# Obstetrics & Gynecologic Skill Laboratory

***"I hear, I forget; I see, I remember; I do, I understand" – Confucius***

## Goal

The goal of the OB/GY Nursing Skill and Simulation Laboratory is to promote safe, knowledgeable and effective nursing care by demonstrating and reinforcing the highest level of performance and readiness.

## Introduction/Philosophy

The OB/GY Nursing Skill and Simulation Laboratory is here to make the student's clinical experience educational and enlightening and to promote empowerment of the student. Scenarios and simulation experiences relate to the OB/GY Lab. objectives. Students will be oriented to simulations instructions prior to running a scenario. If the student is not comfortable, learning will not take place and scenario objectives may not be met. Simulations and case scenarios mimic the clinical setting and are designed to help the student develop problem-solving and decision-making skills. Simulations include all environmental factors to make students' learning realistic and authentic. These simulations help students think on their feet and help the transition from lab to clinical. For an enhanced learning experience, students must come to the lab prepared. The faculty will provide debriefing and positive feedback; students will self-analyze their performance and use critical thinking during the reflection process.

## General Information

The OB/GY Nursing Skill and Simulation Laboratory is located in Dammam

University, College of Nursing, C3. Room # has an Interactive Child Birth mannequin/Simulator (NOELLE Maternal and Neonatal Birth Simulator) and a Full Body Pregnancy Simulator. The NSSL simulates a hospital care setting. The OB/GYN Skill Lab is fully equipped to practice all OB/GY. nursing clinical skills. A variety of task trainers are also accessible as well as the ability to view a variety of media. Mentoring and tutoring are also available.

The OB/GN. lab is open 4 days a week (Saturday-Wednesday) according to the students' schedule and either they are under or post graduate.

**The lab schedule is subjected to change:**

The calendar for the OB/GY Nursing Skill and Simulation Laboratory is located on the under or post graduate lab. Bulletin, outside the OB/GY Nursing Skill and Simulation Laboratory door and outside the faculty office (Building #C3, OB/GY. Lab).

**Confidentiality**

All simulation scenarios practice sessions involving students and/or recordings are considered confidential. All mannequin accessibility should be treated as a real patient (including inappropriate viewing). Discussion of scenarios or information is considered a violation of Practical Nursing Program privacy policy. All students will need to sign a confidentiality lab form.

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**OB/GY Nursing Skill Laboratory's Objectives:**

Upon completion of the laboratory rotations the students will be competent in performing different procedures through using different models & simulators available in the OB/Gyne skill lab and they will be able to:

- Identify the anatomical parts in both male& female reproductive system through using models (bony pelvis & soft tissues) and video tapes.
- Identify different stages of fetal development using different fetal development models.
- Perform complete physical assessment for women during antenatal period through using full body simulator and other lab resource as CTG, video tapes (plasma screen) and posters.
- Assess the parturient physical condition & the progress of process of normal labor through using interactive childbirth simulator, and different models available in the lab.
- Perform complete physical assessment for women during post partum period through using full body simulator & childbirth simulator.
- Prepare delivery set and instruments and equipments needed during labor.
- Use the full body pregnant simulator to demonstrate the different fetal positions attitudes, lies, and presentations.
- Use different interactive childbirth scenarios during labor to help stu`dents to formulate nursing care plane according to each scenarios.
- Perform physical examination & resuscitation for the newborn using interactive childbirth simulator.
- Assess any division from normal during normal labor using interactive child birth simulator scenarios, ultrasound scanning which it also can be used to demonstrate any emergency situation as postpartum hemorrhage or shock.

- Assess female genital system to help students dealing with women having any gynecologic problem.
- Identify different instruments used for gynecologic women.
- Apply universal infection control precautions & safety measures while providing care to the women during antenatal, labor & postpartum, Newborn, as well as women who have any gynecological problem.

## Schedule of occupancy for OBGYn. Skill lab

Undergraduate Students: Academic Year 2009/2010 (1430/1431), 1st semester; OB/GYNE NURSING (NURS 422)

- At the beginning of the academic year the students are scheduled for 4 groups each group includes 18 students arranged in each day for variable procedures related to each area as the following (Antenatal, labor & Delivery and, Postnatal and Gynecologic area).
- The lab was occupied daily through the clinical rotation days (Monday Tuesday & Wednesday).
- The students were arranged in the lab according to the following schedule:

**Obstetrics &Gynecologic Nursing (MDNU 422): laboratory rotation**

**1st Semester, AY 1430-1431 H (2009-2010)**

**Time: 8:00 am –12: am & 1:00 -3:00 pm**

| Dates | Oct. 17 ,09 | Oct. 19,09 | Oct. 20,09 | Oct. 21,09 |
|---|---|---|---|---|
| **Group 1** | Antenatal | Labor/ Delivery | Postnatal | Newborn |
| **Group 2** | Newborn | Antenatal | Labor/Delivery | Postnatal |
| **Group 3** | Postnatal | Newborn | Antenatal | Labor/Delivery |
| **Group 4** | Labor/Delivery | Postnatal | Newborn | Antenatal |

**Obstetrics &Gynecologic Nursing (MDNU 422): laboratory rotation**

**1st Semester, AY 1430-1431 H (2009-2010)**

| Rotation | 1 | 11 | 111 | 1V | V | VI |
|---|---|---|---|---|---|---|
| Date | Oct. 26-28<br>Nov. 2-3'09 | Nov. 4 &<br>9-11,16 '09 | Nov. 17,18,<br>Dec. 7-9 ,09 | Dec. 14-15,16.21-22,'09 | Dec. 23,28-30<br>& 4/1'10 | Jan. 5-6,11-13'09 |
| Group 1 | Antenatal | Labor/Delivery | Postpartum | Newborn | Laboratory | Library |
| Group 11 | Labor/Delivery | Postpartum | Newborn | Laboratory | Library | Antenatal |
| Group 111 | Postpartum | Newborn | Laboratory | Library | Antenatal | Labor/Delivery |
| Group 1V | Newborn | Laboratory | Library | Antenatal | Labor/Delivery | Postpartum |
| Group V | Laboratory | Library | Antenatal | Labor/ Delivery | Postpartum | Newborn |
| Group VI | Library | Antenatal | Labor/ Delivery | Postpartum | Newborn | Laboratory |

**Schedule of occupancy for OBGYn. Skill lab for Undergraduate Students, Academic Year, 2009/2010 (1430/1431), 2nd semester; OB/GYNE NURSING (NURS 1610-322)**

- At the beginning of the academic year the students are scheduled for 4 groups each group includes 22 students arranged in each day of clinical rotation for applying variable procedures related to each area as the following (Antenatal, labor & Delivery and, Postnatal and Gynecologic area).
- At the 1st day of each clinical rotation the students of each group were recruited to the OBGYn. skill lab according to the selected area for each group as for example Antenatal group occupied the first day of clinical rotation in the lab for receiving the procedures related to that area then the rest of clinical rotation days were recruited in the hospital.
- In each lab the students apply each procedure by using variable simulators and models available in the lab.
- The lab was occupied daily through the clinical rotation days by recruited group.
- The students were arranged in the lab according to the following schedule:

**University of Dammam**

**College of Nursing**

**Academic Year 2009-2010(1430-1431H)-2nd Semester**

**Obstetrics and Gynecologic Nursing**

**(NURS 1610-322)- Third Year-6th Level**

| Rotation | 1 | 11 | 111 | 1V | V | VI | VII | |
|---|---|---|---|---|---|---|---|---|
| **Date** | 9-17 March '10 | 23-31 March '10 | 6-14 April '10 | 27 April to 5 May '10 | 11-19 May '10 | 25 May to 2 June '10 | 8-9 June '10 | **PRE-EXAM WEEK 12 JUN '10** |
| **Group 1** | Antenatal | Labor/ Delivery | Postpartum | Newborn | Laboratory | FAMCO | Library | |
| **Group 11** | Library | Antenatal | Labor/ Delivery | Postpartum | Newborn | Laboratory | FAMCO | |
| **Group 111** | FAMCO | Library | Antenatal | Labor/ Delivery | Postpartum | Newborn | Laboratory | |
| **Group 1V** | Laboratory | FAMCO | Library | Antenatal | Labor/ Delivery | Postpartum | Newborn | |
| **Group V** | Newborn | Laboratory | FAMCO | Library | Antenatal | Labor/ Delivery | Postpartum | |
| **Group VI** | Postpartum | Newborn | Laboratory | FAMCO | Library | Antenatal | Labor/ Delivery | |
| **Group VII** | Labor/ Delivery | Postpartum | Newborn | Laboratory | FAMCO | Library | Antenatal | |

- Each rotation is two weeks duration except the last rotation will be one week.
- Five students will be pulled-out from Antenatal to OPD every day.
- Four students will be pulled-out from Delivery room to ER every day.
- Four students will be pulled-out from Delivery room to Library (KFUH) every day.
- Four students will be pulled-out from Postnatal to OR every day.
- Four students will be pulled-out from Postnatal to Gynecological patients (2D) every day.

**Documents to be included in OBGYN Skill Lab 2010/2011**

**Schedule for screening and evaluations in OBGYn. Skill lab**

**Undergraduate Students: 1st semester & 2nd semester Academic Year 2009/2010 (1430/1431)**

- Continuous evaluation was held for each student to be competent while performing procedures in the skill lab.
- At the end of each lab rotation, clinical and oral exam. Were held through using checklists in the OBGYn. Skill lab for each students to evaluate their performance, through application of different procedures using the simulators, models and other AVAs.

| **OBSTETRICS AND GYNECOLOGY LABORATORY OCCUPANCY for Undergraduate Students** | | |
|---|---|---|
| **Year/level** | Fourth year/level students | Third year/level students |
| **Course** | OB/GYNE NURSING (MNURS 422) | (NURS 1610-322)- Third Year-6th Level |
| **Semester** | **First** | **Second** |
| **Number of students** | **72** | **88** |
| **Number of weeks** | **16** | **16** |
| **Days used** | Monday, Tuesday & Wednesday | Tuesday & Wednesday |

**Schedule of Occupancy & Evaluations in OBGYn. Skill lab for**

**Postgraduate Students:**

- As regards clinical training of master students in the 2nd semester, At the beginning of the semester the lab was occupied for the 1st four weeks for demonstration of the clinical procedures using the full-body simulator, interactive childbirth simulator, CTG, other related models for training and as a preparatory phase for interaction with women in the actual health care settings (hospital & or centers).
- At the end of the semester, clinical and oral exam. were held through using checklists in the OBGYn. Skill lab for each student to evaluate their performance, through application of different procedures using the simulators and models. Also clinical scenarios were held in the OBGYn. Skill lab, to evaluate student's clinical performance through applying the scenarios on the simulator, and formulate nursing care plane according to each scenarios.
  - The master students were arranged in the lab according to the following schedule:

| **OBSTETRICS AND GYNECOLOGY LABORATORY OCCUPANCY FOR POSTGRADUATE STUDENTS** | |
|---|---|
| **Year** | **Postgraduate students** |
| **Course** | MSc in CN- Advanced Midwifery 1-Antenatal (2601541) |
| **Semester** | Second |
| **Number of students** | 6 |
| **Number of weeks** | 16 |
| **Days used** | Saturday, Monday &Tuesday |

| Schedule of Occupancy in OBGYn. Skill lab for Postgraduate Students By Weeks | |
|---|---|
| **Weeks** | **Day/Time** |
| 1st week | Monday & Tuesday<br>8am-3pm |
| 2nd week | |
| 3rd week | |
| 4th week | |
| 5th -16th week | Saturday<br>11am-3pm |

| Schedule of Screening & Evaluations of Postgraduate Students in OBGYn. Skill lab | | | | |
|---|---|---|---|---|
| **Student's Name** | **ID#** | **Checklist Performance (Score )** | **Identification of anatomical Diagram (Score )** | **Applying Ng care plan (Scenario) (Score )** |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |

| OBSTETRIC AND GYNAECOLOGICAL NURSING : FOURTH ACADEMIC YEAR – (First Semester ) | |
|---|---|
| **Concept** | **Simulated clinical experience** |
| Management of the Childbearing Family:<br>• Pregnancy Complications | • Hypertensive Disorders in Pregnancy - Preeclampsia<br>• Abruptio Placenta Secondary to Cocaine Abuse |
| Management of the Childbearing Family:<br>• Postpartum Care | • Postpartum Hemorrhage Two Hours Following Delivery |
| • Management of the Childbearing Family: Labor Complications | • Amniotic Emboli |
| • Management of the Childbearing Family:<br>• Newborn | • Abandoned Healthy Newborn |
| • Management of the Childbearing Family:<br>• Substance Exposed Neonate | • Substance Exposed Neonate |
| • Management of the Childbearing Family:<br>• Neonatal Complications | • Congenital Cardiac Abnormalities<br>• Newborn with Respiratory Distress<br>• Myelomeningocele<br>• Septic Baby Secondary to Prolonged Rupture of Membranes |

# List of equipments included in OBGYN sill lab

| ITEM # | CABINET # | EQUIPMENT / SUPPLIES | QTTY. | REMARKS |
|---|---|---|---|---|
| **1. MOUNTED CABINET** | | | | |
| 1 | 1up | Human Fetus Replica 13 wks | 1 | 2004 |
| 2 | | Human Fetus Replica 5 mos Female | 1 | 2004 |
| 3 | | Human Fetus Replica 5 mos Male | 2 | 2004 |
| 4 | | Human Fetus Replica 7 mos | 1 | 2004 |
| 5 | | Human Fetus Replica 7-8 wks | 1 | 2004 |
| 6 | | Human Fetus Replica 9 mos | 1 | 2004 |
| 7 | | Embrionic Development | 1 | 9 pcs |
| 8 | 2 up | Caput Succedunum | 4 | old (diff. sizes) |
| 9 | | Fetal Doll male | 2 | 2004 |
| 10 | | Fetal model | 1 | 2004 |
| 11 | | NB Baby Female | 1 | 2004 |
| 12 | | Advance Birth simulator accessories | 1 | baby w/ placenta |
| 13 | 3Dr | Manual of Procedures ( new) | 2 | w/ Dr. Asma |
| 14 | 4Dr | Fibrocystic Breast Model | 1 | 2004; w/ green case |

| ITEM # | CABINET # | EQUIPMENT / SUPPLIES | QTTY. | REMARKS |
|---|---|---|---|---|
| 15 | | Fibrocystic Breast Model | 1 | old; w/ green case |
| 16 | | Cutdown pad | 10 | |
| 17 | 5Dr | | | |
| 18 | 6 | Female Pelvic Trainer | 1 | old from KFHU campus |
| 19 | | Gynecology training model | 1 | 2004; w/ 7 accessories |
| 20 | | Hysteroscopy trainer de lux kit | 1 | old |
| 21 | | Amniocordocentesis trainer | 1 | old from KFHU campus |
| 22 | 7 | Cervical dilatation/effacement simulator | 1 | old; 6pcs/set; on display |
| 23 | | Cervical dilatation/effacement simulator | 1 | 2004; 6pcs/set |
| 24 | | Birthing station simulator | 2 | 1 on display |
| 25 | | Female Catheterization | 1 | 2004 |
| 26 | 8 | Birthing station simulator | 1 | |
| 27 | | Childbirth simulator | 1 | |

| ITEM # | CABINET # | EQUIPMENT / SUPPLIES | QTTY. | REMARKS |
|---|---|---|---|---|
| 28 | | Episiotomy trainer & handle **(New)** | 1 | 2004 |
| 29 | | Female Pelvic Trainer (surgical) | 1 | old from KFHU campus |
| 30 | | Episiotomy trainer & handle **(Old)** | 1 | old from KFHU campus |
| | 9 Dr | CTG paper graph | | KEy w/ Dr. Asma |
| | | Dipstick ; batteries; adaptor | | |
| | | Eva pelvic training model accessories | 10 pcs | |
| | 10Dr | | | key w/ Dr. Asma |
| 31 | 12 UP | Abdominal Palpation model | 1 | 2004 |
| 32 | | Abdominal Palpation model | 1 | old from KFHU campus; on display |
| 33 | 13 UP | Episiotomy model ( R-mediolateral) | 2 | new |
| 34 | | Episiotomy model ( R-mediolateral) | 1 | old from KFHU campus |

| ITEM # | CABINET # | EQUIPMENT / SUPPLIES | QTTY. | REMARKS |
|---|---|---|---|---|
| 35 | | Episiotomy suturing simulator | 3 | 1 (2004); 2 (2006) |
| 36 | 14 UP | Cervical dilatation module | 1 | 2004; 5pcs/set |
| 37 | 20 | Eva 1 Gyne Exam simulator | 1 | 2004; w/ accessories |
| 38 | | Eva 1 Gyne Exam simulator | 1 | old; w/ accessories; on top display |
| 39 | | S500 Advanced Childbirth Simulator | 2 | old; w/ accessories |
| 40 | | S500 Advanced Childbirth Simulator | 1 | 2004;w/ accessories; w/ break at the side |
| **2. STEEL CABINET** | | | | |
| 1 | | Curve forceps | 6 | Items 1-12 are donations from KFHU c/o Mrs Julie |
| 2 | | **Thumb forceps (Not available)** | 1 | Items 1-9 are episiotomy set |
| 3 | | Needle holder | 1 | |
| 4 | | Bandage scissor | 1 | |
| 5 | | Straight scissor | 1 | |
| 6 | | Tissue Forceps | 2 | |
| 7 | | Umbilical scissor | 1 | |

| ITEM # | CABINET # | EQUIPMENT / SUPPLIES | QTTY. | REMARKS |
|---|---|---|---|---|
| 8 | | Instrument tray | 1 | |
| 9 | | Stainless graduated pitcher | 1 | |
| 10 | | Curve forcep | 3 | Items 10-12 are delivery set |
| 11 | | Straight scissor | 1 | |
| 12 | | Straight forcep | 3 | |
| 13 | | Female Pelvis (skeleton) | 3 | 2004 & 2006 |
| 14 | | Female genital organ | 1 | old; rubberized |
| 15 | | Fetal Monitoring & Labor Progress model set | 1 | 2004; w/ 5 pcs for replacement; display |
| 16 | | **Physical assessment kit: (contents): *penlight** | 2 | |
| | | *otoscope | 2 | |
| | | *tuningfork | 2 | |
| | | *percussion hammer | 2 | |
| | | *cloth bag | 2 | |
| | | Measuring tape | 1 | |

| ITEM # | CABINET # | EQUIPMENT / SUPPLIES | QTTY. | REMARKS |
|---|---|---|---|---|
| | | Stethoscopes | 4 | 2 spectrum; 2 germany |
| 17 | | Obstetrical manikin | 1 | 2004; w/ accessories 6 pcs |
| **3. ON DISPLAY** | | | | |
| 1 | | Female pelvis w/ internal organs | 1 | 2004; 2 pcs |
| 2 | | Fetal Circulatory system | 1 | 2006 |
| 3 | | Lactating Mammary gland | 1 | 2004 |
| 4 | | Pelvis with Uterus 9 months | 1 | 2004 |
| 5 | | Series Showing Pregnancy | 1 | 2004; 8 pcs |
| 6 | | Female pelvis skeleton | 1 | 2004 w/ stand |
| 7 | | Childbirth model | 5 | 2004 |
| 8 | | Full Body Pregnancy Simulator | 1 | 2006 w/ abdominal skin |
| 9 | | Vaginal examination model | 1 | 2006 w/ accessories 4 pcs |
| 10 | | Obstetric **(Covering)** assistant model | 1 | 2006 w/ accessories |

| ITEM # | CABINET # | EQUIPMENT / SUPPLIES | QTTY. | REMARKS |
|---|---|---|---|---|
| 11 | | Episiotomy sutures | 1 | 2006 w/ 2 pcs |
| 12 | | Puerperal Uterus palpation model | 1 | 2006 w/ 8 pcs |
| 13 | | Fetal Head Extractor (for Obstetric Model) | 1 | 2006 |
| 14 | | Maternity simulator jacket | 2 | 2006; I in box inside cabinet |
| 15 | | Pelvic bone w/ 2 fetal heads | 1 | 2006 |
| 16 | | NOELLE Maternal & Neonatal Birthing Sim | 1 | Dec.'06 |
| | | birthing baby | 1 | |
| | | Neonate **(Simulator neonate)** | 1 | |
| | 11dr | Dell laptop | 1 | key w/ Dr. Asma |
| | | fetal box | 1 | |
| | | mother box | 1 | |
| **4. FURNITURES** | | | | |
| 1 | | Bed (manual) | 1 | |
| 2 | | Bed (electronic) | 1 | |

| ITEM # | CABINET # | EQUIPMENT / SUPPLIES | QTTY. | REMARKS |
|---|---|---|---|---|
| 3 | | Stretcher | 1 | |
| 4 | | Swivel chair | 21 | **(2 broken for repair, just available 19 Swival chair)** |
| 5 | | Lab tables | 6 | |
| 6 | | Computer table | 1 | |
| 7 | | TV stand | 1 | |
| 8 | | Bedside table | 2 | |
| 9 | | Linen shelving trolley | 2 | |
| 10 | | Cabinet (glassdoor) | 1 | |
| 11 | | Filing trolley | 1 | 29/10/07 |
| 12 | | Birthright delivery bed & trolley | 1 | Aug. '07 |
| **5. ELECTRONICS** | | | | |
| 1 | | Data Show | 1 | *EIKI MODEL:LCX B22; 30588* |
| 2 | | Doppler | 1 | |
| 3 | | CTG sonicaid w/ printer | 1 | |
| 4 | | Dell CPU | 1 | *5588J2J* |
| 5 | | LCD Monitor | 1 | *63V-6W4K* |

| ITEM # | CABINET # | EQUIPMENT / SUPPLIES | QTTY. | REMARKS |
|---|---|---|---|---|
| 6 | | Keyboard | 1 | *562-O22O* |
| 7 | | Mouse | 1 | *OW7751* |
| 8 | | TV (colored; JVC 29") | 1 | *new;Model:AV-29WX11;* |
| | | | | *Serial # 09981081; w/RC; in AVR* |
| 9 | | Video cassette recorder (JVC) | 1 | *new ;Model:HRV-401AS;* |
| | | | | *Serial # 10970180; w/ RC* |
| 10 | | Sony Bravia Plasma TV w/ RC | 1 | 10/01/2007 |
| 11 | | IP Fast dome camera | 1 | 13/11/07 |
| **6. LINEN** | | | | |
| 1 | 19 | Bed sheet blue | 4 | old |
| 2 | | OB Pack | 1 | from CSSD |
| 4 | | Leggings | **8** | |
| 5 | | laundry bag | 1 | |
| 6 | | Pillow case blue | 5 | old |

| ITEM # | CABINET # | EQUIPMENT / SUPPLIES | QTTY. | REMARKS |
|---|---|---|---|---|
| 8 | | Draw sheet | 3 | yellow |
| 9 | | Bed cover blue (Blancket) | 4 | 11/11/2007 |
| 10 | | Bed sheet blue (New) | 8 | 11/11/2007 |
| 11 | | Pillow case blue (New) | 8 | 11/11/2007 |
| 12 | | Gown blue | 4 | 11/11/2007 |
| 13 | | Bath towel white | 4 | 11/11/2007 |
| 14 | | Face towel white | 3 | 11/11/2007 |
| **7. OTHERS** | | | | |
| 1 | | Pillow | 3 | 2 old; 1 new |
| 2 | | Bedpan (green) plastic | 3 | |
| 3 | | 24 H urine collection bag | 4 | |
| 4 | | Foley bag **(Many disposable bags)** | | |
| 5 | | Cold compress bag | 4 | |
| 6 | | Footstool | 2 | |
| 7 | | Trolley | 2 | 1 w/ 4 drawers; 1 stainless |
| 8 | | Weighing scale (baby) | 1 | old; |
| 9 | | Screen projector (mounted) | 1 | |
| 10 | | Patient screen | 1 | |
| 11 | | IV stand | 2 | |

| ITEM # | CABINET # | EQUIPMENT / SUPPLIES | QTTY. | REMARKS |
|---|---|---|---|---|
| 12 | | Alaris IV pump | 1 | 02/03/2008 |

| Items # | Cabinet # | Added EQUIPMENT/ SUPPLIES | QTTY |
|---|---|---|---|
| 1. | **D 4** | - Dopplex (Huntleigh) | 1 |
| 2. | | - Episiotomy trainer clamp | 2 |
| 3. | | - Disposable cuscospeculum | 10 |
| 4. | | - Disposable umbilical cord clamping | |
| 5. | | - Disposable sterile drape | |
| 6. | | - Leopold maneuver | 1 |
| 7. | | - Yasmin Mirena | 1 |
| 8. | | - Toothed tissue forceps | 1 |
| 9. | | - Curved Scissor | 1 |
| 10. | | - Neonate with umbilical cord | 1 |
| 11. | | - Koken box (episiotomy, fetal position, vaginal fistula) | 1 |

## List of Equipments requiring maintenance (Electronic and Hard)

| Electronic /Models Yearly Maintenance | Academic year 2010-2011 | Done | Not Done |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

**Documents to be included in OBGYN Skill Lab 2010/2011**

**List of Equipments to be purchased for Academic year 2010-2011**

| Electronic /Hard Equipments | Price |
|---|---|
| 1. Accessory Placenta with umbilical cord | |
| 2. DVD Device | |
| 3. Soft Skin (Interactive Childbirth Simulator) | |
| **4.** | |
| **5.** | |
| **6.** | |
| **7.** | |

| List of procedures included in OBGyn. Lab | |
|---|---|
| **I. Ante-Natal Procedures** | 1. Physical Examination during Pregnancy |
| | 2. Breast Examination |
| | 3. Leopold's Maneuver |
| | 4. Auscultation of fetal Heart Rate |
| | 5. Determination of PMI (Point of maximum impulse) of FHR (fetal heart rate) Evaluation |
| | 6. Application of the External Monitor |
| **II. Labor & Delivery Procedures** | 1. Timing uterine contractions during labor |
| | 2. Straight Catheterization |
| | 3. Performing intra-partal Vaginal Examination |
| | 4. Placental Examination |
| **III. Postpartum Procedures** | 1. Physical Examination during postpartum period |
| | 2. Breast care |
| | 3. Postpartum Fundal Assessment |
| | 4. Postpartum lochial Assessment |
| | 5. Postpartum perineal Assessment |
| | 6. Perineal Care or Perineal Swabbing |
| **V. Gynecologic Procedures** | 1. Assessment of female genitalia |
| | 2. Vaginal irrigation or vaginal douche |
| | 3. Insertion of vaginal suppositories |
| | 4. Pre-operative care of the gynecologic patient |
| | 5. Post-operative care of the gynecologic patient |

# Antenatal Procedures

## Procedure (1): Checklist: Physical Examination during Pregnancy

Student's name: ID#
Group# Date

| No. | STEPS | 2 | 1 | 0 |
|---|---|---|---|---|
| 1. | **Definition:** The first physical examination during pregnancy is an assessment done in a detailed systematic (head – toe) order when a pregnant woman attends the antenatal clinic for the first time. | | | |
| 2. | **Objectives:**<br>1) To assess the women's overall health status.<br>2) To collect baseline information.<br>3) To use the obtained information as a baseline data for comparison at subsequent examinations.<br>4) To examine the mother from head to toe.<br>5) To identify high-risk signs and symptoms and monitor the maternal and fetal condition.<br>6) To assess the general mother condition and the progress of fetal growth and development. | | | |
| 3. | Prepare equipment. | | | |
| 4. | Introduce yourself to explain procedure to the mother. | | | |
| 5. | Insure empty bladder and collect urine specimen and test for protein, sugar and ketone. | | | |
| 6. | Measure weight, height and vital signs | | | |
| 7. | Place the woman on the examination couch on her back and Explain the procedure to her. | | | |
| 8. | Provide privacy. | | | |
| 9. | Wash hands. | | | |

| | | | | |
|---|---|---|---|---|
| **10.** | Examine and observe her from head to toe:<br><br>a) Head and neck. Heart and lungs.<br>b) Breast, nipples and aerola.<br>c) Abdominal examination.<br>d) Extremities examination<br>e) External genitalia examination. | | | |
| **11.** | Assist the woman to get down from examination table and redress her clothes. | | | |
| **12.** | Give the woman the necessary instructions and date of the next visit, Replace equipment and wash hands | | | |
| **13.** | Report abnormality. | | | |
| **14.** | Record findings, woman's reaction. | | | |
| **Total mark** | | | | |

**Legend:** **Evaluated By: Dr. _____**

2: done correctly and knows rationale

1: done correctly and don't know rationale

0: not done

**Procedure (2): Checklist: Breast Examination**

Student's name: ID#
Group# Date

| No. | STEPS | 2 | 1 | 0 |
|---|---|---|---|---|
| **1.** | Welcome the woman and, introduce yourself. | | | |
| **2.** | Define the procedure: It is a technique by which a thorough inspection and palpation of the breast is made during antenatal and postnatal period in order to collect data about the breast condition of the mother. | | | |
| **3.** | Identify the Objectives:<br>➢ To discover any abnormalities that causes harm or problem as early as possible.<br>➢ To detect early any breast lesion.<br>➢ To learn how to examine breast for self and for others.<br>➢ To encourage BSE practice.<br>➢ To reinforce the woman's confidence in BSE ability.<br>➢ To assess the breast size, shape, contour, elasticity and symmetry. (in antenatal period)<br>➢ To assess the nipple for type, size and secretions.<br>➢ To examine the areola and nipple for evidence of blisters, cracks or fissures<br>➢ To assess the breast for signs of engorgement, mastitis or abscess (in postpartum period)<br>➢ To check the beast tissue for presence of lump or cyst that may require further medical evaluation.<br>To detect and treat early any abnormalities or complication. | | | |
| **4.** | Place the woman on the examination couch and Explain the procedure to her. | | | |
| **5.** | Drape the woman and keep the doors and curtain closed. | | | |
| **6.** | Wash your hands. | | | |
| **7.** | **Inspection**:<br>a) On sitting position: Ask the client to sit in comfortable position facing the examiner<br>• With arm relaxed at sides.<br>• With arms held over head.<br>• With hands on hips ,pressing in to contract the chest muscles<br>b) On the supine position: Ask the client to assume the supine position and put her right arm over her head and inspect the right breast (Reverse this step for | | | |

| | | | | |
|---|---|---|---|---|
| | the left breast). | | | |
| **8.** | **Palpation** :examine the right breast on the supine position:<br>• Put right hand behind head. Use pads of fingers of left hand, held flat together, gently press on the breast tissue using small circular motion, imagine the breast as a face of a clock. Beginnings at the top (12 O' clock position) make a circle around the outer area of the breast.<br>• Move in one finger width, continue in smaller and smaller circles until you have reached the nipple (cover all areas including the breast tissues leading to the axilla)<br>• Reverse the procedure to the left breast. | | | |
| **9.** | **Underarm Examination:**<br>• Examine the left under arm area with arm held loosely at side. Cup the finger of the opposite hand and insert them high into the underarm area. Draw finger down slowly, pressing in circular pattern, covering all areas.<br>• Reverse the procedure for the right underarm | | | |
| **10** | **Nipple Examination**<br>Gently squeeze the nipple of each breast between the thumb and index finger to check for discharge. | | | |
| **11** | Assist the woman to get down from examination table and redress her clothes, then wash hands. | | | |
| **12** | Report abnormality. | | | |
| **13** | Record findings and woman's reaction. | | | |
| Total mark | | | | |

**Legend:** **Evaluated By: _____**

2: Done correctly and knows rational

1: Done correctly and don't know rationale

0: Not done

**Procedure (3): Checklist: Leopold's Maneuver**

Student's name: ID#
Group# Date

| No. | STEPS | 2 | 1 | 0 |
|---|---|---|---|---|
| 1. | **Define the procedur**e: It is an assessment done in a detailed systemic order when a pregnant woman attended the antenatal clinic (Inspection-palpation and auscultation). | | | |
| 2. | **Identify Objective:**<br>1) To determine the presentation and position of the fetus.<br>2) To determine whether lightening and engagement has occurred.<br>3) To identify the maximum impulse for auscultation of fetal heart beat.<br>4) To determine if the fetus is in normal state of flexion.<br>5) To determine the presence of multiple pregnancy.<br>6) To estimate fetal size and locate fetal parts. | | | |
| 3. | Prepare equipment and Wash hands with warm water. | | | |
| 4. | Prepare the woman by: Explain the procedure and Instruct to empty her bladder then instruct the woman to lie on her back, with knees flexed slightly (dorsal recumbent position) Place a small pillow or rolled towel under client's right hip. | | | |
| 5. | Close the door or close the curtains. Properly drape the patient. | | | |
| 6. | **Perform abdominal palpation (**Determine fundal level**)**<br>Stand at the foot of the bed facing the face of the woman and measured in centimeters from the top of pubic bone to the top of fundus, correllates with the current weeks of pregnancy**.** | | | |
| 7. | **First Maneuver or fundal grip:**( determine the fetal lie and presentation)<br>Stand at the foot of the bed, facing the patient and gently place both hands flat on the abdomen palpate upper abdomen with both hands (Use palms not fingertips). Palpate gently but with firm motions ,determine if the mass palpated is the head or buttocks by observing the relative consistency ,shape ,and mobility | | | |

| | | | | |
|---|---|---|---|---|
| **8.** | **Second Maneuver ( lateral maneuver)** (Determine the fetal lie, presentation , position and attitude)<br><br>Facing the woman place the palmar surfaces of both hands on either side of the abdomen and apply gentle but deep pressure, Hold one hand still while using the flat surface of the fingers on the other hand to gradually palpate the opposite side from the top to the lower segment of the uterus, palpate the fetal outline.<br><br>• Reverse actions of the hands to palpate the other side | | | |
| **9.** | **Third Maneuver( 1st pelvic maneuver)**(determine degree of engagement)<br><br>Gently grasp the lower portion of the abdomen, just above the symphysis pubis, between the thumb and the fingers of one hand, Press thumb and fingers together in an attempt to grasp the presenting part. | | | |
| **10.** | **Fourth Maneuver ( 2nd pelvic maneuver)**(determine how fare fetal head is flexed)<br><br>Stand Facing the client's feet, Place tips of first three fingers on both sides of the midline about 2 inches above the Purport's ligament, Exert pressure downward and in the direction of the birth canal, moving skin of the abdomen downward along with the fingers. Slide fingers of other hand as far as possible. | | | |
| **11.** | Use the Doppler with ultrasonic gel, locate and determine the FHS.<br><br>Wipe the extra gel in the abdomen with tissue, redress her and asset her down of the bed. | | | |
| **12.** | Record findings : lie, whether presenting part is flexed or extended, engaged or free or floating ,presentation, position, FHS, vaginal discharge , and report any abnormal findings | | | |
| **Total mark** | | | | |

**Legend**: **Evaluated By Dr.: _____**

2: Done correctly and knows rational

1: Done correctly and don't know rationale

0: Not done

**Procedure (4): Checklist: Auscultation of fetal Heart Rate**

Student's name: ID#
Group# Date:

| No. | STEPS | 2 | 1 | 0 |
|---|---|---|---|---|
| **1.** | Explain the procedure, the indications for it, and the information that will be obtained. | | | |
| **2.** | Uncover the woman's abdomen. | | | |
| **3.** | **To use the Doppler** | | | |
| **4.** | Place ultrasonic gel on the diaphragm of the Doppler. Gel is used to maintain contact with the maternal abdomen and enhances conduction of sound. | | | |
| **5.** | Place the Doppler diaphragm on the woman abdomen halfway between the umbilicus and symphysis and in the midline. You are most likely to hear the FHR in this area. Listen carefully for the sound of the fetal heart beat. | | | |
| **6.** | Check the woman's pulse against the fetal sounds you hear. If the rates are the same, reposition the Doppler and try again. | | | |
| **7.** | If the rates are not similar, count the FHR for 1 full minute. Note that the FHR has a double rhythm and only one sound is counted. | | | |
| **8.** | If you do not locate the FHR, move the Doppler laterally. | | | |
| **9.** | Auscultate the FHR between, during, and for 30 seconds following a uterine contraction (UC). | | | |
| **10.** | Frequency recommendations: | | | |
| **11.** | Low-risk women: Every 30 minutes during the first stage, and every 15 minutes in the second stage. | | | |
| **12.** | High risk women: Every 15 minute during the first stage, and every 5 minutes in the second stage. | | | |
| **13.** | Documentation: document that procedure was explained to the woman and that verbalized understanding. The location of FHR, FHR baseline, changes in FHR that occur with contractions, and presence of | | | |

| | | | | |
|---|---|---|---|---|
| | accelerations or decelerations should be included. Other characteristics should include variability, maternal position, and the type of device used, uterine activity, maternal pulse, and nursing interventions that were performed. | | | |
| **14.** | Total Mark: | | | |

**Legend:** **Evaluated By: _____**

2: Done correctly and knows rational

1: Done correctly and don't know rationale

0: Not done

**Procedure (5): Checklist: Determination of PMI (Point of maximum impulse) of FHR (fetal heart rate) Fetal Heart Rate Evaluation**

Student's name: ID#
Group# Date:

| No. | STEPS | 2 | 1 | 0 |
|---|---|---|---|---|
| 1 | Gather the necessary equipment; Explain the procedure to the mother. | | | |
| 2 | Wash hands with warm water, Screen the bed ,drape the woman and expose her abdomen. | | | |
| 3 | Place the woman in dorsal position with legs straight. Perform leopold's maneuvers and identify the fetal position. | | | |
| 4 | **Determination of PMI**<br>Chart PMI of FHR using a two –line figure to indicate the four quadrants of the maternal abdomen, right upper quadrant (RUQ) ,left upper quadrant (LUQ),left lower quadrant ( LLQ) and right lower quadrant ( RLQ).The umbilicus is the point where the lines cross .<br>• The PMI for the fetus in vertex presentation, in general flexion with the back on mother's right side, commonly is found in the mother's RLQ.<br>• Auscultate FHR based on PMI of the fetal presentation identified with Leopold's maneuver. | | | |
| 5 | **If using Fetal stethoscope (Pinard's)**<br>Put the stethoscope firmly on the abdominal wall at the site of the anterior shoulder of the fetus and keep your fingers off the stethoscope. | | | |
| 6 | **Ultrasound Techniques (Doppler)**<br>Lubricate the area over the fetal back using a thin layer of conducting jelly put the transducer of the Doppler over the lubricated area. Count the beats for a minute.<br>• Listen to the fetal heart sound shortly after a contraction and count it in one full minute. If the fetus is in distress listen to the fetal heart sound before, during or after a uterine contraction and count it for one full minute. | | | |

| | | | | |
|---|---|---|---|---|
| 7 | **The Sonic aid**<br>Lubricate the area over the fetal back using a thin layer of jelly put the transducer of for better conduction. | | | |
| 8 | Listen and check the rate recorded in the machine. | | | |
| 9 | Wipe the extra gel in the abdomen with tissue, redress her and asset her down of the bed. | | | |
| 10 | Report any abnormality and record fetal presentation, position, lie and attitude. Engaged or free floating and site of PMI and FHR. | | | |
| Total mark | | | | |

**Legend:** **Evaluated By:** _____

2: Done correctly and knows rational

1: Done correctly and don't know rationale

0: Not done

**Procedure (6): Checklist: Application of the External Monitor**

Student's name: ID#
Group# Date:

| No. | STEPS | 2 | 1 | 0 |
|---|---|---|---|---|
| 1. | **Define the procedure:**<br><br>External monitoring consists of using ultrasound to monitor the fetal heart rate and a Tocodynamometer ("toco" – labor; "dyna" – power; "meter" – measure) which monitors contraction patterns | | | |
| 2. | **Objectives:**<br>**1.** Identify baseline fetal heart rate and presence of variability, both long-term and short-term.<br>**2.** Determine whether accelerations or decelerations from the baseline occur.<br>**3.** Identify the pattern of uterine contractions, including regularity, rate, intensity, duration, and baseline tone between contractions.<br>**4.** Correlate accelerations and decelerations with uterine contractions.<br>**5.** If possible, identify changes in fetal heart rate tracing.<br>a. Conclude whether the FHR tracing is reassuring, non-reassuring or ominous.<br>b. To evaluate fetal condition periodically.<br>c. In case of abnormalities as in decrease fetal movement or bleeding.<br>d. During labor and delivery. | | | |
| 3. | Gather the necessary equipment; Explain the procedure to the mother. | | | |
| 4. | Wash hands with warm water, Screen the bed, drape the woman and expose her abdomen. | | | |
| 5. | Elevate head of the bed 15-30 degrees or place the client in lateral position. | | | |
| 6. | Perform Leopold's maneuvers and identify the fetal position and place 2 straps under the patient. | | | |
| 7. | Apply the conductive to Doppler and place on client's abdomen until | | | |

| | | | | |
|---|---|---|---|---|
| | strong FHR is heard and consistent signal is obtained. | | | |
| **8.** | Attach straps to Doppler and secure. | | | |
| **9.** | Push recorder button if not already on. | | | |
| **10.** | Place Tocodynamometer on top of the fundus. | | | |
| **11.** | Adjust sound and equipment as needed particularly when procedure is performed and client's position is changed. | | | |
| **12.** | Review FHR and UA with client and family report any abnormality and recode FHR, reactivity, variability. | | | |
| Total mark | | | | |

**Legend:** **Evaluated By: _____**

2: Done correctly and knows rational

1: Done correctly and don't know rationale

0: Not done

# Labor & Delivery Procedures

## Procedure (1): Checklist: Timing Uterine Contractions during Labor

Student's name: ID#
Group# Date

| No. | STEPS | 2 | 1 | 0 |
|---|---|---|---|---|
| **1.** | **Define the Procedure:** It is an evaluation of the uterine efforts during labor which in turn affect cervical dilatation and expulsion of the fetus. | | | |
| **2.** | **Identify the objective:** To evaluate the uterine effort.<br>• To determine the progress of labor.<br>• To detect any irregularity or abnormality.<br>• To reassure the woman and her family. | | | |
| **3.** | Explain the procedure to the woman. | | | |
| **4.** | Screen the bed and drape the woman. | | | |
| **5.** | Wash hands and warm them up. | | | |
| **6.** | Put the woman in supine position. | | | |
| **7.** | Locate the fundus and place the hands gently on it. | | | |
| **8.** | Assess the intensity of contractions. | | | |
| **9.** | Assess the frequency & duration of contractions. | | | |
| **10.** | Assess the interval of contractions. | | | |
| **11.** | Assess the relaxation time. | | | |
| **12.** | Observe any irregularity or abnormality. | | | |
| **13.** | Drape the exposed abdomen. | | | |

| | | | | |
|---|---|---|---|---|
| **14.** | Wash hands after the procedure | | | |
| **15.** | Record & Reporting all findings includes:<br>a) Fundal level<br>b) Intensity of contractions<br>c) number and duration of each contraction<br>d) Interval & relaxation time between contractions<br>e) Any irregular or abnormal uterine contractions | | | |

**Legend:** **Evaluated by Dr.: _____**

2: done correctly and knows rationale

1: done correctly but don't know rationale

0: not done

**Procedure (2): Checklist: Catheterization of the Female Bladder**

Student's name: ID#
Group# Date

| No. | Steps | 2 | 1 | 0 |
|---|---|---|---|---|
| **1.** | **Define the Procedure:** It is the insertion of a rubber catheter into the bladder through the urethral meatus of the female under complete aseptic technique. | | | |
| **2.** | **Identify the objective:**<br>➢ To keep the bladder empty.<br>➢ To promote comfort.<br>➢ To obtain specimen of urine for laboratory examination.<br>➢ To stimulate uterine contractions during labor.<br>➢ To promote more room for the presenting part to descent into the pelvic brim.<br>➢ To promote normal progress of labor.<br>➢ To help in placental separation and expulsion during the third stage of labor.<br>➢ To prevent complications during labor and post partum period. | | | |
| **3.** | Prepare the catheter tray | | | |
| **4.** | Explain the procedure to the woman. | | | |
| **5.** | Screen the bed , Position and drape the patient | | | |
| **6.** | Wash hands and put on sterile gloves | | | |
| **7.** | Prepare the sterile work area | | | |
| **8.** | Clean the genitalia | | | |
| **9.** | Pick up the catheter with forceps | | | |
| **10.** | Lubricate the catheter | | | |
| **11.** | Expose the meatus | | | |
| **12.** | Insert the catheter into the meatus | | | |
| **13.** | Attach the drainage tubing | | | |
| **14.** | Aseptically drop the catheter into the sterile kidney basin. | | | |
| **15.** | Obtain urine specimen if ordered (use a sterile graduated pitcher) | | | |
| **16.** | Gently remove the catheter | | | |
| **17.** | Remove equipments | | | |
| **18.** | Assist the client into a comfortable position | | | |
| **19.** | Wash equipments and prepare for sterilization. | | | |
| **20.** | Remove gloves | | | |
| **21.** | Wash hands | | | |
| **22.** | Record and reporting any abnormalities | | | |

**Legend:**

**Evaluated by Dr.:_____**

2: done correctly and knows rationale

1: done correctly but don't know rationale

0: not done

**Procedure (3): Check List: Performing intra-partal Vaginal Examination**

Student's name: ID#
Group# Date:

| No. | Steps | 2 | 1 | 0 |
|---|---|---|---|---|
| **1.** | **Define the Procedure:**<br><br>The vaginal examination reveals information regarding the fetus such as, presentation, position, station, degree of flexion of the fetal head, and presence of caput succedaneum. | | | |
| **2.** | **Identify the objective:**<br>➢ To determine the status of labor progress**.**<br>➢ To evaluate cervical dilation and effacement.<br>➢ To provide information regarding fetal position.<br>➢ To assess Station of presenting part and membrane status (intact or ruptured). | | | |
| **3.** | Prepare equipment & supplies | | | |
| 4. | Explain procedure to the woman. | | | |
| 5. | Screen the bed and drape the woman. | | | |
| 6. | Position the women with her thighs flexed and abducted. | | | |
| 7. | Encourage the woman to relax her muscles and legs. | | | |
| 8. | Inform the woman before touching her. Be gentle. | | | |
| 9. | Wash hands and Pull glove onto dominant hand. | | | |
| 10. | Before the procedure if fluid leakage, use Nitrazine test tape and Q- tip with slide for fern test before performing the exam. | | | |
| 11. | Insert your –well-lubricated second and index fingers of the gloved hand gently into the vagina until they touch the cervix. | | | |
| 12. | If the woman verbalizes discomfort. Pause for a moment and allow her to relax before progressing. | | | |
| 13. | To determine the status of labor progress, perform the vaginal examination during and between contractions. | | | |

| | | | | |
|---|---|---|---|---|
| 14. | Estimate the diameter of the cervix to identify the amount of dilation. | | | |
| 15. | Determine the status of the fetal membranes by observing for leakage of amniotic fluid. If fluid is expressed, test for amniotic fluid. | | | |
| 16. | Palpate the presenting part. | | | |
| 17. | Assess the fetal descent and station by identifying the position of the posterior fontanels. | | | |
| 18. | Wash hands | | | |
| 19. | Record & reporting all findings on woman's chart and on fetal monitor strip if fetal monitor is being used include:<br>a) Cervical dilatation<br>b) Condition of membrane<br>c) Station of the presenting part<br>d) Fetal position & presentation | | | |

**Legend:** **Evaluated by Dr.:**_____

2: done correctly and know rationale

1: done correctly but don't know rationale

0: not done

**Procedure (4): Checklist: Placental Examination**

| No. | Steps | 2 | 1 | 0 |
|---|---|---|---|---|
| **1.** | **Define the Procedure:** It means accurate observation and examination of the placenta after its expulsion. | | | |
| **2.** | **Identify objectives:**<br>➢ To ensure that the placenta is complete.<br>➢ To detect early any abnormality of the placenta, membranes and / or cord.<br>➢ To treat early any abnormality.<br>➢ To prevent complications.<br>➢ To decrease the incidence of maternal mortality. | | | |
| 3. | Wash hands. | | | |
| 4. | Prepare equipment | | | |
| 5. | Wear gloves. | | | |
| 6. | Receive placenta and wash under running water. | | | |
| 7. | Observe placental size and shape. | | | |
| 8. | Inspect the maternal surface in a cupped hand or flat surface. | | | |
| 9. | Ensure that all lobes of the placenta is complete. | | | |
| 10. | Turn the placenta and observe fetal surface. | | | |
| 11. | Observe the insertion of the cord. | | | |
| 12. | Check blood vessels (two arteries and one vein). | | | |
| 13. | Check the length of the cord. | | | |
| 14. | Check presence of knots. | | | |
| 15. | Discard equipment. | | | |
| 16. | Wash equipments and put in place. | | | |
| 17. | Wash hands. | | | |
| 18. | Record and report for any abnormalities. | | | |

**Legend:** **Evaluated by DR:**_____

2: done correctly and know rationale

1: done correctly but don't know rationale

0: not done

## POSTPARTUM PROCEDURES

### Procedure (1): Check list: Physical Examination during postpartum

Student'S name: ID#
Group# Date

| No. | Steps | 2 | 1 | 0 |
|---|---|---|---|---|
| 1. | - **Define the procedure:**<br>The first physical examination during postpartum is an assessment done in a detailed systematic (head – toe) order which is based on a sound understanding of the normal anatomic and physiologic processes of the puerperium. | | | |
| 2. | - **Identify the objectives:**<br>1. To assess the women's overall health status.<br>2. To collect baseline information.<br>3. To use the obtained information as a baseline data for comparison at subsequent examinations.<br>4. To examine the mother from head to toe.<br>5. To identify high-risk signs and symptoms and monitor the maternal condition. | | | |
| 3. | - Prepare equipment. | | | |
| 4. | - Welcome the woman & show interest. | | | |
| 5. | - Measure woman's weight, height, blood pressure, pulse, temperature and respiration. | | | |
| 6. | - Place the woman on the examination couch on her back and explain the procedure. | | | |
| 7. | - Wash your hands. | | | |
| 8. | - Check her face | | | |
| 9. | - Examine the breasts | | | |
| 10. | - Examine the Lungs | | | |
| 11. | - Examine the abdomen. | | | |

| | | | | |
|---|---|---|---|---|
| **12.** | - Examine the lochia | | | |
| **13.** | - Examine the perineum | | | |
| **14.** | - Assess costovertebral Angle. | | | |
| **15.** | - Examine extremities. | | | |
| **16.** | - Assist the woman to get down from the examination table and redress her clothes. | | | |
| **17.** | - Replace equipment and wash hands | | | |
| **18.** | - Report any abnormalities. | | | |
| **19.** | - Record findings & woman's reaction. | | | |
| | - Total Marks | | | |

**Legend:**

2 : Done correctly and knows rationale
1 : Done correctly and don't know rationale
0 : Not done correctly and don't know rationale

**Evaluated By:** _____

**Procedure (2): Checklist: Breast care**

Student'S name: ID#
Group# Date

| No. | Steps | 2 | 1 | 0 |
|---|---|---|---|---|
| **1.** | - Obtain detailed history of the woman. | | | |
| **2.** | - Gather equipment and wash hands. | | | |
| **3.** | - Explain the procedure. | | | |
| **4.** | - Provide privacy, drape the woman. and expose the breast only. | | | |
| **5.** | - Inspect and palpate the breast tissue ( in circular motion toward the nipple.) | | | |
| **6.** | - Clean the breast and instruct mother to fix primary areola and nipple by newborn's mouth. | | | |
| **7.** | - Keep nostrils clear and remove the breast gently from baby's mouth. | | | |
| **8.** | - Ask mother to nurse her baby day and night and to give both breasts during each breast feeding. | | | |
| **9.** | - Put mother in a comfortable position during breast feeding and keep the breast empty by manual expression. | | | |
| **10.** | - Recording and reporting any deviation from normal.<br>- Time of breastfeeding<br>- Type of nipple<br>- Duration of breastfeeding<br>- Breast complications, minor or major | | | |

**Legend:** **Evaluated By:** _____

3 : Done correctly and knows rationale
2 : Done correctly and don't know rationale
1 : Not done correctly and don't know rationale

**Documents to be included in OBGYN Skill Lab 2010/2011**

**Procedure (3): Checklist fundal assessment**

Student's name: ID#
Group# Date:

| No. | Steps | 2 | 1 | 0 |
|---|---|---|---|---|
| **1.** | Define the procedure:<br><br>It is the tactile examination of the woman's abdomen (abdominal palpation during puerperium to assess the uterine involution. | | | |
| **2.** | Identify the objectives:<br><br>- To check (assess) the process of uterine involution during puerperium (determine the degree of involution/or the rate of reduction in the level of the fundus).<br>- To determine the shape, position and consistency of the uterus.<br>- To detect and locate any abnormalities (deviation from normal) e.g. sub-involution, hyper-involution…. etc. | | | |
| **3.** | - Explain procedure. | | | |
| **4.** | - Ask the woman to void. | | | |
| **5.** | - Wash hands | | | |
| **6.** | - Put the woman in comfortable dorsal position with legs flexed. | | | |
| **7.** | - Screen the bed, drape the mother and expose her abdomen only. | | | |
| **8.** | - Gently place one hand on the lower segment of the uterus using the side of the other hand. | | | |
| **9.** | - Palpate the uterus to determine the consistency of the uterus. | | | |
| **10.** | - Palpate the fundus to determine its position. | | | |
| **11.** | - Check the perineal pad to assess the amount, color and consistency of the lochia. | | | |
| **12.** | - Measure urine output for the next few hours until normal elimination is established. | | | |

| | | | | |
|---|---|---|---|---|
| **13.** | - Drape the exposed abdomen. | | | |
| **14.** | - Assist the mother to lie comfortably. | | | |
| **15.** | - Record the following :<br>- Level of the fundus.<br>- Consistency of the uterus.<br>- Position of the fundus. | | | |
| | -Total Mark | | | |

**Legend:** **Evaluated by Dr**._____

2: done correctly and knows rationale

1: done correctly but don't know rationale

0: not done

**Procedure (4): checklist lochial assessment**

**Student's name:** **ID#**
**Group#** **Date:**

| No. | Steps | 2 | 1 | 0 |
|---|---|---|---|---|
| **1.** | **Definition:**<br>It is defined as maternal discharge of blood, mucus, and tissue from the uterus; may last for several weeks after birth. It is sequenced in three types lociha rubra, aserosa and alba. | | | |
| **2.** | **Objectives:**<br>1. To estimate blood loss accurately.<br>2. To identify as early as possible any probability of bleeding.<br>3. To assess character of lochia as (amount, odor and the presence of clots). | | | |
| **3.** | - Greet the mother; explain the procedure (why it is assessed, and how it is assessed, and how it changes during the postpartum. and talk to her in a sympathetic manner. | | | |
| **4.** | - Prepare the necessary equipments and supplies (Gloves & clear perineal pad) | | | |
| **5.** | - Ask her to void. | | | |
| **6.** | - Screen the bed, drape the mother and expose her abdomen only. | | | |
| **7.** | - Put the woman in comfortable dorsal position, ask the woman to flex her legs.<br>Ask her to spread her legs apart. | | | |
| **8.** | - Complete the assessment of uterine fundal height<br>and firmness. | | | |
| **9.** | - Wash hands. | | | |

| | | | | |
|---|---|---|---|---|
| **10.** | - Gloves are put on before assessing the perineum and lochia. | | | |
| **11.** | - Lower the perineal pad and observe the amount of lochia on the pad. | | | |
| **12.** | - Ask the woman about the length of time, the current pad has been in use. | | | |
| **13.** | - Ask the woman whether the amount is normal, and whether any clots were passed before this examination, such as during voiding. | | | |
| **14.** | - Ask the woman to put on another clean perineal pad and then reassess the pad in 1 hour, if she reported heavy bleeding | | | |
| **15.** | - Ask the woman to call you before flushing any clots she passes into the toilet during voiding. | | | |
| **16.** | - Drape the exposed abdomen. | | | |
| **17.** | - Assist the mother to lie comfortably. | | | |
| **18.** | - Record the following:<br><br>- Amount of lochia.<br>- Odor of Lochia<br>- Type of lochia<br>- Consistency of the uterus.<br>- Position of uterus.<br>- Passing of clots. | | | |
| **19.** | - Notify for any abnormalities. | | | |
| | - Total Marks | | | |

**Legend:** **Evaluated by**: Dr._____

- 2: done correctly and knows rationale
- 1: done correctly but don't know rationale
- 0: not done

**Procedure (5): Checklist: Perineal assessment**

**Student's name:** **ID#**
**Group#** **Date:**

| No. | Steps | 2 | 1 | 0 |
|---|---|---|---|---|
| **1.** | **Definition:**<br><br>Observation and examination of the area between the fourchette and the anal canal**.** | | | |
| **2.** | **OBJECTIVES:**<br>1. To assess redness, edema or swelling, echymosis or bruising of the perineum.<br><br>2. To identify as early as possible any tears or laceration.<br><br>3. To assess for hemorrhoids.<br><br>4. To assess skin edge well approximated as in episiotomy. | | | |
| **3.** | - Greet the mother; explain the purpose of the procedure for assessing the perineum during the postpartum period. | | | |
| **4.** | - Complete assessment of fundal height and lochia | | | |
| **5.** | - Ask her to void. | | | |
| **6.** | - Screen the bed, drape the mother and expose her abdomen only. | | | |
| **7.** | - Put the woman in comfortable dorsal position, asks the woman to flex her legs.<br><br>- Ask her to spread her legs apart. | | | |
| **8.** | - Ask her to turn onto her side with the upper knee drawn forward and resting on the bed (Sim's position). | | | |
| **9.** | - Wash hands. | | | |

| | | | | |
|---|---|---|---|---|
| **10.** | - Gloves are put on before assessing the perineum and lochia. | | | |
| **11.** | - Assess the perineum first by asking the woman's perception as the following:<br>- How does she describe her discomfort?<br>- Does it seem excessive to her?<br>- Has it become worse since the birth?<br>Does it seem more severe than you would expect? | | | |
| **12.** | Assess the condition of the tissue, note any swelling (edema) and bruising (echymosis). | | | |
| **13.** | - Evaluate the episiotomy for the following:<br>- Redness<br>- Approximation of the incision edges.<br>- Hardness of the perineal area.<br>- Warmness of the incision to the touch than the surrounding tissue. | | | |
| **14.** | - Assess the odour for lochia, typically the lochia has an earthly, but not unpleasant, small that is easily identifiable. | | | |
| **15.** | - Assess for hemorrhoids. To visualize the anal area, lift the upper buttocks to fully expose the anal area. | | | |
| **16.** | - Assess the effectiveness of comfort measures being used. | | | |
| **17.** | - Provide teaching about care of the episiotomy, hemorroids. | | | |
| **18.** | - Provide the woman with a clean perineal pad. Replanish the ice pack if necessary. | | | |
| **19.** | - Record findings. E.g. " Midline episiotomy; no edema, echymosis, or tenderness. Skin edges well approximated, women reports pain relief measures are controlling discomforts"; or " perineal repair is approximated, minimal edema, no echymosis or tenderness; ice pack to perineum relieves pain: | | | |
| **20.** | Drape the exposed abdomen. | | | |
| **21.** | Assist the mother to lie comfortably. | | | |
| **22.** | Record the following:<br>- Amount of lochia. | | | |

| | | | | |
|---|---|---|---|---|
| | - Type of lochia<br>- Consistency of the uterus.<br>- Position of uterus.<br>- Passing of clots. | | | |
| **23.** | - Notify for any abnormalities. | | | |

**Legend:** **Evaluated by_____**

2: done correctly and knows rationale

1: done correctly but don't know rationale

0: not done

**Procedure (6): Checklist: Perineal Care or Perineal Swabbing**

Student's name: ID#
Group# Date:

| No. | Steps | 2 | 1 | 0 |
|---|---|---|---|---|
| **1.** | - **Define the procedure:**<br>It is an external irrigation, cleansing and/or swabbing of the vulva and perineum. | | | |
| **2.** | - **Identify the objectives:**<br>• To clean the vulva and perineum.<br>• To Promote rapid healing of episiotomy, Tear and/or Laceration.<br>• To prevent infection.<br>• To eliminate bad odor.<br>• To promote comfort.<br>• To stimulate voiding.<br>• 7. To observe the condition of the perineum, episiotomy, hemorrhoid, lochia and/or any vaginal discharge. | | | |
| **3.** | - Wash hands | | | |
| **4.** | - Prepare equipment and take to bedside | | | |
| **5.** | - Explain the procedure to the mother. | | | |
| **6.** | - Drape the woman. | | | |
| **7.** | - Put the mackintosh and cover under the woman and place on bedpan. | | | |
| **8.** | - Remove solid perineal pad from above down wards and place in kidney basin (or paper bag ) | | | |
| **9.** | - With forceps and cotton sponges clean vulva and perineum following the diagram for direction and sequence of cleaning pour the rest of solution on perineum. | | | |
| **10.** | - Dry area gently with cotton sponges in the same manner. | | | |
| **11.** | - Remove bedpan. | | | |
| **12.** | - Turn woman on bed and dry buttocks with cotton sponges. | | | |
| **13.** | - Apply sterile perineal pad. | | | |

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|---|---|---|---|---|
| **14.** | - Rearrange bed, clothes, make woman comfortable, remove equipment tray from bedside. | | | |
| **15.** | - Wash hands | | | |
| **16.** | - Record and report | | | |
| **17.** | - Instruct the woman about self-perineal care. | | | |
| | - Total Mark | | | |

**Legend:** **Evaluated by: Dr. _____**

2: done correctly and knows rationale

1: done correctly but don't know rationale

0: not done

## Gynecologic Procedures

### Procedure (1): check list: Assessment of the Female Genitalia

Student'S name: ID#
Group# Date

| No. | Steps | 2 | 1 | 0 |
|---|---|---|---|---|
| 1. | **Define the procedure:**<br>Assessment of the female genitalia is an examination of the female genitalia which includes an inspection of the external genitalia and a speculum examination to visualize the vagina and cervix. | | | |
| 2. | **Identify the objectives:**<br>➢ To inspect the external genitalia for signs of inflammation, swelling, bleeding, discharge and local skin and epithelial changes.<br>➢ To prevent or detect early vaginal and uterine cancer as a part of woman's preventive health care.<br>➢ To screen for sexually transmitted disease (STD) and pelvic inflammatory disease (PID)<br>➢ To obtain specimens for screening for potential problem such as vaginal infections and cervical carcinoma. | | | |
| 3. | Wash hands | | | |
| 4. | Apply disposable gloves | | | |
| 5. | Explain procedure to the client | | | |
| 6. | Prepare equipment | | | |
| 7. | Prepare women & environment | | | |
| 8. | Inspect external genitalia | | | |
| 9. | Assist examiner in selecting proper size of speculum. | | | |
| 10. | Pace speculum under warm running water | | | |
| 11. | Adjust light. | | | |

| | | | | |
|---|---|---|---|---|
| | Talk with the client as the examiner begins to insert speculum. | | | |
| | Inform the client that a stretching sensation may be felt speculum is introduced.<br><br>Remains at examiner's side as cervix is inspected. | | | |
| **12.** | Assist examiner in obtaining pap smear. | | | |
| **13.** | Let client know that the speculum is about to be withdrawn. | | | |
| **14.** | Offer perineal hygiene. | | | |
| **15.** | Assist client to get down from the examination table. | | | |
| **16.** | Remove gloves | | | |
| **17.** | Wash and replace equipment. | | | |
| **18.** | Wash hands. | | | |
| **19.** | Compare findings with normal characteristics. | | | |
| **20.** | Evaluate client's emotional response towards examination. | | | |
| **21.** | Ask the client about the importance of routine vaginal examination. | | | |
| **22.** | Determine unexpected outcomes. | | | |
| **23.** | Assemble nursing diagnosis. | | | |
| **24.** | Record all findings and women reactions, date and time, size of speculum used. | | | |
| **25.** | Report any abnormalities observed to physician. | | | |
| | -Total Mark | | | |

**Legend:** **Evaluated By**: **Dr**. ----------

0: not done
1: done correctly but don't know rationale
2: done correctly and knows rationale

## Procedure (2): Checklist: Vaginal Irrigation or Vaginal Douche

Student‘s name: ID#

Group# Date

| No. | Steps | 2 | 1 | 0 |
|---|---|---|---|---|
| 1. | **1-Define the procedure:**<br><br>Is introduction of a solution into the vagina at a low pressure. | | | |
| 2. | **2. Identify the objectives:**<br><br>➢ To clean the vagina from discharge preoperatively.<br>➢ To apply an antiseptic solution if infection is present.<br>➢ To reduce bad odor.<br>➢ To relive inflamed vaginal mucosa.<br>➢ To apply heat or medication to the vaginal mucosa and cervix.<br>➢ To readjust the vaginal P.H.<br>➢ To wash out the seminal fluid and sperms. | | | |
| 3. | - Separate the labia and insert the douche into the vagina down ward and backward. | | | |
| 4. | - Open the clamp and rotate gently the douche tip | | | |
| 5. | - Clamp off tubing after solution is finished and removes the douche tip and place it in kidney basin. | | | |
| 6. | - Ask patient to sit upright on bedpan. | | | |
| 7. | - Remove equipment from bed. | | | |
| 8. | - Dry the vulva and anal region. | | | |
| 9. | - Inspect the returned solution. | | | |
| 10. | - Record type of solution used, amount of solution returned, and time of procedure. | | | |
| 11. | - Wash hands. | | | |
| | - Total Mark | | | |

**Legend:**

**2: done correctly and knows rationale** **Evaluated by: Dr.....**

**1: done correctly but don’t know rationale**

**0: not done**

**Procedure (3): chick list: insertion of vaginal suppositories**

Student‘s name: ID#

Group# Date

| No. | steps | 2 | 1 | 0 |
|---|---|---|---|---|
| 1 | **Define the procedure:**<br><br>Insertion of vaginal suppositories is a topical application of anti-infective agents required for female clients with vaginal infections. | | | |
| 2 | Review pertinent information. | | | |
| 3 | Assess condition of external genitalia and vaginal canal. | | | |
| 4 | Review client’s knowledge of suppository. | | | |
| 5 | Identify client and suppository correctly. | | | |
| 6 | Explain procedure to client. | | | |
| 7 | Wash hands and arrange equipment at bedside. | | | |
| 8 | Close room curtain or door. | | | |
| 9 | Assist client to dorsal recumbent position. | | | |
| 10 | Drape abdomen and lower extremities. | | | |
| 11 | Wear disposable gloves. | | | |
| 12 | Adjust light over vaginal orifice. | | | |
| 13 | Use proper procedure for inserting suppository. | | | |
| 14 | Remove gloves properly and discard them. | | | |
| 15 | Instruct client to lie on her back for at least 10 minutes. | | | |
| 16 | If applicator is used, wash it with soap and water rinse and store. | | | |
| 17 | Offer client perineal care. | | | |
| 18 | Dispose of soiled supplies and equipment. | | | |
| 19 | Inspect condition of vaginal canal and external genitalia. | | | |

| | | | | |
|---|---|---|---|---|
| **20** | Evaluate client for symptoms of vaginal inflammation. | | | |
| **21** | Evaluate client understanding about steps of suppository insertion. | | | |
| **22** | Identify unexpected outcomes. | | | |
| **23** | Record suppository's name, dosage, route and time of insertion. | | | |
| **24** | Record condition of vaginal canal and external genitalia. | | | |
| **25** | Report any unusual findings to physician. | | | |
| | Total Mark | | | |

**legend:**

2: done correctly and knows rationale

1: done correctly but don't know rationale

0: not done

**Evaluated By:** Dr. ---------- ----------

## Procedure (4):Pre-operative care of the gynecologic patient

Student‘s name: ID#

Group# Date:

| No. | steps | 2 | 1 | 0 |
|---|---|---|---|---|
| 1. | **Define the procedure**: It is the nursing care given to the patient before undergoing abdominal or vaginal surgery. | | | |
| 2. | **Identify the Objectives:**<br>- Keep patient in good physical and mental condition and increase patient’s satisfaction.<br>- To prevent infection.<br>- To avoid complication. | | | |
| 3. | I. The day before operation:<br>1. Interview the patient and take complete history and informed consent.<br>2. Prepare the patient for physical examination: Explain the procedure.<br>A- Assist her to undress and wear examination gown.<br>B- Ensure that the patient is clean, the room is comfortable, quiet and screen the bed.<br>C- Collect equipment needed for physical examination and provide adequate light.<br>D- Medications and treatment should be given as ordered.<br>E- For examination of the breast and abdomen, the patient lies in dorsal recumbent position, with knees slightly flexed.<br>F=Drape the patient by placing a towel over the chest and a sheet on the rest of the body. | | | |
| 4. | Prepare the patient for gynecologic examination.<br>A- Ask her to empty the bladder and save specimen of urine for analysis. | | | |

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| | B-Give an enema.<br>C- Place the patient in proper position for vaginal examination.<br>D- Drape the patient.<br>E- Reassure the patient.<br>F-Collect all equipment, focus light and prepare medications.<br>G- Perform procedure as needed.<br>K- Label all specimen and slides and send to laboratory.<br>L- Check vital signs.<br>  <br>Explain procedure and treatment as you work. | | | |
| 5. | Give interest to patient. | | | |
| 6. | Allow fluids until midnight and a light diet until the evening before operation. | | | |
| 7. | Give pre-medications as ordered A sedative may be ordered at evening before operation to ensure a good night's sleep. | | | |
| 8. | Carry out antiseptic vaginal irrigation once or twice as ordered. Give an enema as ordered at the evening before operation and sometimes the next morning. | | | |
| 9. | - Perform skin preparation, which consists of shaving, scrubbing with sterile gauze and water and followed by alcohol scrub.<br>- Give perineal preparation and apply sterile perineal dressing.<br>- Give medicated vaginal tampons, suppositories or instillation as ordered. | | | |
| 10. | II. The day of operation :<br>- Empty the bladder and insert retention catheter as ordered. | | | |
| 11. | Remove rings, jewelry and artificial dentures. | | | |
| 12. | Assist the patient to wear surgical cap, socks and means of identification as a tap on her wrest, on which her name and | | | |

| | | | | |
|---|---|---|---|---|
| | room number is printed. | | | |
| 13. | Prepare the patient's bed and keep it warm until her return from the operating room. Prepare also equipment for IV fluid and retention catheter in patient's room | | | |
| 14. | In the operating room :<br><br>A-Apply principles of asepsis; sterilize all materials which will come in contact with the wound either directly or indirectly.<br><br>B-For vaginal operation, drape the patient in lithotomy position.<br><br>C-give the pre- operative medications and reassurance.<br><br>D-Place the patient in lithotomy position for vaginal or perineal operation.<br><br>E-scrub the area of operation by soap and water then by antiseptic solution.<br><br>F-Perform catheterization, insert speculum or retractor and apply antiseptic solution before vaginal operation.<br><br>G-Replace wet linen with dry ones and put operator 'stool and instrument table into place.<br><br>H-Handle various articles as ordered.<br><br>I-Keep apparatus for general or local anesthesia ready. | | | |
| 15. | -Record all information about operation, name, of doctor and assistants,anesthesia,medications and treatment and patient'codition. | | | |
| | Total marks: | | | |

**Legend:**

**2: done correctly and knows rationale** **Evaluated by: Dr.....**

**1: done correctly but don't know rationale**

**0: not done**

## Procedure (5): Check list: Post-operative care of the gynecologic patient

Student's name: ID#

Group# Date

| No. | steps | 2 | 1 | 0 |
|---|---|---|---|---|
| **1.** | Define the Procedure: It is the nursing care given to the gynecologic patient after undergoing abdominal or vaginal surgery | | | |
| **2.** | Identify bjective:<br>To prevent infection.<br>To avoid post-operative complications.<br>To facilitate coping with alteration in functions or structure.<br>To maintain body functions and promote rapid recovery | | | |
| **3.** | Carry out immediate post-operative orders.<br>I) Vital signs:<br>Record BP, pulse, respiratory rate every 15-30 minutes until patient is stable, 2 hourly thereafter for at least 4-6 hours and these measurements include oral temperature and then record them 4 times a day for the rest of post-operative course.<br>II)Wound care:<br>1. Watch for excessive bleeding (inspect abdominal dressing or perineal pads)<br>2. Determine the hematocrit the day after major surgery.<br>III) Medication:<br>1. After major surgery the following medications are given and may be helpful such as narcotics, non-steroids, anti-inflammatory and anti-emetics. | | | |
| **4.** | After minor operation, give mild analgesics as needed. | | | |
| **5.** | Give medication may be required by patient as it were taken before surgery (insulin, digitalis, cortisone) | | | |
| **6.** | IV) Position in bed:<br>1- Put unconscious patient on side, Keep an airway in place and observe | | | |

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|---|---|---|---|---|
| | her constantly until she responds.<br><br>V) Drainage tubes:<br><br>1. Connect the urinary catheter to gravity drainage system.<br><br>VI) Intake and out put:<br><br>1. Start I.V fluid<br><br>2. Record intake and out put of all fluids as well as weight<br><br>VII) Diet:<br><br>1. Following minor operation, offer food as desired when patient is fully awake.<br><br>2. Following major surgery, allow for patient only sips of tap water on the day of surgery and don't give ice water<br><br>3-Give clear liquids on first post-operative day if bowel sound is good.<br><br>VIII) Respiratory care:<br><br>1. Encourage deep breathing every one-hour for the first 12 hours and every 2-3 hours for the next 12 hours.<br><br>2. Provide incentive spirometery with assistance particularly for elderly obese or immobilized patient.<br><br>IX) Ambulation:<br><br>1. Encourage early ambulation on the day of operation after major surgery and encourage change of position every 3 hours. | | | |
| **7.** | X) Exercise:<br><br>Simple arm, leg and foot exercises are commenced on the first day after operation. Thereafter they are carried out daily and gradually | | | |
| **8.** | If urinary retention occurs, try the usual methods of inducing voiding. If failed do catheterization. Give care of retention catheter if it is used. | | | |
| **9.** | Measure and record fluid intake and output for several days pos-operatively. | | | |
| **10.** | If intestinal distension occurs, insert rectal tube or give carminative enema as ordered. | | | |

| | | | | |
|---|---|---|---|---|
| **11.** | On the second day evening or third day morning, give small oil retention enema followed by tap water or normal saline, after that give laxative as ordered | | | |
| **12.** | Following vaginal hysterectomy, keep the patient in bed for 10 days. After cervical operations, keep her in bed for 4 days. | | | |
| **13.** | Following vaginal surgery, give perineal care and apply light treatment to the perineal sutures for one hour, 2-3 times daily, by using dry heat. | | | |
| **14.** | Use also ice bag or sterile warm moist packs for infected perineal suture. | | | |
| **15.** | - Elevate the head of the bed | | | |
| **16.** | XI) Observe for post-operative complications:<br><br>1. For post-operative hemorrhage, check pulse and blood pressure as the earliest indication. Keep the patient quiet by giving sedative as ordered, elevate the foot of the bed and provide external heat. Keep stimulants; IV solutions and blood transfusion ready as ordered. | | | |
| **17.** | If shock accompanies hemorrhage, elevate the foot o keep IV fluids and stimulants ready as ordered. | | | |
| **18.** | Observe for signs of shock such as rapid pulse, low blood pressure, pallor or sweating, apathy and loss of interest in the surroundings. | | | |
| **19.** | If vomiting is persistent or acute, gastric dilatation develops, continuous gastric suction may be needed. | | | |
| **20.** | Infection of incision may occur in the form of reddened and painful skin. A warm moist antiseptic dressing or removal of some sutures may be helpful. Observe for signs of spread of infection (peritonitis) such as elevation of temperature, rapid pulse, persistent vomiting, and continuous abdominal pain with tenderness and rigidity. IV fluids, continues duodenal suction and antibiotics are given as ordered. | | | |
| **21.** | Observe signs of toxicity as nausea and vomiting, diarrhea and cyanosis, which may occur due to receiving large amount of sulfonamides. Report at once other complications as skin eruption, high fever, haematuria and jaundice. Daily urine analysis and white blood cells examination are carried out as patient receiving the drug to determine the presence of sulfonamide crystals in urine and development of hemolytic anemia, leuckopnia or agrranulocytosis. | | | |
| **22.** | Observe for signs of phlebitis as pain in the groin and upper part of thigh, | | | |

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| | rise in temperature, swelling of foot and leg and tenderness. Put the patient in bed, elevate the affected leg and keep the patient quiet. Affected leg should not be moved, rubbed or massaged more than necessary. . Sedative is given if the pain is severe. | | | |
| **23.** | XII) Prepare the patient for discharge and final examination by the surgeon. Remove all drains and dress the wound. | | | |
| **24.** | XIII) Give specific instructions to the patient regarding care at home such as activity, douches, abdominal dressing, and menstrual period and return visit. | | | |
| **25.** | XIV) Record the following:<br>1. Vital signs in schedule as ordered and degree of consciousness.<br>2. Intake and output including urine and stool.<br>3. Medications and treatment given.<br>4. Analysis and procedures carried out and its results.<br>5. Signs of complications if present and care given.<br>6. Condition of the wound and its dressing.<br>7. Reaction of the patient and her psychological condition.<br>Health teaching and date of next visit. | | | |
| **26.** | Short and long term plan | | | |
| | **Total marks:** | | | |

**Legend:** **Evaluated By Dr.**: ----------

2: done correctly and knows rationale

1: done correctly but don't know rationale

0: not done

# ANTENATAL CHECK LISTS

# LABOR & DELIVERY CHECK LISTS

# POSTPARTUM CHECK LISTS

# GYNECOLOGY CHECK LISTS

# *OBGYN skill lab Equipments*

# *Objectives*

# *Schedule of Screening & Evaluation OBGYn. Skill lab*

## Assignment System

## Team Method

**Unit:**
**Date:** **Team Leader:**

| Patient's Name | Diagnosis | Room No. | Nursing Activities | Nurse's Name |
|---|---|---|---|---|
| | | | | |