

Alice Brockebank, 2012

ANTEPARTUM & POST PARTUM ORIENTATION

Objectives:

WEEK 1	Demonstrated to Orientee	Return Demonstration	Comments	Approved		Additional Activities
				Date	Initials	
<u>Introduction to Floor Plan</u> A. Locker Room – Assign Locker B. Kitchen C. Mailbox- Staff Mtg. Minutes D. Clean Utility Room E. Regulated Waste Storage Room 1. Separation of Regular and Infectious Waste F. Dirty Utility Room	4/26			5/29 18	SW	
<u>Communications</u> A. Doctor's Call List B. Doctor's Phone and Telephone Directory C. Beeper Numbers	5/29			5/29	SW	
<u>Nurses' Station</u> A. Call Light and Intercom System; Police Button B. Location of Forms and Charts C. Requisitions (downtime) D. Location of Manuals 1. Disaster 2. Fire 3. Infection Control 4. Emergency Preparedness E. HUGS Security System F. Meditech & EMAR G. Pyxis H. Handhelds I. Computer for intranet & PP	5/29 5/29 5/11			5/29	SW	
<u>Patient Room Set-up</u> A. Bed Operation B. Call Light System – Intercom System—Emergency Buttons	5/11			5/29	SW	

	Demonstrated to Orientee	Return Demonstration	Comments	Approved Date	Initials	Additional Activities
C. Storage Cabinets D. Equipment <ol style="list-style-type: none"> 1. Thermometer 2. B/P Monitor 3. Thompson Bags 4. Needle Disposal Box 5. IV Pump 6. Accu-chek 7. Needle Disposal Box E. TV & Phone Info F. Telephone	4/26 SN			5/29	SN	
<u>Post-Partum Assessment</u> A. Breast Check B. Feeding Sheets <ol style="list-style-type: none"> 1. Breastfeeding mother <ol style="list-style-type: none"> a. Assess secretion – colostrum or milk b. Note cracks, blisters, redness, inversion c. Engorgement 2. Bottle Feeding <ol style="list-style-type: none"> a. Note leaking b. Engorgement c. Encourage bra for 7-10 days 	5/1 SN	5/29		5/29	SN	Policy and procedure for Immediate Post-partum Care CC.12.001
C. Fundal Check <ol style="list-style-type: none"> 1. Firmness 2. Position 3. Expressing Clots 	5/1 SN	5/29		5/29	SN	
D. Lochia <ol style="list-style-type: none"> 1. Rubra, serosa, alba 2. Amount 	5/1 SN			5/29	SN	
E. Perineal Check <ol style="list-style-type: none"> 1. Episiotomy <ol style="list-style-type: none"> a. note edema, discoloration 2. Hemorrhoids 3. Instruct on peri-care routine 4. Use of Tucks, Dermoplast spray and ice pack, sitz bath 	5/1 SN			5/29	SN	
F. Bladder Function <ol style="list-style-type: none"> 1. Palpation 2. Note displacement of uterus 	5/1 SN	↓		5/29	SN	

	Demonstrated to Orienteer	Return Demonstration	Comments	Approved Date	Initials	Additional Activities
G. Emotional Status 1. Bonding process 2. Confidence 3. Post-partum blues	5/1 SW	5/29		5/29	SW	
I. Rest and Sleep Status	5/1 SW	↓		5/29	SW	
J. Nutritional Status	5/1 SW	↓		5/29	SW	
K. Psychosocial Assessment—Attachment Behaviors	5/1 SW	↓		5/29	SW	
L. Pain Assessment	5/1 SW	↓		5/29	SW	
Assessment and Care of C-Section Patient						
A. Teaching 1. Pre & Post Op Teaching 2. Documentation						Policy and Procedure for Care of C-Section Patient CC.12.001.02
B. Pre-op Care 1. Prep – Skin wash, hair clipped 2. Lab work – check chart—Consent Signed 3. Foley insertion 4. Start IV 5. 30-minute strip 6. Pre-op Checklist 7. Emotional Support	SW 9/6	SW	dependent independent	9/28		
C. C-Section Recovery 1. VS & O2 Sat. Assessment 2. Pain assessment & management 3. Aldrete Score 4. Documentation	↓		↓	↓		
D. Post-op Care 1. VS 2. Assessment a. dressing b. lung sounds- Incentive Spirometer c. bowel functioning d. lochia- Fundal height and tone e. pain f. SX of DVT, Use of SCD	5/11 SW	5/25 SW	↓	5/29 SW	SW	

	Demonstrated to Orienteer	Return Demonstration	Comments	Approved Date	Initials	Additional Activities
<u>Assessment and Care of Patient with Epidural and Spinal Anesthesia</u>						
A. Insertion Site Check	5/11 SW	5/25 SW		5/15	SW	Policy and Procedure for Epidural Anesthesia
B. CMS of Lower Extremities (q 1° until full sensation)						
C. Assessment of bladder (q 1° until voiding)						
D. Documentation	5/11 SW					
<u>Assessment and Care of Patient with Post-partum Hemorrhage</u>						Policy and Procedure for Post-partum Hemorrhage
A. Post-partum check of fundus of 15 min x4, then every shift	5/11					
B. If atonic, massage gently to firm contraction						
C. Assess bladder; if palpable, empty bladder						
D. Express clots						
E. If uterus remains atonic, 1. stay with patient 2. manually compress uterus 3. call another staff member, call physician 4. start IV (LR at 250cc per hour) 5. Apply O ₂ via mask	5/20					
			Policy / Procedure Reviewed SW			
<u>Patient Teaching</u>						Patient Education Videos
A. Needs assessment						
B. Operation of video machine						
C. Bath demonstration						
D. Breastfeeding techniques						
E. Bottle feeding techniques						
F. Discharge instructions	5/15 SW			5/15	SW	

	Demonstrated to Orientee	Return Demonstration	Comments	Approved Date	Initials	Additional Activities
<u>Assessment & Care of Women with Diabetes</u> A. Assessment of blood glucose values per MD order 1. Assess for Sx's of Hypo or Hyperglycemia B. Insulin requirements calculated as ordered C. Oral agents can not be used while lactating D. Diabetes - Gestational 1. Diet management 2. Teach glucose monitoring 3. Teach insulin administration per order 4. Diabetic Nurse Educator	6/12	6/12		6/12	SW	Module 13 Understanding Gestational Diabetes (video)
<u>Discharge Procedure for Mother and Baby</u>	5/15 SW	5/19		5/19	SW	Policy and Procedure for Discharge of OB Patient and Newborn
<u>Hyperemesis</u> A. IV with multivitamin per order B. Maintain strict I & O C. Weigh daily						
<u>Rh Negative Mother and Rhogam</u> A. Order rhogam in computer B. Administration of rhogam- IM or IV C. Documentation of vital signs 20 min afterward D. Maintain Saline Lock	JS	JS		9/28	JS	
<u>Birth Certificate</u> A. Birth certificate worksheet B. Newspaper publication and Social Security Application Signatures C. Medicaid Patients 1. "Message from Social Security" signed by father D. Unwed patients 1. Paternity affidavits 2. Permission for father's name in newspaper	5/19	5/19		5/19	SW	

	Demonstrated to Orienteer	Return Demonstration	Comments	Approved Date	Initials	Additional Activities
<p><u>Role of "Charge" Nurse</u></p> <ul style="list-style-type: none"> A. She is the Post Partum Nurse B. ✓ Assigns or delegates staff nurse assignments C. ✓ Responsible for JACHO survey audits D. ✓ "Orchestrates" the smooth running of the floor— Including labor and Nsy & Techs E. ✓ Responsible for code cart check every day F. ✓ Makes decisions transferring pt's off floor due to increased census G. ✓ Decisions regarding pt / staff ratio (ex. High census = calling off IOL and/or low census calling off staff) 	5/1			5/1	sw	defibrillator ✓

NURSERY ORIENTATION

Objectives:

WEEK 1	Demonstrated to Orientee	Return Demonstration	Comments	Approved		Additional Activities
				Date	Initials	
1. Tour of the Nursery and Accessory Rooms A. Location of Equipment and Supplies 1. Linen Cupboard 2. Crib Room/Store Room 3. Formula Room 4. Nursery Cupboards and Drawers	6/19 PF			7/12	PF	
B. Location of Forms Used in the Nursery 1. Newborn charts 2. Kardex's, care plans and other forms 3. Lab and x-ray requisitions – computer/"downtime" 4. Phone numbers of doctors and other departments	6/19 PF			7/12	PF	
2. A. Newborn identification procedures C. Documentation of routine care D. VDRL and metabolic screening log E. "Boarder" babies	6/19 PF			7/12	PF	CC.12.015 CC.12.015.01
3. Admission procedures A. Vital signs B. Newborn physical / Assessment C. Documentation on Hollister forms D. Accucheck	6/19 PF			7/12	PF	Hypoglycemia protocol cc12.014.01 12.018.01 newborn assessment
4. Radiant warmer A. Manual Servo settings	6/19 PF			7/12	PF	
5. Blood pressure monitor	6/19 PF			7/12	PF	
6. Review medical policy: A. Physicians' orders, B. On-call schedules	6/21 PF			7/31	PF	

	Demonstrated to Orientee	Return Demonstration	Comments	Approved Date	Initials	Additional Activities
D. Transcutaneous Bilimeter						CC.12.010.04.01 CC.12.010.05 CC.12.022
18. Cardio-respiratory Monitor						
19. Blood Pressure machine						
20. Apnea monitor						
21. O2 Sat monitor						
22. IV pump / Burettes						
23. Syringe pump	7/26			7/26	PF	CC.13.007.01
24. Transfer of infant to SMH	7/12 PF					CC.02 CC.02.003.02
25. Admission of an infant from SMH						CC.02.
26. Admission of infant born outside the Hospital or Maternity Department						CC.02.001.05
27. Neonatal resuscitation:						
A. Code Cart						CC.12.002
B. Umbilical cord assisting with line insertion						CC.12.002.01
						Video: Neonatal Resuscitation and book
						Certification in September 2012
						Certification to be complete by end of orientation.
28. Pediatric Medication Credentialing						CC.13.012.03
29. Starting IV:						
A. Procedure	8/22	7/12 PF		7/26	PF	CC.13.012.02
B. Credentialing for		7/22 PF				P&P
30. Hepatitis B						
A. Screening	4/19	6/26		6/26	PF	CC.02.001.05
B. Vaccine protocol						CC.12.011.03
C. Procedure						
31. Car Seat Test P&P reviewed						
32. Baby Bytes						CC.12.027 CC.12.027.01
33. First Foto						
34. Hearing Screening						
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LABOR AND DELIVERY ORIENTATION

Objectives:

	Demonstrated to Orientee	Return Demonstration	Comments	Approved		Additional Activities
				Date	Initials	
I. Introduction to Labor and Birthing Area:						
A. Location of Supplies in room and on Unit Ex. Linen, oxygen, suction, IV solutions, and portable oxygen	gg	gg		9/28	gg	9/26 SCL for N starts
B. Location and use of:						
1. Forcep cart						
2. Speculum Exam tray						
3. Emergency delivery tray	gg	gg		9/28	gg	
4. Ruptured membrane tray						
C. Operation of birthing beds (Swedish, Hill Rom and Adel):						
1. Labor bar	gg					
2. Stirrups	gg					
3. Foot rest	gg					
D. Call and phone system:						
1. Intercom system ✓	gg	gg		9/16/12	gg	
2. Emergency button ✓						
3. Nurse emergency blue button ✓						
4. Doctor's call list ✓						
5. Telephone directory ✓						
6. Supervisor number ✓						
7. Numbers for back door ✓						
8. Triage / Message book ✓						
E. Birthing room set-up:						
1. Linen pack	gg	gg		gg	gg	
2. Delivery set				9/16/12		
3. Sterile gloves						
4. Birthing lights-Ceiling & Portable						
5. Cluster cart						
6. Stocked monitor						
7. Baby warmer						

	Demonstrated to Orienteer	Return Demonstration	Comments	Approved Date	Initials	Additional Activities
8. Neo Puff 9. Step stool 10. Ready room checklist	sf sf sf	sf sf sf		9/6 ↓	sf ↓	
F. C-Section room set-up: 1. Check blanket warmer supplies 2. Check suction 3. Check Oxygen 4. C-section packs in place 5. Check baby warmer 6. Obix hook-up 7. Set-up for twins						
II. Forms used in Labor and Delivery a. Birthing center charts / location b. Add-on charts for c-sections / B.T.L.'s ^{Repos & Anesthesia Record} c. NST schedule book / Rhogam book d. Out Pt. Discharge instructions / kick count sheet e. Kardex's - Ex. Post partum and Ante partum f. Transfer Packets → g. Fetal loss packets h. Policies and procedures i. Anesthesia packet for epidurals	sf ↓ sf ↓	sf ↓ sf ↓	h. Review all P.P.'s	9/6/12 ↓ ↓ ↓	sf ↓ sf ↓	
III. Safety: a. Hugas system	sf	sf		9/6 ↓	sf	DVD
IV. Use of Equipment A. Fetal monitor 1. Operation: a. Turning on ✓ b. Setting clock ✓ c. Changing paper ✓ d. Marker ✓ e. Toco Pressure ✓ f. Telemetry ✓ g. Test button ✓ h. Function button ✓	sf ↓	sf ↓		9/6/12 ↓	sf ↓	

	Demonstrated to Orientee	Return Demonstration	Comments	Approved Date	Initials	Additional Activities
2. Using external monitors <ul style="list-style-type: none"> a. Belts b. Twins 	JJ	JJ		9/28	JJ	
3. Using Internal monitors <ul style="list-style-type: none"> a. Internal scalp lead b. IUFC 						
4. Reading & Interpreting fetal monitor strip <ul style="list-style-type: none"> a. Fetal monitoring class 	JJ	JJ		9/6	JJ	
B. Use of Doppler- C/S room Doppler & waterproof Doppler						
C. Cluster cart <ul style="list-style-type: none"> 1. Equipment within 2. Setting up for delivery 						
D. Baby warmer <ul style="list-style-type: none"> 1. Operation: <ul style="list-style-type: none"> a. Turning on b. Servo mode c. Manual mode d. Light e. Apgar timer f. Alarm g. Removing heater for X-ray 2. Application of temperature sensor 3. Location of supplies in drawers & shoe bag on warmers in O.R. and Nsy. 	JJ	JJ		9/6	JJ	
E. Use of OBIX <ul style="list-style-type: none"> 1. Operation: <ul style="list-style-type: none"> a. Signing on b. Admission of patient c. Notes- labor & delivery d. Reviewing notes e. Late notes f. Deleting notes g. Printing notes & graphs h. Locking notes 2. Phone number to contact: Obix help line 3. Location of key for HAL 	JJ	JJ		9/28	JJ	

	Demonstrated to Orientee	Return Demonstration	Comments	Approved Date	Initials	Additional Activities
F. Jacuzzi 1. Temperature 2. Cleaning	Jf					CC.12.001.24
V. Pre – Admission testing: A. NST Procedure- Recognizing reactive pattern- Notifying MD B. Procedure changes C. Calendar notation and scheduling D. Discharge instructions and kick count E. BPP F. Stress test- Ex. OCT, Nipple stimulation G. External version procedure	Jf Jf Jf Jf Jf	Jf Jf Jf Jf Jf		9/28 ↓	Jf ↓	CC.12.001.32
VI. Admission Procedure: A. Nursing Assessment B. Domestic violence assessment C. Admission Signatures D. Medication reconciliation form E. Physician orders – Labor pt & Ante Partum pt F. Social service referral G. Education – Discharge planning H. Admission binder in room I. Check labor room readiness – Ex. Monitor ready, O2 in ready room baby warmer ready	Jf ↓	Jf ↓		9/28 ↓	Jf ↓	P.P. # 12.001.33 CC .12.001.28
VII. Labor management A. Assess labor 1. Palpate contractions: Noting interval, duration, & intensity 2. Assess F.H.R. 3. Assess Status of membranes 4. Assess vital signs 5. Perform Vaginal Exam or assist MD 6. Identify risk factors- <u>communicate</u> to charge nurse, Nsy nurse & MD	Jf ↓	Jf ↓		↓	↓	P.P. 12.001.11 P&P for guidelines for assessment FHR, uterine contr. & vital signs pg 306- “Perinatal nursing- Awhonn” Module 5 Module 3 Note- preterm or term pregnancies w/ SRM & no signs

Reviewed

	Demonstrated to Orienteer	Return Demonstration	Comments	Approved Date	Initials	Additional Activities
						of labor or bleeding should not have vaginal exam by RN pg 77 "Intrapartum management modules"
B. Positioning patient 1. Side lying 2. Use of labor bar 3. Use of labor ball	js ↓	js ↓		9/16	js	
C. Relaxation techniques: 1. Teach or review relaxation, focusing & breathing techniques 2. Whirlpool warm water bath 3. Document Response						Module 5
D. Pain management: 1. Position Changes 2. Breathing techniques 3. Analgesia 4. Epidural 5. Document Response	js js js js js	js js js				1&2-Module 5 pg 173-175 P.P.# CC.13.004.08
E. Care of mother at delivery: 1. Pitocin after placenta 2. Cord blood & cord gas 3. Recovery notes 4. Documentation- Obix and Kardex MCKESSON	js js js ↓	js js js ↓				
F. Care of baby at delivery: 1. Shoulder dystocia procedure 2. Resuscitation: a. Bulb and wet suction b. O2 – Anesthesia bag or Blow-by or Neo Puff c. Assisting with intubation d. Resuscitation drugs 3. Meconium stained baby procedure 4. Apgar scores 5. Baby meds- Vitamin K, Erythromycin Ointment, and Narcan 6. Identification- bands, Hugs tag, footprints 7. Kardex documentation						-Protocol and DVD - NRP Guidelines - P.P.# cc.12.001.36

	Demonstrated to Orientee	Return Demonstration	Comments	Approved Date	Initials	Additional Activities
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8. NSVD, "skin-to-skin"						
SPECIFIC PROCEDURES AND HIGHER RISK PROCEDURES						
	Demonstrated to Orientee	Return Demonstration	Comments	Approved Date	Initials	Additional Activities
XIV. Pitocin induction or augmentation						P&P# CC13.007.04 pg 314-319 Intrapartum management module 7
A. Assessment						
1. Baseline 30 Minutes - Monitor Strip	JF 9/6	JF 9/6		9/6	JF	
2. Informed consent <i>initial paper signed on admit</i>	JF	JF				
B. Preparation of equipment						
1. Prepare the 2-bag IV Solution Setup	JF 9/6	JF 9/6				
2. DSLR with 10 units Pitocin obtained thru pnyxis	↓	↓				
3. Initiate Infusion with M.D. on Premises						
4. Increase Rate per MD Order						
5. Use "Dose Mode" in IV Pump						
6. Label tubing with pink label	↓	↓				
C. Document and take VS as per policy	JF	JF				
D. Continuous monitoring while Pitocin is infusing	JF	JF				
E. Identify need for intervention of non-reassuring strip & institute appropriate treatment.						P&P# CC12.001.25 for non-reassuring monitor strip
1. Stop Pitocin						
2. Pt in left or right lateral position						
3. Administer O ₂						
4. Notify Physician						
5. Reassure patient						
6. Prepare for possible rapid delivery						
7. Fluid bolus						
8. Check BP						
9. Ephedrine for hypotension per anesthesia						
XV. Cervical Ripening						P&P# CC13.007.10 CC 13.007.04 Module 7
A. Misoprostil	JF	JF				
B. Cervidil	JF	JF				

	Demonstrated to Orientee	Return Demonstration	Comments	Approved Date	Initials	Additional Activities
XVI. Pregnancy Induced Hypertension Management -						
A. Assessment <i>Labetolol, Nifedipine</i>						
1. VS per Order	<i>sf</i>	<i>sf</i>		<i>9/20</i>	<i>sf</i>	Policy for PIH Management cc.12.001.09 Policy for MgSO ₄ Administration Intrapartum Management Module 9
2. Deep Tendon Reflexes	<i>sf</i>	<i>sf</i>				
3. I&O-weight daily	<i>sf</i>	<i>sf</i>				
4. Evaluate Edema	<i>sf</i>	<i>sf</i>				
5. Neurologic Symptoms	<i>sf</i>	<i>sf</i>				
6. Know Relevance of Lab Results	<i>sf</i> ↓	<i>sf</i> ↓				
C. Nursing Interventions						
1. Seizure Precautions						
2. Quiet, non-stimulating environment						
3. Bed rest in Side Lying Position						
4. VS per MD order						
5. Fetal monitoring per MD order						
XVII. Pre-term Labor Management						
A. Assessment						
1. Obtain History of Pregnancy (EDC, status of membranes, urinary infections)		<i>sf</i>		<i>9/20</i>	<i>sf</i>	Module 8 P&P# CC12.001.22
2. Monitor FH and contraction						
B. Intervention						
1. Position on Side				<i>9/20</i>	<i>sf</i>	P&P# Terbutaline CC13.007.08
2. Hydrate		<i>sf</i>				
3. Contact Doctor Immediately						
2. Tocolysis as ordered 3. Nifedipine protocol						
XVIII. Speculum Vaginal Exam and Nitrazine and Fern Test for Diagnosis of Ruptured Membranes and						
A. Instruct Pt in procedure				<i>9/16</i>	<i>sf</i>	P&P 12.002.18 Module 3 & 8
B. Obtain basket with sterile speculum, nitrazine <i>soab</i> paper and slides		<i>sf</i>				
C. Assist MD						
D. Document						

Betamethasone inj

sf

sf

9/20

sf

	Demonstrated to Orienteer	Return Demonstration	Comments	Approved Date	Initials	Additional Activities
<p>XIX. Amnioinfusion</p> <p>A. Assist with IUPC insertion</p> <p>B. Set up NaCl or LR per MD order</p> <p>C. Instill fluid as ordered</p> <p>D. Document fluid return and Pt's tolerance</p> <p>F. Document results of procedure RE FHR and decelerations</p>			None seen P&P reviewed		JH	P&P CC 12.001.15 pg 153-154 Amnioinfusion REVIEWED
<p>XX. Code Green:</p> <p>A. Notify charge nurse</p> <p>B. Charge nurse notifies supervisor, Nsy, ped's, and switchboard</p> <p>C. Perform pre-op procedures as time permits</p> <p>D. O2</p> <p>E. Lateral or trendelenburg as indicated</p> <p>F. Support and reassurance Pt and family</p> <p>G. Go with Pt to O.R. and assist with placing BP cuff, heart monitors, O2, Bovie, and leg straps.</p> <p>H. Prepare baby warmer</p> <p>I. Circulating until OR nurse arrives</p>			P&P reviewed			cc12.003.01
<p>XXI. Non-Emergent / Elective C / Section</p> <p>A. Preparation of mother</p> <p>1. 30 min. monitor strip</p> <p>2. Full assessment on Obix</p> <p>3. IV</p> <p>4. Foley and clip prep</p> <p>5. Pre & post-op teaching</p> <p>6. Sage skin prep</p> <p>B. Charting</p> <p>1. Consent signed in chart</p> <p>2. O.R. check list</p> <p>3. Lab work in chart</p> <p>4. Physical and History in chart</p>	JH ↓ 9/6 ↓ JH	9/28		9/28	JH	P&P# CC12.001.02
<p>XXII. Prolapsed Cord</p> <p>A. Assessment</p> <p>1. Vaginal Exam for ROM with breech presentation or any fetal Bradycardia</p>			P&P reviewed	9/28		P&P# CC12.001.20 pg57-59, 77

	Demonstrated to Orienteer	Return Demonstration	Comments	Approved Date	Initials	Additional Activities
2. Examine for Protrusion of Cord from Vagina 3. Notify MD						
B. Interventions 1. Place Patient in Knee/Chest Position to reduce compression of cord. 2. O2 3. Do not handle cord 4. Vaginal Exam- Apply pressure (on either side of cord) to presenting part vaginally to relieve pressure 5. Prepare for emergent delivery (C-section) 6. As always -Document			reviewed, none seen			
XXIII. Placenta Previa A. Assessment 1. Painless bleeding during 2 nd and 3 rd trimester B. Management 1. Continuous fetal monitoring 2. Lateral position 3. No vaginal exams. 4. Assessment of bleeding 5. Assessment of VS					reviewed 87	
XXIV. Abruptio Placenta A. Assessment 1. Board-like Rigidity of Abdomen 2. Port wine colored amniotic fluid 3. Sudden onset, intense localized pain 4. Signs of shock						P&P CC12.001.23 pg 71
B. Interventions 1. Treatment depends on maternal fetal status 2. Continuous Fetal Monitoring 3. Aggressive fluid replacement 4. Prepare for emergent delivery (C-section)						

	Demonstrated to Orientee	Return Demonstration	Comments	Approved Date	Initials	Additional Activities
XXV. Postpartum Hemorrhage A. Assessment 1. Heavy vaginal flow 2. Boggy Uterus 3. Constant Trickle of Blood 5. Increased Pulse, Decreased Blood Pressure *Traditional signs of hypovolemic shock are not evident until 15% to 20% of total blood volume lost			REVIEWED			P&P# CC12.001.08 pg 556-559 module 14 Bakri balloon
B. Interventions 1. Massage Fundus 2. Check VS q15" 3. IV Fluids 4. Administer oxytocins as ordered 5. I & O 6. Trendelenburg 7. Provide emotional support and explanations for pt. And family						
XXVI. Precipitous Vaginal Delivery A. Assessment 1. Vaginal exam to determine dilatation or crowning 2. Monitor FHR 3. VS	sg		debriefed			Module 14
B. Intervention 1. Do not leave patient 2. Call for help 3. Have someone call Doctor and open emergency tray. Call Emergency Room Doctor if Delivery Imminent 4. Deliver Baby if necessary – no one available						

	Demonstrated to Orientee	Return Demonstration	Comments	Approved Date	Initials	Additional Activities
XXVII. Pregnant Woman with Diabetes A. Assessment: <ol style="list-style-type: none"> 1. Type: Pre-gestation, gestational, with or without insulin control 2. Evaluation of Bg's, signs of hyper/hypoglycemia 3. Evaluation of risk factors: sign of pre-eclampsia; polyhydramnios; bacterial infections B. Management: <ol style="list-style-type: none"> 1. NST' s begin weekly @ 32 wks – earlier if poor glycemic control. Twice wkly @ 36 wks (per MD order) 2. Labor: maintain glucose @ 80-120 3. Monitor Bg's every 2hrs (per MD order) 4. Continuous fetal monitoring 		5/11		5/11	SV	Module 13
XXVIII. Stillbirth A. Care of Mother <ol style="list-style-type: none"> 1. Grieving Packet 2. Perinatal Loss Checklist 4. Death Certificate - Attachment A 		5/16/12 CW				P&P CC12.008.02
B. Care of Baby <ol style="list-style-type: none"> 1. Footprints, Bands, Crib Card 2. Weight 6. First Photo Pictures 7. Special Gowns 8. Release of Body Form 9. Call Steve Chesler for photos if appropriate 8. Digital photos 		↓ CW				Policy & Procedure for Care of Grieving Family
XXIX. Specific Procedures <ol style="list-style-type: none"> 1. Leopold maneuvers 2. Vaginal exams 3. Testing for ruptured membranes 4. Use of IUPC 5. Use of scalp lead 						1. Intrapart management modules pg 113 2. pg 57, 90-96

done in other modules

	Demonstrated to Orienteer	Return Demonstration	Comments	Approved Date	Initials	Additio. Activities
7. Circumcision A. Equipment B. Restraints C. Sweet-ease D. Anesthesia / Analgesia E. NIPS pain score	7/8 7/17 PF	7/12 PF		7/28	PF	MS
8. Oxygen policies: A. Oximeter B. Oxyhood C. Heated nebulizer D. O ₂ analyzer E. Pulse oximeter F. NeoPuff	7/12 PF	7/12 PF				CC.12.019 CC.12.019.02 CC.12.020 CC.12.020.01
9. Hypoglycemia protocol	7/12 PF					CC.12.014.01
10. Newborn screening / heel stick	7/3 PF	7/7		7/26	PF	CC.12.012 CC.12.012.01
11. Discharge procedures	6/24 PF	7/12		7/28	PF	
12. Breast and bottle feeding protocols: A. Helpline procedure B. Medela breast pumps and accessories-Jan						CC.12.003 CC.12.003.01 CC.12.003.02
13. Suctioning of newborns A. Bulb B. Wall	7/12 PF			7/26	PF	
14. Meditech McKesson A. Newborn care plans B. Ordering Labs C. Ordering X – rays D. Reporting and recording critical values				7/28	PF	Computer
15. Shift reporting	6/19 PF	6/26 PF		7/28	PF	
16. Nasogastric tubes A. Insertion of indwelling tube B. Intermittent feeding						CC.12.003.03
17. Phototherapy A. Bililite B. Radiometer C. Bili Bed	7/17 PF	7/17		7/17	PF	CC.12.010 CC.12.010.01 CC.12.010.02 CC.12.010.03 CC.12.010.04