

**Community College of Rhode Island
ADNU 2050 - The Family
High Risk Pregnancy**

I. Preterm Labor

A. Define pre-term labor:

B. List 5 Common Causes for pre-term Labor

- 1.**
- 2.**
- 3.**
- 4.**
- 5.**

C. Describe the symptoms of pre-term Labor

D. What is the appropriate treatment for pre-term labor?

**II. Drugs commonly prescribed for pre-term labor include:
Please include common dose of each.**

A. Ritrodrene (Yutopar)

B. Terbutaline Sulfate (Brethine)

C. Magnesium Sulfate (Mg.So4)

What is the action of the above tocolytic drugs ? (How do these drugs stop pre-term labor?)

What are the side effects of the each of these drugs?

III. Define PROM:

A. List 5 Maternal Risk Factors with PROM:

1.

2.

3.

4.

5.

B. How is the diagnosis of PROM made?

C. Why is Betamethasone (Celestine Solupan) given to an afebrile PROM patient?

D. What is an important assessment to be looking for after administering Betamethasone?

III. Define Pregnancy Induced Hypertension: (PIH)

A. List 5 Common Nursing assessments when caring for a patient with PIH.

- 1.**
- 2.**
- 3.**
- 4.**
- 5.**

Define HELLP Syndrome:

V. Drug Problems : (please show your work)

A. You have 1000ml. of Lactated Ringers Sol. With 40 Grams of Magnesium Sulfate on hand

**1. Pt. is to receive a bolus of 4 grams in 20 minutes.
You would set the IV pump at _____?**

**2. Pt. is to receive 2Grams of Magnesium Sulfate per hour.
How many ml. per hour will pt. receive?_____?**

**B. You have 500 ml. D5W with 10,000u Heparin added to a solution.
Pt. dose is 900 U per hour.**

1. How many mls. per hour will the pt. receive? _____?

2. What is the concentration or ratio of Heparin units per ml. _____?