Spring / Summer 2015

Questions

Name:_____ Oasis:_____

Mark: ___ / 31

CEPCP

Professional Development:

Delivery Related Emergencies

Hopefully you found the reading-material on delivery related emergencies worthwhile and a good review. Luckily they are not very common emergencies which makes them even more important to review on occasion. This package is meant to confirm your understanding of the material by presenting you with questions and scenarios that are realistic and will allow you to apply the knowledge without having to get your hands dirty (unless your pen leaks). So take this opportunity to engage in some complicated deliveries and see how you make out.

Just like last year we have added some non-delivery related stuff at the end for review purposes.

You are en-route to a 37 year old female in active labor. On the way you start getting more updates. The patient has a history of diabetes. The water has broken and the patient has an urge to push.

1. **Based on this information you know that this patient is at higher risk for the following complication of birth.**

    a. Meconium staining
    b. Nuchal cord
    c. Shoulder dystocia
    d. Breech presentation

As you walk in you see the patient lying on a couch with a towel tucked underneath her. It is soaked in a light green liquid.

2. **You recognize that this liquid is probably:**

    a. Normal amniotic fluid
    b. Thin meconium staining
    c. Thick meconium staining
    d. Amniouresis

Just as you are setting down the equipment and getting ready to start your assessment your patient says "I can't hold it any more, there is another contraction and the baby is coming!" Before you have a chance to respond, the patient bears down and the head delivers. You quickly don gloves and run a finger around the baby's neck. You are relieved to see that the cord is not wrapped around the neck.

3. **What should you do next?**

    a. Quickly suction the mouth and nose before the shoulders deliver.
    b. Insert two fingers into the vagina and gently push the tissue away from the baby's neck.
    c. Prepare equipment to deliver the rest of the baby.
    d. Instruct the patient to "pant and blow" and prepare for transport.

4. **You know now that the head has delivered you can expect the body to deliver within:**

    a. 25 seconds
    b. 2 minutes
    c. 4 minutes
    d. 6 minutes

You soon realize that the body is taking way too long to deliver. "I think we have a shoulder dystocia here." You tell you partner. "Ok, what do you want to do?" Your partner replies.

5. **What is the best first intervention that should be attempted to resolve a shoulder dystocia?**

    a. McRobert's maneuver
    b. Massanti technique
    c. Moving the mother onto all fours
    d. Gently attempt to get the bottom shoulder out

6. **In order to instruct your partner to assist with this intervention you would provide the following instructions:**

    a. "As I push up on the legs I want you to apply pressure just above the pubic bone."
    b. "Help me turn the patient over onto all fours."
    c. "Get me some sterile gloves, I'm going in!"
    d. "Can you help me flex the patient's legs up onto her abdomen."

You are very relieved when the first intervention beautifully does the trick and the rest of the body delivers. Within seconds of delivery the baby starts crying vigorously and has great muscle tone.

7. **You have dried the baby and should now:**

    a. Suction the mouth first and then the nose
    b. Suction the nose first and then the mouth
    c. Administer oxygen to the baby via a NRB
    d. Give the baby to mom for some skin-to-skin contact

You are responding to a 24 year old in active labor. Updates en-route state that the pregnancy is 43 weeks along.

8. **You recognize that 43 weeks means that this pregnancy is:**

    a. Postterm
    b. Preterm
    c. Right on schedule
    d. Non-viable

9. **This puts the pregnancy at risk for:**

    a. Shoulder dystocia
    b. Nuchal cord
    c. Meconium staining
    d. a and c

When you arrive the patient states that her water broke when she was in the bathroom. You go into the bathroom and have a look at the floor. There is a darkish green substance that seems to be of a similar consistency to pea soup in a puddle. "How does it look?" you partner calls from the other room.

10. **Your reply is:**

    a. "There is thick meconium here."
    b. "There is thin meconium here."
    c. "Get ready to suction as soon as the head comes out!"
    d. "There is just regular amniotic fluid here."

11. **The baby delivers and is flaccid and not crying. Your first step should be to:**

    a. Warm, dry stimulate
    b. Administer positive pressure ventilations
    c. Suction the nose and then the mouth
    d. Suction the mouth and then the nose

You are responding to yet another active labor call. The call information states that the pregnancy is 28 weeks along. You recognize that this is very premature but potentially a viable birth. In addition to thinking about neonatal resuscitation you start thinking of the actual birth complications that may be encountered.

12. At 28 weeks ____ percent of fetuses are in a breech position.

a. 8
b. 18
c. 28
d. 38

13. This is compared to ___ percent for a full-term pregnancy.

a. 3-4
b. 6-8
c. 10-12
d. 14-18

When you arrive you find the patient not just in active labor but actively delivering.
You recognize that the presenting part is the baby's bum. You are approximately 20 minutes from the nearest hospital so you decide that you will not have time to package and go. This delivery is progressing fast! Your partner starts to prepare a neonatal resuscitation area while you begin to manage the birth.
The body delivers and you provide support for it. The delivery has progressed to where the only part left to deliver is the head.

14. What should you do at this point?

a. Check for a cord pulse
b. Check for breathing
c. Warm, dry and stimulate the body
d. Initiate transport

15. It feels like an eternity passes without the head delivering but in reality it has only been 3 minutes. You now realize it is time to:

a. Perform the corkscrew maneuver
b. Clamp and cut the cord
c. Insert your fingers into the vagina to create an airway
d. Attempt to re-insert the presenting parts and start transport

16. **A nuchal cord is primarily dangerous because it can:**

    a. Cause c-spine torsion
    b. Strangle the fetus
    c. Lead to hypovolemia
    d. Stretch the umbilical cord

17. **A nuchal cord can be expected to occur in what percentage of full-term pregnancies?**

    a. 0.1 – 1.0%
    b. 3 - 4%
    c. 10-15%
    d. 20- 30%

18. **The best approach to a nuchal cord that is wrapped once is to:**

    a. Slip the cord over the head
    b. Clamp and cut the cord
    c. Perform the somersault maneuver
    d. Perform McRobert's maneuver

19. **The best approach to a nuchal cord that is wrapped tight several times is to:**

    a. Clamp and cut the cord
    b. Perform the somersault maneuver
    c. Perform McRobert's maneuver
    d. Perform the Massanti Technique

20. **The management for a limb presentation breech is to:**

    a. Allow normal delivery
    b. Load and go
    c. Assess for pulse in the presenting limb, reposition if no pulse
    d. Re-insert the presenting part and then load and go

Now for some dreaded medical math…It's not so bad. Take your time. You know how to do this stuff.

If you find it difficult, take a moment and go through our interactive tutorial online. It takes you through all the steps and demystifies the whole thing!

http://www.lakeridgehealth.on.ca/training/medical_math_presenter/presentation.html

21) You are asked by the sending staff of the hospital to run an IV at 135 ml/hr on a transfer to a neighbouring city. How many drops per minute should you run it at? You check the drip set and discover it is a 10 gtts/ml set.

____ drops / min

22) You are treating a 9 year old for a reaction to a bee sting. The reaction is relatively mild, and you elect to give diphenhydramine. How much volume should you administer? The drug is in its usual 50 mg/ml concentration and the child is average size for a 9 year old.

_____ ml

23) You are going to administer the correct dose of Ketorolac for an adult patient. The drug is supplied in 30 mg/ml vials. What volume of drug should you administer?

_____ ml

24) You are going on a LONG transfer. The sending physician asks you to infuse a full 1,000 ml bag of normal saline over 2 hours. They are using a 10 gtts/ml set. How many drops per minute should you run it at?

___ drops / min

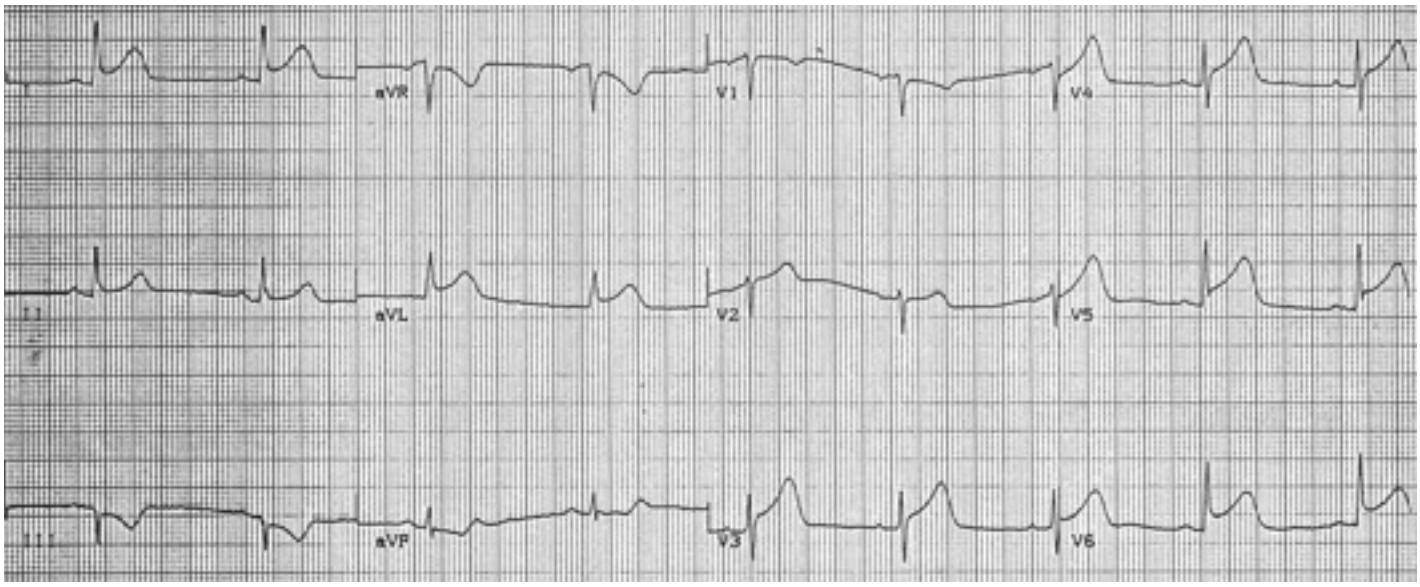
25) Your partner has just started an IV on a pediatric patient. You have opened it up and it is running beautifully through a micro drip set (60 gtts/ml). He asks you to set it to the TKVO rate of 15 ml/hr. How many drops per minute are you going to set it to?

___ drops per minute

Medical math done! Now let's review some 12 leads so you are fully prepared for that next STEMI call.

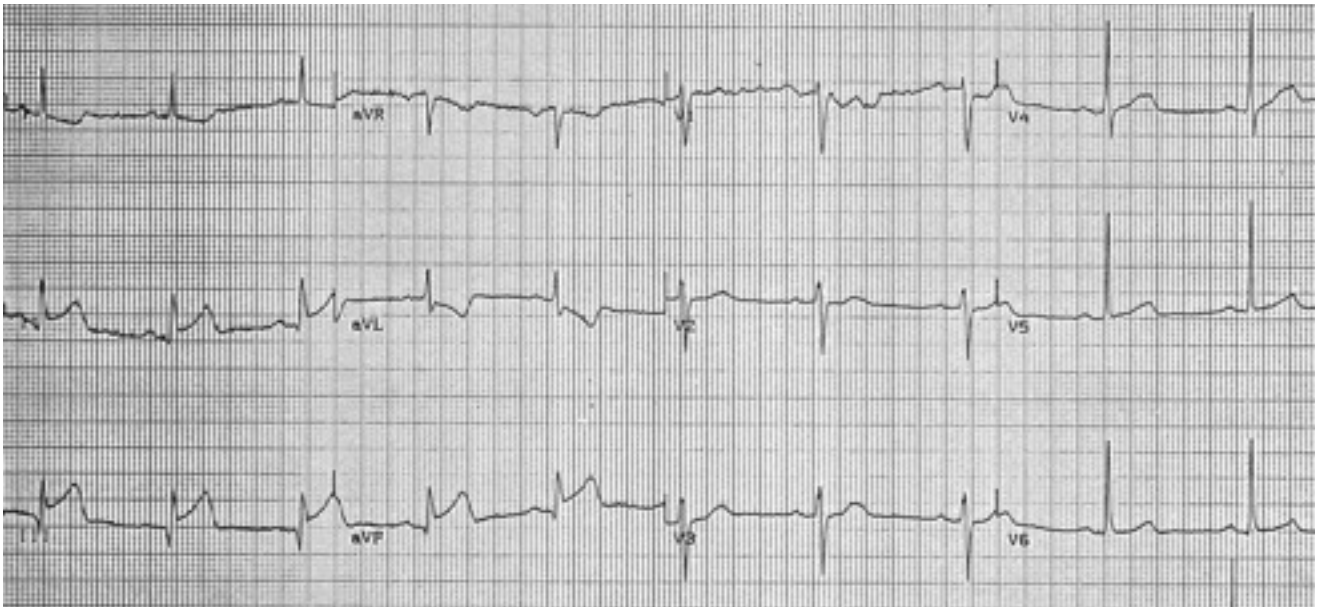
26) Significant S-T segment elevation in leads v3 and v4 would suggest:

a. Inferior wall myocardial infarction
b. Lateral wall myocardial infarction
c. Anterior wall myocardial infarction
d. Right ventricular myocardial infarction



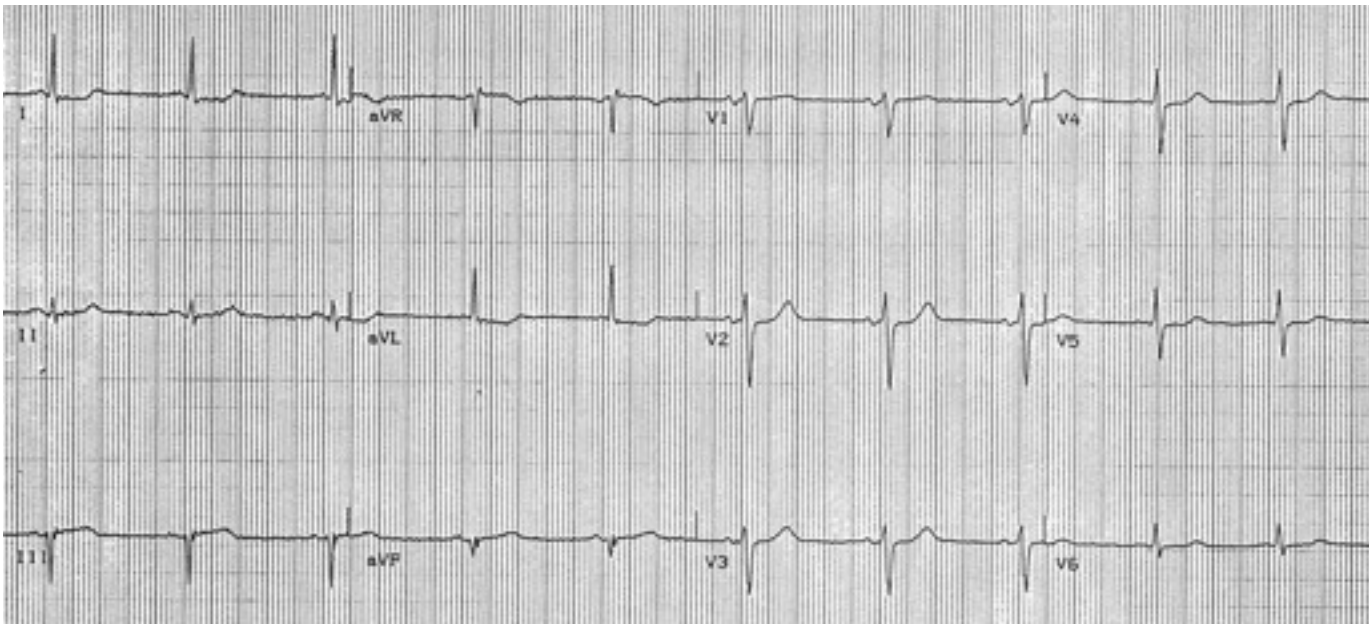
27) The above 12 lead indicates:

a. Inferior wall myocardial infarction
b. Anterolateral myocardial infarction
c. Posterior wall myocardial infarction
d. Right ventricular myocardial infarction



28) The above 12 lead indicates:

a. Inferior wall myocardial infarction
b. Lateral wall myocardial infarction
c. ECG with no acute S-T elevation
d. Septal wall myocardial infarction



29) The above 12 lead indicates:

a. Inferior wall myocardial infarction
b. Lateral wall myocardial infarction
c. ECG with no acute S-T elevation
d. Septal wall myocardial infarction

30) A 15 lead ECG offers the following above and beyond a 12 lead:

a. A view of the right ventricle
b. A view of the posterior wall of the left ventricle
c. A more detailed view of the inferior wall of the left ventricle
d. a and b

31) You are viewing a 12 lead ECG with S-T segment elevation in leads V3, V4 and V5. You would expect to see reciprocal changes in which lead(s):

a. I, V6 and V1
b. V4R
c. II, III and avF
d. avL

You are all done!