

Q 3 (OB)

DEEP TENDON REFLEXES (DTRs) AND CLONUS

Hello. My name is _____. This is the **Deep Tendon Reflexes and Clonus** Station. This is your client who was diagnosed with Pregnancy-Induced Hypertension during the last weeks of her pregnancy. She is now 8 hours postpartum and resting in bed. You are to check the DTRs in her lower extremities and evaluate for clonus. Your patient is here. You will demonstrate and document one of the following: (faculty will choose). Assume that the reflexes and clonus are the same for both legs and feet.

1. Abnormal hyper-reflexes (4+ reflexes, and 3 beats clonus)
2. Normal reflexes (2+ reflexes, and 0 beats clonus)
3. Abnormal hypo-reflexes (1+ reflexes, and 0 beats clonus)

You have washed your hands and explained the procedure to your client. You have 10 minutes to complete this station. What time does your watch say?

START TIME _____. Please tell us when you have completed all the critical elements for this station.

END TIME _____

1. Identifies client, comparing nameband to written name and number _____
2. Supports a flexed lower extremity and locates patellar tendon _____
3. Briskly taps the patellar tendon with reflex hammer to elicit the reflex response _____
4. Describes the result of the assigned reflex response
(hyper-reflex: exaggerated kick of the leg; normo-reflex: brisk kick of the leg; hypo-reflex: depressed kick of the leg) _____
5. Dorsiflexes the foot and releases to elicit the clonus response _____
6. Describes the result of the assigned clonus response
(hyper-reflex: 3 beats of the foot; normo-reflex: 0 beats of the foot; hypo-reflex: 0 beats of the foot) _____
7. Repeats the procedure on the other leg and foot _____
8. Documents the findings on the client's chart _____
9. "Have you completed all the critical elements for this station?" _____
(asked)
10. Met time limit _____

9/04, 1/06, 3/08

Example of Documentation for DTRs and Clonus:

Patient evaluated for deep tendon reflexes and clonus in lower extremities.

Hyper-reflex: 4+ DTRs in right leg with 3 beats clonus.
 4+ DTRs in left leg with 3 beats clonus

Normo-reflex: 2+ DTRs in right leg with 0 beats clonus
 2+ DTRs in left leg with 0 beats clonus

Hypo-reflex: 1+ DTRs in right leg with 0 beats clonus
 1+ DTRs in left leg with 0 beats clonus

12/01, 10/02, 9/04, 3/08

Q 3 (OB)

PERFORMING UTERINE ASSESSMENT

1 Hello. My name is _____. This is the station for **Performing Uterine Assessment**. You are assigned to the Postpartum Unit, and are caring for a postpartum patient who delivered her baby 12 hours ago. She has had an uneventful recovery thus far. Your patient is here. You will assess her uterus, and locate her uterine fundus at the umbilicus. You will document your assessment and two (2) abnormal findings. You have already washed your hands, provided for patient privacy, and explained the procedure to the patient. You have 10 minutes to complete this station. What time does your watch say?

START TIME _____. Please tell us when you have completed all of the critical elements for this station.

END TIME _____

1. Identifies patient, comparing nameband to written name and number _____
2. Lowers head of bed to flat position _____
3. Ensures that patient is comfortable lying on back _____
4. Dons gloves _____
5. Places one hand over symphysis _____
6. Palpates abdomen for uterine fundus with other hand _____
7. States that uterus should feel firm and be located at the level of the umbilicus _____
8. Demonstrates uterine massage for a non-firm uterus (cupped hand or fingertips) _____
9. States that vaginal flow would be examined for clots and excessive bleeding _____
10. Covers patient and returns bed to previous position _____
11. Documents assessment and two (2) abnormal findings:
 1. Uterus located above the level of the umbilicus and deviated from midline _____
 2. Uterus boggy _____
12. "Have you completed all the critical elements for this station?" _____
(asked)
12. Met time limit _____

Uterine Assessment Documentation

Name _____

Client Name _____ Medical Number _____

Assessment:

Two Abnormal findings

1. _____

2. _____

Q 3 (OB/PEDI)

NEONATAL APICAL PULSE

Hello, my name is _____. This is the **Neonatal Apical Pulse** Station. A baby boy was delivered an hour ago. At birth his Apgar scores were 9/9. He cried lustily and was pink, except for some acrocyanosis. Using a stethoscope demonstrate assessment of heart rate, and document:

- 1) A normal neonatal apical pulse rate
- 2) 2 signs that could indicate a need for further assessment

You have 5 minutes to complete this station. What time does your watch say?

START TIME _____ Please tell me when you have completed all the critical elements for this station.

END TIME _____

1. Lowers crib rail, if present, protecting client _____
2. Identifies client, compares wrist/ankle band to written name & number _____
3. Wipes stethoscope head & tubing with alcohol _____
4. Places stethoscope at PMI (mid-clavicle, nipple line) _____
5. Counts rate using stethoscope for 1 full minute _____
6. Leaves client in supine position, covered with blanket _____
7. Raises crib rail, if present, and then tests left & right sides for security _____
8. Documents apical pulse rate within 110-160 bpm _____
9. Documents 2 signs that could indicate a need for further assessment
 - 1) generalized cyanosis _____
 - 2) murmur _____
 - 3) heart rate <110 bpm _____
 - 4) heart rate >160 beats bpm _____
10. Does not leave bedside with crib rail down _____
11. "Have you completed all the critical elements for this station?" (? Asked) _____
12. Met time limit _____

Q3 (OB/PEDI)

NEONATAL APICAL PULSE DOCUMENTATION

STUDENT _____

DATE _____

Client name _____

Medical record number _____

1. Normal neonatal apical pulse rate _____

2. 2 signs that could indicate a need for further assessment

1) _____

2) _____

9/04, 1/06, 3/08

Q3 (OB/PEDI)

NEONATAL BULB SUCTIONING

Hello, my name is _____. This is the **Neonatal Bulb Suctioning** Station. A new mother on the postpartum unit calls you because she says her baby is choking. Frothy mucus is observed coming from the neonate's mouth, and the face color is cyanotic. Using the bulb syringe provided, demonstrate how you would bulb suction this neonate. You have 5 minutes to complete this station. What time does your watch say?

START TIME _____ Please tell me when you have completed all the critical elements for this station.

END TIME _____

1. Lowers crib rail, if present, protecting client _____
2. Positions neonate for suctioning (side-lying or football-hold with head down, turned to the side) _____
3. Compresses bulb syringe before inserting syringe _____
4. Suctions the mouth before the nose _____
5. Releases the bulb compression gradually while aspirating secretions _____
6. Leaves client in supine position, covered with blanket _____
7. Raises crib rail, if present, and then tests left & right sides for security _____
8. Does not leave bedside with crib rail down _____
9. "Have you completed all the critical elements for this station?" ____ (?Asked)
10. Met time limit _____

9/04, 1/06, 3/08

Q3 (OB/PEDI)

NEONATAL RESPIRATIONS

Hello, my name is _____. This is the **Neonatal Respiration** Station. Baby boy Jones was just delivered and has been placed in his crib. His Apgar scores were 9/9. He cried lustily at the time of birth. This is the documentation sheet. You are to demonstrate the assessment of the respiratory rate and document the following:

- 1) **A normal respiratory rate**
- 2) **3 signs that identify respiratory distress**

You have 5 minutes to complete this station. What time does your watch say?

START TIME _____ Please tell me when you have completed all the critical elements for this station.

END TIME _____

1. Lowers crib rail, if present, protecting client. _____
2. Identifies client, compares name band to written name and number. _____
3. Counts rate visually, tactually or with stethoscope for 1 full minute. _____
4. Leaves client in supine position, covered with blanket. _____
5. Raises crib rail, if present, and then tests left & right sides for security. _____
6. Documents respiratory rate within 30-60 respirations per minute. _____
7. Identifies 3 of 5 signs of respiratory distress
 - 1) grunting _____
 - 2) nasal flaring _____
 - 3) seesaw breathing _____
 - 4) intercostal retractions _____
 - 5) substernal retractions _____
8. Does not leave bedside with crib rail down. _____
9. "Have you completed all the critical elements for this station?" (?Asked) _____
10. Met time limit _____

9/04, 1/06, 3/08

Q3 (OB/PEDI)

NEONATAL RESPIRATION DOCUMENTATION

STUDENT _____

Client Name _____

Medical Record Number _____

1. Normal respiratory rate _____

2. 3 signs of respiratory distress

1)

2)

3)

9/04, 1/06, 3/08

Q 3 (Pedi)

Pediatric Fluid Volume Status Assessment

Hello, my name is _____. This is the Pediatric Fluid Volume Status Assessment Station. This is your 8-month-old client who has a history of vomiting and diarrhea for two days. Here are the narrative nurse's notes where you will chart your assessment of his hydration status. You have already washed your hands, identified and greeted your client & family, and explained what you are going to do. You have 10 minutes to complete this station. What time does your watch say?

START TIME _____ Please tell me when you have completed all the critical elements for this station.

END TIME _____

1. States would determine amount of weight lost. _____
2. States would take heart rate & blood pressure. _____
3. Demonstrates & verbalizes palpation of anterior fontanel. _____
4. Demonstrates & states capillary refill time. _____
5. Demonstrates & verbalizes evaluation of mucous membranes and presence or absence of tears. _____
6. Demonstrates & verbalizes evaluation of pedal pulse. _____
7. States would evaluate behavior of child (level of irritability to lethargy), utilizing parent's judgment. _____
8. Records data related to each of the above assessment findings. _____
9. "Have you completed all the critical elements for this station?" _____ (? Asked)
10. Met time limit. _____

Q 3 (Pedi)

Pediatric Fluid Volume Status Assessment Documentation

Examples of Acceptable Narrative Nurse's Notes

1. "Parent's report infant has lost about 2 pounds in the last week. Heart rate is slightly increased for age & activity level; blood pressure is slightly decreased. AF is soft and depressed. CFT is approximately 4 seconds. Mouth seems dry and few tears despite increased irritability during exam. Mom states 'more irritable today than yesterday'. Pedal pulses slightly decreased.

OR

2. Heart rate, blood pressure, and weight unchanged in last 24 hours. AF remains depressed and CFT about 4 seconds. Pulses are thready, mouth is dry and child is very irritable, crying without tears.

ACCEPTABLE DOCUMENTATION must include data on the assessment of **each** parameter:

- | | | |
|-----------|----------------|---------------------|
| 1) weight | 2) heart rate | 3) blood pressure |
| 4) AF | 5) CFT | 6) mucous membranes |
| 7) tears | 8) pedal pulse | 9) behavior |

Examples of Unacceptable Narrative Nurse's Notes

1. "No findings of fluid volume deficit. Everything normal."
2. "Dehydration assessment done, child moderately dehydrated."

Q3 (Pedi) NEUROVASCULAR ASSESSMENT

Hello, my name is _____. This is the **Neurovascular Assessment Station**. This is your client who has a limb device as part of his medical treatment. Here are your narrative nurse's notes where you will chart your neurovascular assessment of the site. You have already washed your hands, greeted your client, and explained what you are going to do. You have 10 minutes to complete this station. What time does your watch say?

START TIME _____ Please tell me when you have completed all the critical elements for this station.

END TIME _____

1. Identifies client (comparing nameband to written name and number)_____
2. Demonstrates & verbalizes palpation bilaterally for presence or absence of pulses distal to site _____
3. Checks capillary refill time bilaterally _____
4. Demonstrates & verbalizes assessment for temperature and color of extremities bilaterally _____
5. Elicits client's response to tactile stimuli to distal portion of the extremities bilaterally _____
6. Asks client to move distal portion of extremities bilaterally _____
7. Records data related to the site location, device type, and each of the above assessment findings, bilaterally _____
8. "Have you completed all the critical elements for this station?" _____ (? Asked)
9. Met time limit _____

Q3 PEDI NEUROVASCULAR ASSESSMENT DOCUMENTATION

Documentation **MUST** include data on the assessment of each parameter bilaterally:

1. type of device
2. site (location) of device
3. distal pulses
4. distal CFT or CRT
5. distal temperature
6. distal sensation
7. distal movement
8. distal color

Examples of Acceptable Narrative Nurse Notes:

1. " Device (splint, ace wrap, cast, etc.) at _____ (RLE, LLE, RUE, LUE). Lower extremities pale pink and cool bilaterally. Left pedal pulse not palpable, popliteal pulses equal bilaterally. Capillary refill less than 3 seconds bilaterally. Sensation diminished in left foot compared to right. Client able to move lower extremities bilaterally upon command."

OR

2. " Device (splint, ace wrap, cast, etc.) at _____ (RLE, LLE, RUE, LUE). Toes pink and warm bilaterally and move bilaterally without difficulty with CRT < 3 seconds bilaterally. Pedal pulses palpable bilaterally. Sensation present bilaterally."

Examples of **Unacceptable Narrative** Nurse Notes

1. "No findings of neurovascular deficits. Everything normal."
2. "Neurovascular assessment done, right leg cooler than left leg."

3/02, 10/02, 10/03, 1/04, 9/04, 1/06, 5/06, 3/08

Q3 (Pedi)

PREPARATION OF POWDERED MEDICATION

Hello, my name is _____. This is the **Preparation of Powdered Medication** Station. These are the supplies and literature you might need. Here is the medication administration record. This is the date and time. You have already done the three checks of the five rights. You have **10** minutes to complete this station. What time does your watch say?

START TIME _____ Please tell me when you have completed all the critical elements for this station.

END TIME _____

1. Chooses prescribed medication and correct diluent. _____
2. Withdraws sterile water and removes syringe/needle from bottle. _____
3. Shows accurate amount of sterile water to evaluator/s
(no air bubbles). _____ ml
4. Simulates mixing of medication and sterile water until
powder dissolves. _____
5. Withdraws medication and removes syringe/needle from bottle. _____
6. Shows accurate amount of medication to evaluator/s
(no air bubbles). _____ ml
7. Replaces 'sharp' needle with blunt plastic cannula. _____
8. States would discard 'sharp' needle in sharps box. _____
9. Maintains aseptic technique. _____
10. "Have you completed all the critical elements for
this station?" (? Asked) _____
11. Met time limit. _____