What do you turn in?

In the morning of your first day in the Neonatal Unit, you will turn in your neonatal worksheet. Be aware that you must complete 2 gestational age assessments to be turned in later in the semester (date TBA).

## NEONATAL WORKSHEET

Please type on a separate sheet – APA cover sheet and reference page required.

1. Describe 3 essential criteria used to evaluate the newborn immediately after birth. (Hint: this is not in the book. Look in the syllabus.)
2. Please write out the normal newborn physical assessment. Use bullet statements to keep it short, yet comprehensive.
3. List 3-4 common basic laboratory tests that would be obtained on an infant in the nursery. Include normals. (One test will be the newborn screen – see on-campus clinical notes.)
4. List the 3 common medications that would be administered to the newborn. Include the dose, route, and effect of each.
5. Name 4-5 common diagnoses for the newborn.
6. List and describe 8-10 parent teaching topics that the nurse must provide to ensure that the parents can care for their newborn. Provide specific details.

Turn in this worksheet on or before your first clinical day in the NEWBORN area.  
Please number your answers.

## POSTPARTUM UNIT CLINICAL ASSIGNMENTS & EXPECTATIONS

On the postpartum unit, you will provide direct patient care for your postpartum patients. For this rotation, you wear your ASU uniform. Your responsibilities include, but are not limited to:

- Postpartum assessment.
- Head to toe complete assessment.
- Patient teaching –breast and bottle feeding, infant care and safety, circumcision care, incision care (for cesarean moms), and self care.
- Medication administration (all routes).
- IV maintenance and insertion.
- Urinary catheterization.
- Documentation.

The evening/afternoon before the day you are assigned to the postpartum unit, you will select 2 postpartum mothers, review their charts, and gather all the relevant information you need to care for them (medications, database/flowchart information). You may select a mother in labor who will be on the postpartum unit by the next morning. In all cases, thoroughly review their chart information, including the prenatal record. Review the postpartum section in your book.

Occasionally, the census is low and there are insufficient postpartum patients for all the students. *In this case, you may select antepartum mothers or women who have had gynecological procedures.* With antepartum mothers, you may have an opportunity to observe or participate in procedures to assess fetal-well being. Please review antepartum nursing care in your book.

Be sure to write the patients you have selected on the patient sign-up sheet.



How should you prepare for clinical?

- Review the section in your books pertaining to your patient's condition.
- Complete a detailed flowsheet for each of your selected patients. Use the back of the flowsheet or a separate page to make a thorough flow chart of any pathology or pathophysiologic processes, like diabetes or hypertension. Use the internet, library databases, or other references to be knowledgeable about medications, treatments, or disorders.
- Answer the questions for the postpartum worksheet.

What do you turn in?

On the morning of your clinical, you will turn in your:

- patient flowsheets
- postpartum worksheet

## **POSTPARTUM WORKSHEET**

**Please type on a separate sheet.**

**APA cover sheet and reference page required.**

1. Write out your postpartum assessment, according to the BUBBLEHE acronym and using the book as a guide. Be specific about the details for each portion of the assessment.
2. List 4 diagnoses for the postpartum patient. Briefly describe specific interventions for each diagnosis.
3. List your top 3 oral analgesic preferences for postpartum episiotomy or afterpain discomfort. Explain the rationale for your choices.
4. Describe the specific situations in which Rubella and Rhogam would be required for a postpartum mother. Include method of administration.
5. Name 2 non-pharmacologic techniques to ease perineal discomfort.

Please turn in this worksheet on or before your first clinical day in POSTPARTUM.  
Please number your answers.

**NURSING FLOW SHEET FORM**  
Postpartum

Patient's Initials \_\_\_\_\_  
Room # \_\_\_\_\_ Age \_\_\_\_\_  
Date of Admission \_\_\_\_\_  
Allergies \_\_\_\_\_  
Height/Weight \_\_\_\_\_  
EDC or Gestational Age \_\_\_\_\_

Name \_\_\_\_\_ Unit \_\_\_\_\_  
Instructor \_\_\_\_\_  
Dates of Care \_\_\_\_\_

HISTORY (Psycho-Socio-Economic):  
Pathophysiology &  
Clinical Manifestations

TYPE, DATE, TIME OF BIRTH,  
BABY'S GENDER

LAB STUDIES (Results & Ranges):  
(Rubella, blood type & GBS, etc.)

MEDICAL & PREGNANCY HISTORY:  
(Gravida, TPAL, Breast/Bottle Feeding)

DIAGNOSTIC TEST

RISK FACTORS:

COMPLICATIONS OF LABOR & BIRTH,  
ANESTHESIA, EPISIOTOMY

DIET:

ACTIVITY:

NURSING DIAGNOSES:

TREATMENTS:

MEDICATIONS:

## **RNSG 2261 Evidence-Based Practice (EBP) Project Instructions**

**In recent years, there has been an awareness of the importance of using evidence-based practice to improve the quality of healthcare. In other words, we need to put research into practice to ensure good outcomes for our patients. Unfortunately, few nurses take the time, or understand how to, access the current research to support their interventions.**

**The purpose of this project is to introduce students to the availability of evidence, through research, supporting nursing and medical interventions and to encourage the utilization of that evidence.**

### **Objectives**

- 1) Identify a topic of interest related to perinatal or women's health nursing care**
- 2) Access various forms of evidence**
- 3) Summarize and evaluate findings**

### **Instructions**

- 1) Select a topic of interest related to perinatal or women's health and obtain approval from your clinical instructor via email. Think specifically about practices or interventions we use (or should use) in caring for these patients**
- 2) Search for 2 articles from peer reviewed sources related to nursing or medical practices or interventions. One source can be a meta-analysis from the Cochrane Library. Use the databases and journals available in our library. Print a copy of each article**
- 3) Search for a Clinical Practice Guideline (CPG). CPGs are usually created by specialty organizations that analyze available research on a disorder or clinical situation. Experts then recommend practices to follow in those situations (pre-term labor, breastfeeding, etc). These recommendations are based on the latest or best science. You will find that there are not as many CPGs as there are clinical situations that seem to need them. Search sites are located on Blackboard under External Links. Print a copy of your CPG.**
- 4) Be aware that your two articles may be on a different topic than the CPG, or they may be related. Your choice.**
- 5) Summarize your findings and write a 3-5 page report in proper APA style, on them and be prepared to present to class in a 5 minute professional presentation.**
- 6) APA format will 20% of your final grade.**
- 7) You will turn in your paper with your articles attached.**
- 8) Each section of you paper should have formal headings:**

**Such as:**

**Introduction/Background**

**Current Practice**

**Research Results**

**Summary/Implications/Implementation**

**ANGELO STATE UNIVERSITY**  
**DEPARTMENT OF NURSING**  
**Clinical Evaluation Tool**

Clinical evaluation provides the student with criteria for achieving clinical objectives. It also judges whether or not the student has satisfactorily met the learning objectives during the clinical practicum. This tool evaluates three broad areas: Provider of Care, Coordinator of Care and Member of a Profession. These are derived from the document “Essential Competencies of Texas Graduates of Diploma and Associate Degree Registered Nursing Programs in Nursing.” Additional clinical behaviors, derived from the same document, are listed under each of these broad areas. A rating is NOT made separately for each additional clinical behavior. Understanding the clinical evaluation tool is essential for both the student and the clinical nursing instructor. If the clinical instructor observes behaviors, which in his/her judgment indicated that the student is not satisfactorily meeting criteria for any one of the three areas, the student will receive an “Unsatisfactory” rating for that area. An “Unsatisfactory” final rating in any one of the three broad areas (Provider of Care, Coordinator of Care or Member of a Profession) will result in failure of the clinical practicum, regardless of the behaviors assessed in the remainder of the tool.

Please read the guidelines below; as well as the tool itself, to be sure that you clearly understand the clinical evaluation process.

1. Responsibilities of the clinical instructor:
  - Clarify any part of the tool that is unclear to the student. Discuss how the tool will be used to evaluate clinical performance.
  - Assign an evaluation (Satisfactory or Unsatisfactory) for each of the three categories on the tool, based on the applicable behaviors listed under each category.
  - Make additional comments as indicated to note deficiencies; as well as, strengths or outstanding performance.
  - An evaluation is to be done at mid-semester and at the end of the semester.
  - Allow the student to review the evaluation at mid-semester and at the end of the semester. The student should sign the tool to verify that he/she has seen it.
  
2. Responsibilities of the student:
  - Review the tool carefully and ensure that you understand it. Obtain clarification from the clinical instructor if necessary.
  - Be accountable for learning and provide evidence of that learning.
  - Participate fully in clinical assignments to meet as many of the clinical objectives and listed clinical behaviors as possible.
  - Review the assigned evaluation rating and sign in the space indicated. It is the student’s responsibility to discuss areas of difference with the clinical instructor.
  - Provide feedback to the instructor which would help the instructor to assist you.

Student Name \_\_\_\_\_

Semester \_\_\_\_\_

**ANGELO STATE UNIVERSITY**  
**Associate of Applied Science in Nursing Program**  
**Clinical Evaluation RNSG 2260 /RNSG 2261 FALL SEMESTER**

Revised 4/01, 3/11/04

**SATISFACTORY: on the clinical evaluation means the student meets all critical behaviors and a majority of the other Competencies as listed below.**

**MID-SEMESTER**

MID-SEMESTER			FINAL			
M	N	U	COMPETENCIES	M	N	U
			<b>PROVIDER OF CARE: Critical Thinking</b>			
			1. Critically evaluate situations from different perspectives to develop an in-depth comprehensive assessment for multiple clients with predictable or unpredictable health care needs.			
			*A. Integrate focused physical & mental assessment with clients' needs (including physical, psychosocial, cultural, spiritual, familial, occupational resources & risk factors).			
			B. Apply critical thinking as a basis for problem solving in nursing practice.			
			<b>Therapeutic Nursing Interventions: Skills/ Safety</b>			
			2. Function as a member of the interdisciplinary team by demonstrating clinical skills, with minimal supervision, in caring for multiple clients with predictable or unpredictable health care needs.			
			*A. Demonstrate nursing actions to meet client needs, maintaining client dignity & rights.			
			*B. Practice safely according to institutional procedures/policies.			
			C. Coordinate care for multiple clients using time management & cost containment principles.			
			D. Evaluate interventions within legal/ethical parameters as determined by the Texas BNE NPA.			
			E. Anticipate, report & document clients' responses to medications, treatments & procedures.			
			F. Use current technology to gather evidence based information in clinical decision-making in nursing actions.			
			<b>Therapeutic Nursing Interventions: Nursing Process and Care Planning</b>			
			3. Design a client specific appropriate plan of care based on scientific rationales for clients with predictable or unpredictable health care needs.			
			*A. Formulate an individualized plan of care using subjective & objective data for clients.			
			*B. Predict outcome criteria that are measurable, realistic and time specific.			
			C. Prioritize nursing care interventions.			
			D. Modify plan of care as needed.			
			<b>Therapeutic Nursing Interventions: Delegation</b>			
			4. Demonstrate principles of nursing leadership.			
			A. Apply concepts of leadership in health care delivery.			

Student Name \_\_\_\_\_

Semester \_\_\_\_\_

M	N	U	COMPETENCIES	M	N	U
			<b>COORDINATOR OF CARE:</b>			
			1. Evaluate effectiveness of interdisciplinary team's communication skills that promote continuity of care for multiple clients with predictable or unpredictable health care needs.			
			*A. Demonstrate appropriate communication techniques.			
			*B. Utilize effective communication skills to report pertinent information to health care team, client, family & instructor.			
			C. Incorporate institutional resources, including support systems, into clients' plan of care.			
			D. Evaluate prepared flow sheets related to clients' plan of care.			
			E. Evaluate the organizational framework & communication processes to improve health care delivery.			
			<b>MEMBER OF PROFESSION: Professional Behavior &amp; Advocacy</b>			
			1. Apply professional behaviors to nursing practice (BNE NPA & ANA Code).			
			*A. Maintain privacy & confidentiality of client information.			
			*B. Integrate accountability & responsibility for actions & quality nursing care into professional practice.			
			C. Evaluate activities that promote professionalism in nursing.			
			D. Arrive at clinical on time appropriately dressed and prepared for assignment.			
			E. Submit all required paperwork on time.			
			F. Participate constructively during discussion of client care during clinical.			
			2. Evaluate behaviors that support advocacy for clients.			
			*A. Demonstrate respectful, caring responses with multiple clients, their families & health care team.			
			B. Evaluate nursing advocacy in various health care interactions.			
			C. Identify client unmet needs from a holistic perspective.			
			<b>M = Meets outcome      N = Needs practice      U = Unsatisfactory performance      * = Critical Behavior</b>			

**COMMENTS on back**

\_\_\_\_\_  
Mid-Semester Student Signature & Date

\_\_\_\_\_  
Mid-Semester Faculty Signature & Date

\_\_\_\_\_  
Final Student Signature & Date

\_\_\_\_\_  
Final Faculty Signature & Date

Student Name \_\_\_\_\_  
Semester \_\_\_\_\_

MID-SEMESTER:

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FINAL:

FINAL GRADE:  
STUDENT PASSED \_\_\_\_\_  
STUDENT FAILED \_\_\_\_\_  
STUDENT'S INITIALS \_\_\_\_\_

An "UNSATISFACTORY" final rating in any of the three broad areas (Provider of Care, Coordinator of Care, or Member of a Profession) will result in failure of the clinical practicum, regardless of the behaviors in the remainder of the tool.

**FAILURE WILL RESULT IN THE STUDENT RECEIVING AN "F" FOR THIS COURSE.**