

Situation

Chief Complaint / Diagnosis: 21 y/o G 3 P 2; Arrives @ the ER with severe abdominal pain; after labwork, abdominal assessment & evaluation it was discovered she is pregnant and in labor; having contractions q 2-3 min. lasting 70-80 seconds; the ER staff has just transported Brittany to the Labor & Delivery unit.

Allergy: NKDA

Code status: Full

Background

Pertinent Medical History: 23 y/o G 3 T 1 P 1 L 1 EDC Unknown

Brittany denied knowing she was pregnant and has had no prenatal care. She had limited prenatal care with her 1st pregnancy due to lack of transportation. 1st delivery 6 lbs 4 oz female, who is now 21-months-old; 2nd delivery was a 26-week male who died at 3 months from SIDS. The father of both infants has been in jail for the last year. She can't believe she is pregnant because she just had sex one time with some guy. Brittany and her daughter live with Brittany's mother. Brittany's mother is the sole support of the family who works long hours as a waitress.

Home Medications: Denies any medications

Pertinent RECENT History: Patient reports she woke up with abdominal pain which became so bad Brittany thought her appendix was about to rupture so her mother brought her to the ED.

Assessment

Current Vital Signs: T 99.6, HR 102, R 18, B/P 138/88, O2Sat 95% on RA, and FHT 120 with minimal variability, no accelerations noted.

Vaginal Exam: 5-6 cm / 90% / -1; Nitrazine negative;

Safety Concerns: Risk for falls due to pregnancy .

Pertinent Assessment: 18 gauge IV to the left arm, LR infusing at 125 ml/hr. Uterine Contraction q 2-3 minutes, lasting 70-80 seconds.

Recommendation

Enter room; prioritize care according to subjective and objective data

- Implement and maintain universal competencies
- Perform Admission maternal and fetal assessment
- Prioritize and implement nursing orders & interventions
- Patient teaching related to health promotion

Name: Spears, Brittany Room: L&D 1
 DOB: 07/04/XXXX 21 y/o F
 MR # 544786965
 Dr. On Call

Pertinent Lab / Dx test results: Prenatal labs and Admission labs

Lab	Patient	Ref. Range
HIV	Unknown/Pending	Negative
RPR/VDRL	Unknown/Pending	Negative
HbsAG	Unknown/Pending	Negative
Rubella	Unknown/Pending	Immune
GBS	Unknown	Negative
Blood Type & Rh	Pending	
CBC		
WBC	16.5 H	4.8 - 10.8
RBC	4.6	4.2 - 5.4
Hgb	11.0	12.0 - 16.0
Hct	36.5	37 - 47
Platelets	200	150 - 400
MCV	83	81 - 99
MCH	31	27 - 34
MCHC	32	33 - 36
RDW	12.8	11.5 - 14.5
MPV	8.6	7.4 - 10.4
CMP		
K	Pending	3.5 - 5.2 meq/L
NA	Pending	136 - 145 meq/L
Cl	Pending	96 - 106 meq/L
Ca	Pending	8.4 - 10.7 mg/dl
CO2	Pending	23 - 30 meq/L
Creatine	Pending	0.5 - 1.0 mg/dl
BUN	Pending	6 - 20 mg/dl
Glucose	Pending	80 - 110 mg/dl
Albumin	Pending	3.5 - 4.8 g/dl
Total Protein	Pending	6.3 - 8.6 g/dl
Alkaline Phosphatase	Pending	25 - 100 U/L
ALT	Pending	7 - 35 U/L
AST	Pending	10 - 36 U/L
Total Bilirubin	Pending	0.3 - 1.0 mg/dl

Intrapartum Standing Orders

Allergies: NKDA

1. Admit to Labor and Delivery: **Diagnosis:** 21 y/o G 3 P 2, No prenatal care, Unknown gestational age
2. Vital signs, and vaginal exam on admission unless contraindicated. Notify MD of:
Temperature above 100.4° F and/or B/P greater than 140/90
3. Fetal Monitoring upon admission
4. Obtain admission lab work: CBC, Hold clot, Type & Rh, RPR, HbsAG,
5. IV LR 1000 ml to infuse at 125 ml/hr. with 18 g cath.
6. For Non-Reassuring Fetal Heart Rate Patterns:
Change maternal position, administer a 500 ml LR bolus, decrease or discontinue oxytocin, begin oxygen @ 10L/min via non-rebreathing mask, Terbutaline 0.25 mg (0.25 ml) SQ available for Tachysystole/non-reassuring Fetal Heart Rate and notify physician of nursing interventions and FHR response to treatment
7. Diet: Ice chips
8. Pain Management: Meperidine 25 mg IVP prn every 2 hrs. moderate to severe pain (4/10)
9. Nausea Management: Promethazine 12.5 mg IVP every 4 hrs. prn (diluted in 10 ml. Saline)
10. Consult Anesthesiologist for Epidural when labor is established
11. Bladder Management: Straight catheterize prn bladder distention
12. Group B Strep Intrapartum prophylaxis if one of the following criteria are met:
Previous Infant with early-onset GBS disease
Positive GBS screening culture this pregnancy
Unknown GBS status
Unknown GBS status AND less than 37 weeks or PROM \geq 18 hrs. or Temp 100.4° F or greater
 - Penicillin G - Potassium 5 million units IVPB now, then 2.5 million units IVPB every 4 hrs. until delivery.
If PCN allergic but no history of immediate hypersensitivity reaction such as anaphylaxis, respiratory distress, and no history of asthma or other conditions making anaphylaxis more dangerous, give
 - Cefazolin 2 gms. IVPB, then 1 gm IVPB every 8 hours until delivery.
If PCN allergic but no history of immediate hypersensitivity reaction such as anaphylaxis, respiratory distress, and/or has a history of asthma or other conditions making anaphylaxis more dangerous, give:
 - Clindamycin 900 mg IVPB now then 900 mg IVPB every 8 hours until delivery
13. Oxytocin 20 units to 1000 ml LR after delivery of placenta
14. Have the following medications available for postpartum hemorrhage:
 - Carboprost Tromethamine 250 mcg IM. Do not give if history of asthma
 - Methylergonovine 0.2 mg (1ml) IM. Do not give if patient is history of hypertension
 - Misoprostol 1000 mcg per rectum. Do not give with history of prostaglandin allergy

Physician Signature: Baby Delivery, MD Date: Time: Today @ 0600