MOD4-MW320-IP IV Therapy

1. What is the difference between IV THERAPY AND TRANSFUSION THERAPY?
    a. IV therapy introduces liquid into the vein whereas transfusion therapy uses blood or blood products
    b. IV therapy is not used before transfusion therapy
    c. IV therapy uses the vein whereas transfusion therapy uses the artery
    d. None of the above

2. When would you need an IV in labor?
    a. Fluid replacement
    b. Antibiotic administration
    c. Maternal fatigue
    d. a and b only

3. Is it routine to use IV therapy for a patient with GBS?
    a. Yes
    b. No

4. In order to distinguish between an artery and a vein you must know:
    a. An artery does not have valves and a vein has valves at branching points
    b. Vein flows to the heart, and the artery flows away
    c. An artery is deeper from the surface, the vein is closer
    d. All of the above

5. What is the rationale behind using distal veins first?
    a. They are the easiest
    b. If you miss the vein you can move up the arm proximally
    c. Metacarpal veins are the hardest
    d. You have the 99% success rate

6. What is the most common problem associated with IVs?
    a. Missing a vein
    b. Large air bubble in the tubing
    c. Possible infection
    d. All of the above

7. Which of these is not a part of sterile technique when starting an IV?
    a. Washing face
    b. Washing hands
    c. Using sterile gloves and equipment
    d. Not touching any of the equipment to anything

8. Which arm is best to use when starting an IV?
    a. The right arm
    b. The arm used least by the patient

9. A tourniquet is used:
    a. 2” above insertion
    b. 1” above insertion
    c. 3” above insertion
    d. None of these

10. A woman has been in active labor for 24 hours, it has been 7 hours since she has been able to hold down food or drink, what advice do you give her?
    a. Keep trying fluids PO
    b. Transfer is needed for possible Ketosis
    c. Explain to her that IV therapy might assist her in rehydration, which could then assist her with energy, and her body might respond to the needed therapy by progressing in labor. It is a better alternative than waiting and if she transferred to the hospital, an IV would be started immediately
    d. If she didn’t get an IV she could possibly need a blood transfusion later

11. What is the purpose of using a low needle angle of entry ?
    a. It reduces the chances of going through or missing the vein
    b. It reduces the amount of blood that may drip out f the catheter
    c. It doesn’t damage the skin around the site
    d. It causes probable accuracy in hitting the vein on the first try

12. Which of these situations is more probable if the tourniquet is not removed at the appropriate time?
    a. Blood will run down her arm
    b. The vein will rupture and fill the skin from over distension
    c. The tubing will back up
    d. All of the above

13. Does pressing down firmly and pulling the skin away from the entry site actually keep the vein from rolling?
    a. Yes
    b. No

14. The viscosity and temperature of the fluid affects the rates of infusion in that colder, thicker fluid can be infused at a more rapid rate than warmer, thinner fluid.
    a. True
    b. False

15. After starting an IV, a woman exhibits symptoms of cyanosis even in the presence of low flow oxygen, which is the most likely cause?
    a. The wrong needle gauge was used
    b. Sterile technique was not applied and the woman is showing signs of impending infection
    c. Her fluid dosage was calculated inaccurately
    d. An air embolus

16. The formula for setting the rate flow is:
    a. Drops/minute=volume to be infused times drop factor/time of infusion in minutes
    b. Minute/drops= volume in bag minus volume to be infused/ time of infusion in minutes
    c. Volume times amount needed+ drops/minute
    d. None of the above

17. If your protocol calls for 1000 ml to be infused over a 5 hour period, how many gtt/minute will you need to run if you have tubing that is 10gtt/ml?
    a. 30 drops per minute
    b. 33 drops per minute
    c. 50 drops per minute
    d. 44 drops per minute

18. Which solutions are more likely to cause cellular edema if given faster than400ml/hr?
    a. Isotonic solutions
    b. Hypertonic solutions
    c. Both a and b
    d. Hypotonic solutions

19. Hypertonic solutions should not be given faster than:
    a. 300ml/hour
    b. 600ml/hour
    c. 200ml/hour
    d. 400ml/hour

20. In reference to question # 19, hypertonic solutions:
    a. Do not move into cells and therefore can be given quickly in case of hypovolemia
    b. Should always be given slowly because they need body fluids to dilute them once they are introduced to the body
    c. Move by osmosis to the region of higher concentration of sodium
    d. a and c

21. Information that should be included on the infusion record does NOT include:
    a. Patient's blood pressure
    b. Indication for use
    c. Dosage and time of administration
    d. Name of medication

22. What is the most important technique for successful IV administration?
    a. Watching the woman continuously and keeping up with vitals so that by the time you need to start an IV , it won't be hard to find a vein, and you will not have compromised the patient.
    b. Starting an IV before signs of shock

c. Sterile technique, which involves the prevention of contamination while assembling equipment and inserting the catheter.
d. Accurately and swiftly getting the catheter into the vein and beginning the flow.

23. A mother is showing signs of shock, which needle gauge is most helpful in this situation?
    a. The smaller gauge
    b. The bigger gauge

24. A mother is receiving IV therapy to treat post partum hemorrhage after giving birth. Her blood pressure in increasing and her hands and feet are swollen. Which is the most probable cause?
    a. These are normal reactions to receiving IV fluids, her vitals should return to normal soon and the swelling will dissipate.
    b. These are normal symptoms of using macrodrip tubing too soon after the delivery, the mothers body can't adjust to these changes in unison
    c. These are symptoms of circulatory overload and may include dyspnea and crackles heard in breath sounds.
    d. Both b and c

25. Which crystalloid solutions are most commonly used for midwifery applications outside of a hospital?
    a. Normal saline
    b. Lactated ringers
    c. D5W
    d. Both a and b