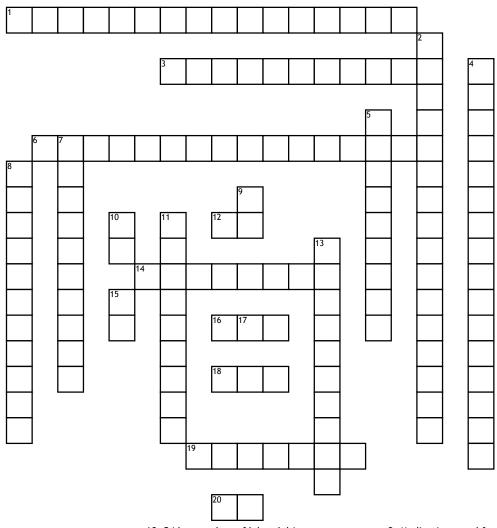
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## FBC & MB Skills 2021 Escape Room



## Across

- 1. PreE with severe features is defined as severe HTN, \_\_\_\_\_, impaired liver function, renal insufficiency, pulmonary edema, new-onset HA unresponsive to medication & not accounted for by alternative diagnoses, or visual disturbances.
- 3. Gestational HTN is defined as new-onset HTN in the absence of \_\_\_\_\_ or other features of PE.
- **6.** \_\_\_\_\_ 1000 mg/10 ml vial IV over 2-5 min is the antidote for magnesium toxicity.
- 12. 24 hr max dose of hydralazine is \_\_\_\_ mg
- **14.** BP assessment can be affected by maternal position, inappropriate cuff size, conversation, \_\_\_\_\_\_, smoking, & irregular heart rate.
- **16.** A systolic BP of \_\_\_\_\_ mm Hg or a diastolic BP of 90 mm Hg on 2 occasions at least 4 hours apart is necessary for dx of preeclampsia.

- 18. 24 hr max dose of labetalol is \_\_\_\_\_ mg.
- **19.** A \_\_\_\_\_\_ is used to identify what happened, what was learned, & what can be done better next time.
- 20. S/S f worsening or severe preeclampsia include HA, restlessness, visual disturbances, RUQ pain, decreased output & pulse ox less than \_\_\_\_\_\_ percent.

## **Down**

- is the drug of choice to prevent seizure activity in the woman with preeclampsia.
- **4.** Magnesium sulfate is contraindicated in patients with \_\_\_\_\_.
- **5.** IV \_\_\_\_\_ has a quicker onset and duration of action.
- **7.** A leading cause of maternal morbidity following an eclamptic seizure is \_\_\_\_\_

- **8.** Medications used for BP control in severe HTN include labetalol, nifedipine and \_\_\_\_\_.
- $\boldsymbol{9.}$  Hold labetalol IV push for pulse less than
- 10. Chronic HTN is defined as HTN predating the pregnancy or diagnosed before \_\_\_\_\_ weeks' gestation
- 11. Severe preE can be diagnosed in the presence of \_\_\_\_\_\_ BPs of at least 110 mm Hg
- **13.** The BP should be recorded with the pregnant woman in the \_\_\_\_\_\_ position.
- **15.** Following tx, once BP threshold has been achieved, repeat BP's q 10 min x 1 hr, q 15 min x 1 hr, q 30 min x 2 then q \_\_\_\_ min x 4 hrs.
- 17. BP, Pulse, Respiration, & SaO2 should be assessed every \_\_\_\_ hours for an antepartum or PP pt with mild preE.

## **Word Bank**

140	95	Calcium gluconate	20	4
thrombocytopenia	myasthenia gravis	diastolic	proteinuria	Labetalol
Debrief	hydralazine	30	aspiration	caffeine
semi-Fowler	300	60	60	magnesium sulfate