

**DIRECT ENTRY MIDWIFERY  
CURRICULUM:**

**LEGEND DRUGS & DEVICES**

***BASIC PROGRAM***

**(Initial Education Required for Licensure)**

OREGON HEALTH LICENSING AGENCY

Board of Direct Entry Midwifery

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# CORE CURRICULUM LEGEND DRUGS AND DEVICES BASIC PROGRAM 40 hours

The 40-hour **Basic Program** shall include: 8 hours - Pharmacology; 2 hours - Administration of medications through injection; 16 hours - Treatment of shock; 6 hours - Maternal and neonatal resuscitation and 8 hours - Suturing.

The chart below is to be used as a guide in the development of your curriculum:

Course / Description	Hours Required
<p><b>PHARMACOLOGY:</b></p> <ul style="list-style-type: none"> <li>• Mechanism of Pharmacological Action;</li> <li>• Indications;</li> <li>• Therapeutic Effects;</li> <li>• Side Effects / Adverse Reactions;</li> <li>• Contraindications; and</li> <li>• Incompatibilities / Drug Interactions.</li> <li>• Drug administration including:</li> <li>• Dosage;</li> <li>• Dosage Form and Packaging;</li> <li>• Routes of Administration;</li> <li>• Onset of Action;</li> <li>• Peak Effect; and</li> <li>• Duration of Action.</li> </ul>	<b>8 hours</b>
<p><b>ADMINISTRATION OF MEDICATIONS THROUGH INJECTION:</b></p> <ul style="list-style-type: none"> <li>• Universal precautions including the use and disposal of sharps;</li> <li>• Equipment including:</li> <li>• Needles;</li> <li>• Filter Needles (for use with glass ampules);</li> <li>• Syringes;</li> <li>• Skin surface disinfectants; and</li> <li>• Medication containers (ampules, multi- and single- use vials).</li> <li>• Appropriate injection sites;</li> <li>• Procedures for drawing up and administering drugs;</li> <li>• Special case: Administration of Medications Intravenously; and</li> <li>• Care of equipment.</li> </ul>	<b>2 hours</b>
<p><b>TREATMENT OF SHOCK:</b></p> <ul style="list-style-type: none"> <li>• Theory of shock;</li> <li>• Non-invasive treatment of shock;</li> <li>• Intravenous fluid therapy;</li> <li>• Purpose of IV fluid therapy;</li> <li>• Equipment;</li> <li>• Appropriate sites;</li> <li>• Procedure;</li> <li>• Rate of administration; and</li> <li>• Care of equipment.</li> </ul>	<b>16 hours</b>

<b>MATERNAL &amp; NEONATAL RESUSCITATION:</b> <ul style="list-style-type: none"> <li>• Basic life support techniques;</li> <li>• Cardio-Pulmonary Resuscitation (CPR);</li> <li>• Use of oxygen; and</li> <li>• Positive pressure ventilation (bag, valve, mask).</li> </ul>	<b>6 hours</b>
<b>SUTURING:</b> <ul style="list-style-type: none"> <li>• Define degrees of perineal damage</li> <li>• Explain steps to evaluate genitals for damage postpartum</li> <li>• Explain when perineal damage may not require a repair</li> <li>• Discuss steps to take if a woman refuses repair</li> <li>• List types of perineal damage which requires referral for repair</li> <li>• Explain risks of poorly done repair to women's health</li> <li>• Discuss pros and cons of two forms of local anesthetic</li> <li>• Amide vs. ester based</li> <li>• Discuss use of epinephrine in local anesthetic - pro and con</li> </ul>	<b>8 hours</b>
<b>TOTAL HOURS:</b>	<b>40 HOURS</b>

In the course of study the candidate shall receive theory instruction, classroom instructor demonstrations and/or guided practical experience under the supervision of the authorized provider. The amounts of time a candidate devotes to theory and practice are flexible provided the minimum hour requirements listed above are met.

## CORE CURRICULUM FOR PHARMACOLOGY

Objectives	Dosage Guidelines	Standards for Instructors	Sources
<ul style="list-style-type: none"> <li>◆ Define a drug</li> <li>◆ Distinguish "legend drugs and devices" from other types</li> <li>◆ <b>Explain OAR's concerning legend drugs and devices including legal sanctions for violations</b></li> <li>◆ Define and explain the following               <ul style="list-style-type: none"> <li>◆ Action and effect</li> <li>◆ Adverse reactions</li> <li>◆ Agonists and antagonists</li> <li>◆ Tolerance</li> <li>◆ Interactions</li> <li>◆ Placebo effects</li> <li>◆ Compliance</li> </ul> </li> <li>◆ Discuss various routes of administration</li> <li>◆ Explain placental transfer of medication to the fetus</li> <li>◆ Explain how a drug moves through the body               <ul style="list-style-type: none"> <li>◆ Absorption rate</li> <li>◆ Metabolism</li> <li>◆ Excretion</li> </ul> </li> <li>◆ For each of the legend drugs and devices authorized for use by LDMS, explain and discuss the following (see text for specifics)               <ul style="list-style-type: none"> <li>◆ Mechanism of pharmacological action</li> <li>◆ Indications</li> <li>◆ Therapeutic effects</li> <li>◆ Side effects/adverse reactions</li> <li>◆ Contraindications</li> <li>◆ Incompatibilities/drug interactions</li> <li>◆ Administration including                   <ul style="list-style-type: none"> <li>◆ Dosage</li> <li>◆ Dosage form and packaging</li> <li>◆ Onset of action</li> <li>◆ Peak effect</li> <li>◆ Duration of action/half-life</li> <li>◆ Storage and security</li> </ul> </li> </ul> </li> <li>◆ Chart the use of authorized legend drugs and devices</li> <li>◆ Devise system for tracking legend drugs in a home-based midwifery practice, including expiration dates</li> <li>◆ Demonstrate use of <b>drug references</b></li> </ul>	<p><u>Synthetic Oxytocin (Pitocin, Syntocin &amp; Generic)</u> IM: 10U (1ml), may repeat at 2 hour intervals as necessary to maintain uterine tone. IV: 10U (1ml) bolus, may add 10-20U (1-2ml) to 1000 ml IV fluid and infuse at rate necessary to maintain uterine tone</p> <p><u>Methylergonovine (Methergine)</u> IM: 0.2 mg (1 ml) repeat if necessary at 2 to 4 hour intervals Oral: 0.2 - 0.4 mg (1 to 2 tablets) every 6 to 12 hours for up to 2 to 7 days</p> <p><u>Ergonovine (Ergotrate)</u> Oral: 0.2 - 0.4 mg (1 to 2 tablets) every 6 to 12 hours for up to 2 to 7 days</p> <p><u>Misoprostol (Cytotec)</u> 600 mcg (micrograms) orally or rectally for management of postpartum hemorrhage only</p> <p><u>Epinephrine (Adrenalin, EpiPen, and generic)</u> SQ: 0.2 mg - 0.3 mg of 1:1000 solution (0.2 ml to 0.3 ml) for rescue from anaphylactic reaction</p> <p><u>Vitamin K1 (Phytonadione)(injectable: AquaMEPTHYTON and generic; oral: Mephyton;</u> IM: .5 to 1.0 mg at birth: Oral: 1.25 mg to 2.5 mg (1/4 to 1/2 tablet crushed) at birth, repeating dose at one week, and at 2-4 weeks.</p> <p><b>Menadione (vitamin K3) may NOT be used</b></p> <p><u>Erythromycin Ophthalmic Ointment 0.5% (Ilotycin, AK-Mycin and generics)</u> Topically: 1.0 cm (1/2 inch) ribbon in each lower conjunctiva</p> <p><u>Lidocaine (Xylocaine and generic) and Procaine (Novocain and generic)</u> Tissue injection or gel for local anesthesia using the smallest dosage that will produce desired effects</p> <p><u>Topical Anesthetic Spray (e.g. Cetacaine)</u> Spray directly to area to be anesthetized. Do not exceed 2-second spray duration</p> <p><u>Rh Immune Globulin (RhoGAM, Gamulin Rh, BayRho-D, and others)</u> IM: 50 mcg( micrograms) prophylactically at 28 weeks or after miscarriage up to 12 weeks IM: 300 mcg (micrograms) postpartum or after miscarriage beyond 13 weeks.</p> <p><u>Sterile Water Papules</u> Intradermal use as a local anesthetic</p>	<ul style="list-style-type: none"> <li>◆ <b>Oregon Licensed Midwife and Licensed Pharmacist (not limited to Oregon Licensure)</b></li> </ul>	<ul style="list-style-type: none"> <li>◆ Pharmacology for Midwives by Jane Poznar, RPh</li> <li>◆ Physicians Desk Reference - 55<sup>th</sup> Edition by Mukesh Mehta</li> <li>◆ Drug Topics; Facts and Comparisons by Editorial Board</li> </ul>

## CORE CURRICULUM FOR ADMINISTRATION OF MEDICATIONS THROUGH INJECTION

Objectives	Dosage Guidelines	Standards for Instructors	Sources
<ul style="list-style-type: none"> <li>◆ Describe and utilize universal precautions when administering medications, including               <ul style="list-style-type: none"> <li>◆ Gloving</li> <li>◆ Eye protection</li> <li>◆ Safety equipment</li> <li>◆ Appropriate disposal of sharps</li> </ul> </li> <li>◆ List equipment needed for medication administration               <ul style="list-style-type: none"> <li>◆ Needles - size(length and bore)</li> <li>◆ Filter Needles (for use with glass ampules)</li> <li>◆ Syringes - sizes, "lever" locks</li> <li>◆ Skin surface disinfectants - alcohol, povidone iodine</li> <li>◆ Medication containers                   <ul style="list-style-type: none"> <li>◆ Glass ampules</li> <li>◆ Multidose container</li> <li>◆ Single use vials</li> </ul> </li> </ul> </li> <li>◆ Differentiate subcutaneous, intramuscular and I.V. medication administration sites</li> <li>◆ List appropriate sites for medication injection</li> <li>◆ Explain the "three point check" technique               <ol style="list-style-type: none"> <li>1. Date on medication (not expired), type, dosage</li> <li>2. Repeat after drawing up medication</li> <li>3. Repeat after administering medication and chart</li> </ol> </li> <li>◆ List steps for administering drug IM</li> <li>◆ List steps for administering drug SQ</li> <li>◆ Explain appropriate care of equipment used in administering medications.</li> </ul>	<p><b>NONE</b></p>	<ul style="list-style-type: none"> <li>◆ Licensed Midwife</li> <li>◆ Licensed RN</li> <li>◆ Licensed Physician - MD, DO, ND</li> <li>◆ Certified Paramedic</li> <li>◆ Physician Assistant</li> </ul>	<ul style="list-style-type: none"> <li>◆ Pocket Guide to Basic Skills and Procedures - 4<sup>th</sup> Edition, Anne Griffin Perry and Patricia A. Potter, 1998</li> <li>◆ Training Curriculum - OSHA Bloodborne Pathogens, KH West, 1992</li> </ul>

## CORE CURRICULUM FOR TREATMENT OF SHOCK

Objectives	Dosage Guidelines	Standards for Instructors	Sources
<ul style="list-style-type: none"> <li>◆ Define Shock</li> <li>◆ Identify pathophysiology of shock</li> <li>◆ List and explain four cellular phases of shock</li> <li>◆ List types of shock</li> <li>◆ Explain three stages of shock</li> <li>◆ Describe how to assess a patient in shock               <ul style="list-style-type: none"> <li>◆ Define "primary survey" and list its three components</li> <li>◆ Define "secondary survey" and list its two components</li> </ul> </li> <li>◆ List two steps to resuscitate a patient in shock</li> <li>◆ Basic life support : position, warmth, oxygen therapy, CPR</li> <li>◆ I.V. fluid therapy</li> <li>◆ Reasons for using I.V. therapy</li> <li>◆ List necessary equipment for administration of I.V. fluids</li> <li>◆ Explain appropriate care of equipment used in I.V. administration</li> <li>◆ Explain in detail the appropriate procedure for administration of I.V. fluids</li> <li>◆ Describe appropriate flow rates for I.V. administration</li> <li>◆ Identify s/s of I.V. failure (infiltration)</li> <li>◆ List dangers of inappropriately placed or maintained I.V.</li> <li>◆ Identify appropriate antihemorrhagic medication</li> <li>◆ Demonstrate on live model non-invasive treatment including appropriate positioning for shock</li> <li>◆ Demonstrate, on mannequin, appropriate steps for administering an I.V.</li> <li>◆ Demonstrate, on live model, correct administration of an I.V.</li> </ul>	<ul style="list-style-type: none"> <li>◆ IV Fluid Types               <ul style="list-style-type: none"> <li>◆ 0.9% Saline Solution</li> <li>◆ Lactated Ringers Solution</li> <li>◆ D5LR</li> <li>◆ D5W</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>◆ Licensed Midwife</li> <li>◆ Licensed RN</li> <li>◆ Licensed Physician - MD, DO, ND</li> <li>◆ Certified Paramedic</li> <li>◆ Physician Assistant</li> </ul>	<ul style="list-style-type: none"> <li>◆ Practical Skills Guide for Midwifery - 3<sup>rd</sup> edition, Pam Weaver and Sharon K. Evans, 2001</li> <li>◆ Advanced Emergency Care by Shirley Jones, Al Weigel, Roger White, Norman McSwain and Marty Breiter. Published by Lippincott Williams and Wilkins.</li> </ul>

## CORE CURRICULUM FOR MATERNAL AND NEONATAL RESUSCITATION

Objectives	Dosage Guidelines	Standards for Instructors	Sources
<p><b>Knowledge (cognitive )</b></p> <ul style="list-style-type: none"> <li>◆ Describe the links in the AHA chain of survival, including the importance of</li> <li>◆ Activating the appropriate emergency response system (phoning 911 or other response system)</li> <li>◆ Performing CPR</li> <li>◆ Using a barrier device</li> <li>◆ Providing bag-mask ventilation</li> <li>◆ Providing early defibrillation of an adult</li> <li>◆ Ensuring the arrival of early advanced care by activating the appropriate emergency response system (phoning 911 or other response system)</li> <li>◆ Describe the steps of CPR</li> <li>◆ When to start CPR</li> <li>◆ When to start rescue breathing, including ventilation with a barrier device and bag-mask ventilation (with and without oxygen)</li> <li>◆ How to check for normal breathing or signs of circulation</li> <li>◆ The ABC sequence of CPR</li> <li>◆ When and how to use an AED on an adult</li> <li>◆ The signs of severe or complete FBAO</li> <li>◆ How to relieve FBAO in the responsive and unresponsive victim</li> <li>◆ Describe the signs of five major emergencies in adults               <ul style="list-style-type: none"> <li>◆ Heart attack</li> <li>◆ Stroke</li> <li>◆ Cardiac arrest</li> <li>◆ Respiratory arrest</li> <li>◆ FBAO</li> </ul> </li> <li>◆ Describe strategies to prevent sudden infant death syndrome in infants and injuries in children</li> </ul> <p><b>Skills (psychomotor)</b></p> <ul style="list-style-type: none"> <li>◆ Activation of the emergency response system(phone 911 or other appropriate response system)</li> <li>◆ Rescue breathing using mouth-to-mouth ventilation , mouth-to-barrier device ventilation (with and without oxygen), and bag-mask ventilation with oxygen for adult, infant, and child victims</li> <li>◆ 1- and 2- rescuers CPR for adult , infant, and child victims</li> <li>◆ Use an AED for victims <math>\geq 8</math> years of age (and approximately 25 KG or more)</li> <li>◆ Relief of FBAO in the responsive and unresponsive victim of any age</li> </ul>	<p><b>NONE</b></p>	<ul style="list-style-type: none"> <li>◆ American Heart Association CPR Instructor (current); or</li> <li>◆ American Red Cross CPR Instructor (current);</li> </ul> <p>And</p> <ul style="list-style-type: none"> <li>◆ American Heart Association / American Academy of Pediatrics Neonatal Resuscitation Program Certified</li> </ul>	<ul style="list-style-type: none"> <li>◆ Instructor's Manual - Basic Life Support, American Heart Association, 2000</li> <li>◆ Neonatal Resuscitation Textbook - 4<sup>th</sup> Edition, American Heart Association and American Academy of Pediatrics, 2000</li> </ul>

## CORE CURRICULUM FOR SUTURING

Objectives	Dosage Guidelines	Standards for Instructors	Sources
<ul style="list-style-type: none"> <li>◆ Explain basic female genital anatomy</li> <li>◆ List methods for preventing perineal damage</li> <li>◆ Define degrees of perineal damage</li> <li>◆ Explain steps to evaluate genitals for damage postpartum</li> <li>◆ Explain when perineal damage may not require a repair</li> <li>◆ Discuss steps to take if a woman refuses repair</li> <li>◆ List types of perineal damage which requires referral for repair</li> <li>◆ Explain risks of poorly done repair to women's health</li> <li>◆ Discuss pros and cons of two forms of local anesthetic               <ul style="list-style-type: none"> <li>◆ Amide vs. ester based</li> </ul> </li> <li>◆ Discuss use of epinephrine in local anesthetic - pro and con</li> <li>◆ Explain preferred use of two local anesthetics, including route of administration               <ul style="list-style-type: none"> <li>◆ Xylocaine (lidocaine hydrochloride) and Benzocaine (Cetacaine)</li> </ul> </li> <li>◆ List equipment needed to effect repair of 1<sup>st</sup> degree, 2<sup>nd</sup> degree, and labial lacerations</li> <li>◆ Explain differences between synthetic and organic suture</li> <li>◆ Explain differences in needle size and cutting edge and most appropriate use of each               <ul style="list-style-type: none"> <li>◆ Taper</li> <li>◆ Cutting</li> <li>◆ Taper-cutting</li> </ul> </li> <li>◆ Discuss which instruments are needed for perineal repair, including sizes and styles of needle holders, clamps, forceps and scissors</li> <li>◆ Explain special techniques for working with curved needles</li> <li>◆ Demonstrate correct use of needle holder to make an instrument tie</li> <li>◆ <b><i>Demonstrate dual instrument suturing techniques and other practitioner safety techniques</i></b></li> <li>◆ Discuss pros and cons of hand ties</li> <li>◆ Demonstrate four basic stitches               <ul style="list-style-type: none"> <li>◆ Interrupted</li> <li>◆ Basting</li> <li>◆ Lock blanket</li> <li>◆ Running mattress</li> </ul> </li> <li>◆ List steps for 1<sup>st</sup> degree repair</li> <li>◆ List steps for 2<sup>nd</sup> degree repair</li> <li>◆ List steps for labial repair</li> <li>◆ Explain how to maintain aseptic technique while suturing</li> <li>◆ Discuss appropriate disposal of repair waste, including sharps</li> <li>◆ Discuss pros and cons of subcuticular closure in perineal repair</li> </ul>	<p><b>NONE</b></p>	<p><i>All instructors must have training relevant to course</i></p> <ul style="list-style-type: none"> <li>◆ Licensed Midwife</li> <li>◆ Licensed Physician - MD, DO, ND</li> <li>◆ Physician Assistant</li> </ul>	<ul style="list-style-type: none"> <li>◆ Healing Passage: a Midwife's Guide to the Care and Repair of the Tissues Involved in Birth - 5<sup>th</sup> Edition, Anne Frye</li> <li>◆ Practical Skills Guide for Midwifery - 3<sup>rd</sup> edition, Pam Weaver and Sharon K. Evans, 2001</li> </ul>

## DIRECTIONS FOR SCORING CANDIDATES

The candidate's final grades are recorded in the "Examinations" column of the original transcript. A system for rating candidate performance must be selected by the authorized provider. Once selected, the system will be utilized to measure all candidates.

The authorized provider has the option of:

- 1.) Developing their own rating system;
- 2.) Using the example shown below; or
- 3.) Granting the full amount of points if the candidate performs with acceptable entry-level skill and granting no points if the candidate fails to meet that standard. i.e. Issuing a PASS / NO PASS grade.

The following rating system is offered as a guide to authorized providers in recording and evaluating candidates' quality of performance:

<b>Excellent</b>	<b>5.0</b>	<b>Excellent</b>	<b>10.0</b>	<b>Excellent</b>	<b>15.0</b>	<b>Excellent</b>	<b>20.0</b>	<b>Excellent</b>	<b>30.0</b>
<b>Good</b>	<b>4.5</b>	<b>Good</b>	<b>8.75</b>	<b>Good</b>	<b>13.5</b>	<b>Good</b>	<b>17.5</b>	<b>Good</b>	<b>26.25</b>
<b>Passing</b>	<b>3.75</b>	<b>Passing</b>	<b>7.5</b>	<b>Passing</b>	<b>12.0</b>	<b>Passing</b>	<b>15.0</b>	<b>Passing</b>	<b>22.5</b>
<b>Below Minimum</b>	<b>0</b>								

### Grading Scale:

Points Scored	= Grade
95% - 100%	= A
85% - 94.9%	= B
75% - 84.9%	= C
65% - 74.9%	= D
Below 64.9%	= F

Candidates must have a minimum of 75 percent to pass each component of the examination. Any candidate failing to achieve a passing score shall retest at a later date.

# **EXAMPLE GRADING FORMS**

The following are intended as  
guidelines for a  
comprehensive written  
examination.

# PHARMACOLOGY

100 possible points (%). Candidate must score a minimum of 75 points (%) to pass course.

Candidate Name: \_\_\_\_\_

Date: \_\_\_\_\_

Candidate Performance Standards	Points Possible	Points Awarded
<b><i>Defining a Drug</i></b>	<b>5</b>	
<b><i>Distinguishing "Legend Drugs and Devices" from Other Types</i></b>	<b>5</b>	
<b><i>Defining and Explanation of the Following:</i></b> <ul style="list-style-type: none"> <li>➤ Action and Effect</li> <li>➤ Adverse Reactions</li> <li>➤ Agonists and Antagonists</li> <li>➤ Tolerance</li> <li>➤ Interactions</li> <li>➤ Placebo Effects</li> <li>➤ Compliance</li> </ul>	<b>5</b>	
<b><i>Discussing Various Routes of Administration</i></b>	<b>5</b>	
<b><i>Explaining Placental Transfer of Medication to the Fetus</i></b>	<b>5</b>	
<b><i>Explaining How a Drug Moves Through the Body:</i></b> <ul style="list-style-type: none"> <li>➤ Absorption Rate</li> <li>➤ Metabolism</li> <li>➤ Excretion</li> </ul>	<b>5</b>	
<b><i>Explanation &amp; Discussion of the following:</i></b> <ul style="list-style-type: none"> <li>➤ Mechanism of Pharmacological Action</li> <li>➤ Indications</li> <li>➤ Therapeutic Effects</li> <li>➤ Side Effects / Adverse Reactions</li> <li>➤ Contraindications</li> <li>➤ Incompatibilities / Drug Interactions</li> <li>➤ Administration Including                             <ul style="list-style-type: none"> <li>➤ Dosage</li> <li>➤ Dosage Form &amp; Packaging</li> <li>➤ Onset of Action</li> <li>➤ Peak Effect</li> <li>➤ Duration of Action / Half-Life</li> </ul> </li> </ul>	<b>50</b>	
<b><i>Storage and Security</i></b>	<b>5</b>	
<b><i>Charting the Use of Authorized Legend Drugs and Devices</i></b>	<b>5</b>	
<b><i>Devising a System for Tracking Legend Drugs and Devices in a Home-Based Midwifery Practice, Including Expiration Dates</i></b>	<b>5</b>	
<b><i>Demonstration of resource use - i.e. the Physicians Desk Reference &amp; Sanford Guide to Anti-microbial Therapy</i></b>	<b>5</b>	
<b>POINTS SCORED</b>	<b>100</b>	
<b>TOTAL PERCENT AWARDED</b>	<b>100%</b>	

Instructors Initials: \_\_\_\_\_

# ADMINISTRATION OF MEDICATIONS THROUGH INJECTION

100 possible points (%). Candidate must score a minimum of 75 points (%) to pass course.

Candidate Name: \_\_\_\_\_

Date: \_\_\_\_\_

Candidate Performance Standards	Points Possible	Points Awarded
<b><i>Describing &amp; Using Universal Precautions when Administering Medications, including:</i></b> <ul style="list-style-type: none"> <li>➤ Gloving</li> <li>➤ Eye Protection</li> <li>➤ Safety Equipment</li> <li>➤ Appropriate Disposal of Sharps</li> </ul>	<b>30</b>	
<b><i>Listing Administration Equipment, including:</i></b> <ul style="list-style-type: none"> <li>➤ Needles - size (length &amp; bore)</li> <li>➤ Filter Needles (use with glass ampules)</li> <li>➤ Syringes - sizes, "lever" locks</li> <li>➤ Skin Surface Disinfectants - alcohol, povidone iodine</li> <li>➤ Medication Containers (glass ampules, multi-dose containers, single use vials, etc.)</li> </ul>	<b>20</b>	
<b><i>Differentiation of Medication Administration Sites (subcutaneous, intra-muscular and I.V.)</i></b>	<b>15</b>	
<b><i>Listing Appropriate Sites for Medication Injection</i></b>	<b>10</b>	
<b><i>Explaining the "Three Point Check" Technique:</i></b> <ul style="list-style-type: none"> <li>➤ Date on Medication (not expired), type, dosage</li> <li>➤ Repeat After Drawing up Medication</li> <li>➤ Repeat After Administering Medication and Chart</li> </ul>	<b>10</b>	
<b><i>Listing Steps for Administering Drug - IM</i></b>	<b>5</b>	
<b><i>Listing Steps for Administering Drug - SQ</i></b>	<b>5</b>	
<b><i>Explaining Appropriate Care of Equipment Used in Administering Medications</i></b>	<b>5</b>	
<b>POINTS SCORED</b>	<b>100</b>	
<b>TOTAL PERCENT AWARDED</b>	<b>100%</b>	

Instructors Initials: \_\_\_\_\_

# TREATMENT OF SHOCK

100 possible points (%). Candidate must score a minimum of 75 points (%) to pass course.

Candidate Name: \_\_\_\_\_

Date: \_\_\_\_\_

Candidate Performance Standards	Points Possible	Points Awarded
<b><i>Defining Shock</i></b>	5	
<b><i>Identifying Pathophysiology of Shock</i></b>	5	
<b><i>Listing and Explaining Four Cellular Phases of Shock</i></b>	5	
<b><i>Listing Types of Shock</i></b>	5	
<b><i>Explaining Three Stages of Shock</i></b>	5	
<b><i>Describing How to Assess a Patient in Shock:</i></b> <ul style="list-style-type: none"> <li>➤ Defining "Primary Survey" and listing its three components</li> <li>➤ Defining "Secondary Survey" and listing its two components</li> </ul>	10	
<b><i>Listing Two Steps to Resuscitate a Patient in Shock:</i></b> <ul style="list-style-type: none"> <li>➤ Basic Life Support: position, warmth, oxygen therapy, CPR</li> <li>➤ I.V. Fluid Therapy</li> </ul>	10	
<b><i>Reasons for Using I.V. Therapy</i></b>	5	
<b><i>Listing Necessary Equipment for Administration of I.V. Fluids</i></b>	5	
<b><i>Explaining Appropriate Care of Equipment Used in I.V. Administration</i></b>	5	
<b><i>Detailing the Appropriate Procedure for Administration of I.V. Fluids</i></b>	5	
<b><i>Describing Appropriate Flow Rates for I.V. Administration</i></b>	5	
<b><i>Identifying S/S of I.V. Failure (infiltration)</i></b>	5	
<b><i>Listing Dangers of Inappropriately Placed or Maintained I.V.</i></b>	5	
<b><i>Identifying Appropriate Anti-hemorrhagic Medication</i></b>	5	
<b><i>Demonstrating Non-Invasive Treatment on Live Model, including:</i></b> <ul style="list-style-type: none"> <li>➤ Appropriate Positioning for Shock</li> </ul>	5	
<b><i>Demonstrating Appropriate Steps for Administering an I.V. on a Mannequin</i></b>	5	
<b><i>Demonstrating Correct Administration of an I.V. on a Live Model</i></b>	5	
<b>POINTS SCORED</b>	<b>100</b>	
<b>TOTAL PERCENT AWARDED</b>	<b>100%</b>	

Instructors Initials: \_\_\_\_\_

# MATERNAL AND NEONATAL RESUSCITATION

100 possible points (%). Candidate must score a minimum of 75 points (%) to pass course.

Candidate Name: \_\_\_\_\_

Date: \_\_\_\_\_

Candidate Performance Standards	Points Possible	Points Awarded
<p><b><i>Knowledge (cognitive):</i></b></p> <ul style="list-style-type: none"> <li>➤ Describing the Links in the AHA Chain of Survival, including the performance of:                             <ul style="list-style-type: none"> <li>➤ Activating the Appropriate Emergency Response System</li> <li>➤ Performing CPR</li> <li>➤ Using a Barrier Device</li> <li>➤ Providing Bag-Mask Ventilation</li> <li>➤ Providing Early Defibrillation of an Adult</li> <li>➤ Ensuring the Arrival of Early Advanced Care by Activating the Appropriate Emergency Response System</li> </ul> </li> </ul> <p><b><i>Describing the Steps of CPR:</i></b></p> <ul style="list-style-type: none"> <li>➤ When to Start CPR</li> <li>➤ When to Start Rescue Breathing, including ventilation with a barrier device and bag-mask (with and without oxygen)</li> <li>➤ How to Check for Normal Breathing or Signs of Circulation</li> <li>➤ The ABC Sequence of CPR</li> <li>➤ When and How to Use an AED on an Adult</li> <li>➤ The Signs of Severe or Complete FBAO</li> <li>➤ How to Relieve FBAO in the Responsive and Unresponsive Victim</li> </ul> <p><b><i>Describing the Signs of Five Major Emergencies in Adults:</i></b></p> <ul style="list-style-type: none"> <li>➤ Heart Attack</li> <li>➤ Stroke</li> <li>➤ Cardiac Arrest</li> <li>➤ Respiratory Arrest</li> <li>➤ FBAO</li> </ul> <p><b><i>Describing Strategies to Prevent Sudden Infant Death Syndrome in Infants and Injuries in Children</i></b></p>	50	
<p><b><i>Skills (psychomotor):</i></b></p> <p><b><i>Activating the Emergency Response System</i></b></p> <p><b><i>Rescue Breathing Using Mouth-to-Mouth; Mouth-to-Barrier Device (with &amp; without oxygen) and Bag-Mask Ventilation with oxygen for Adult, Infant and Child Victims</i></b></p> <p><b><i>1 and 2 Rescuers CPR for Adult, Infant and Child Victims</i></b></p> <p><b><i>Using an AED for Victims &gt;= 8 Years of Age</i></b></p> <p><b><i>Relieving of FBAO in the Responsive and Unresponsive Victim of Any Age</i></b></p>	50	
<b>POINTS SCORED</b>	<b>100</b>	
<b>TOTAL PERCENT AWARDED</b>	<b>100%</b>	

Instructors Initials: \_\_\_\_\_

# SUTURING

100 possible points (%). Candidate must score a minimum of 75 points (%) to pass course.

Candidate Name: \_\_\_\_\_

Date: \_\_\_\_\_

Candidate Performance Standards	Points Possible	Points Awarded
<i>Explaining Basic Female Genital Anatomy</i>	5	
<i>Listing Methods for Preventing Perineal Damage</i>	5	
<i>Defining Degrees of Perineal Damage</i>	5	
<i>Explaining Steps to Evaluate Genitals for Damage Postpartum</i>	5	
<i>Explaining When Perineal Damage may Not Require a Repair</i>	5	
<i>Discussing Steps to Take if a Woman Refuses Repair</i>	5	
<i>Listing Types of Perineal Damage Which Requires Referral for Repair</i>	5	
<i>Explaining Risks of Poorly Done Repair to Women's Health</i>	5	
<i>Discussing Pros &amp; Cons of Two Forms of Local Anesthetic:</i> ➤ Amide vs. Ester Based	5	
<i>Discussing Pros &amp; Cons of Using Epinephrine in Local Anesthetic</i>	5	
<i>Explaining Preferred Use of Two Local Anesthetics, including route of administration:</i> ➤ Xylocaine (Lidocaine Hydrochloride) and Benzocaine (Cetacaine)	5	
<i>Listing Equipment Needed to Effect Repair of 1<sup>st</sup> Degree, 2<sup>nd</sup> Degree and Labial Lacerations</i>	5	
<i>Explaining Differences Between Synthetic and Organic Suture</i>	5	
<i>Explaining Differences in Needle Size and Cutting Edge and Most Appropriate Use of Each:</i> ➤ Taper ➤ Cutting ➤ Taper-Cutting	4	
<i>Discussing Which Instruments are Needed for Perineal Repair, including: Sizes, styles of needle holders, clamps, forceps and scissors</i>	3	
<i>Explaining Special Techniques for Working with Curved Needles</i>	3	
<i>Demonstrating Correct Use of Needle Holder to Make an Instrument Tie</i>	3	
<i>Discussing Pros &amp; Cons of Hand Ties</i>	3	
<i>Demonstrating Four Basic Stiches:</i> ➤ Interrupted ➤ Basting ➤ Lock Blanket ➤ Running Mattress	3	
<i>Listing Steps for 1<sup>st</sup> Degree Repair</i>	3	
<i>Listing Steps for 2<sup>nd</sup> Degree Repair</i>	3	
<i>Listing Steps for Labial Repair</i>	3	
<i>Explaining How to Maintain Aseptic Technique While Suturing</i>	3	
<i>Discussing Appropriate Disposal of Repair Waste, including sharps</i>	2	
<i>Discussing Pros &amp; Cons of Subcuticular Closure in Perineal Repair</i>	2	
<b>POINTS SCORED</b>	<b>100</b>	
<b>TOTAL PERCENT AWARDED</b>	<b>100%</b>	

Instructors Initials: \_\_\_\_\_