

Name: Williams, Cynthia	Room 1
DOB: 05/06/XXXX	31 y/o F
MR # 547683190	
Dr. Baby Delivery	

Situation

Chief Complaint / Diagnosis: Pregnancy at 38 3/7 weeks, history of Gestational Diabetes, elevated B/P, scheduled for induction of labor

Allergy: Morphine

Code status: Full

Background

Pertinent Medical History: 31 y/o G3 P2, L 1, EDC 08/10/XX,

History of preeclampsia last 2 weeks of 1st pregnancy, gained 60 lbs, the infant weighed 10 lbs, 8 oz at delivery. Second pregnancy stillborn at 39 weeks. Prenatal care began at 8 weeks with the diagnosis of Gestational Diabetes which has been controlled with insulin.

Patient has been on bedrest for the past 3 weeks due to elevated B/P. At last prenatal visit B/P was 146/94, cervical exam 3cm / 90% / Vtx / O station.

Home Medications: Prenatal Vitamins, Insulin

Pertinent RECENT History: Patient reports she has been contracting most of the night with SROM @ 0130

Assessment

Current Vital Signs: T 98.6, HR 84, R 18, B/P 136/84, O2Sat 98% on RA, and FHR 150 with moderate variability, accelerations present.

Vaginal Exam: 5-6 cm / 90% / -1; Nitrazine positive; leaking clear fluid.

Safety Concerns: Risk for falls due to pregnancy.

Pertinent Assessment: 18 gauge IV to the left arm, LR infusing at 125 ml/hr. Oxytocin 30unit to 500 ml LR infusing at 6 mu/min (6ml/hr). Uterine Contraction q 2-3 minutes, lasting 70-80 seconds. The patient is planning an epidural but is tolerating labor at this time.

Enter room; prioritize care according to subjective and objective data

Recommendation

- Implement and maintain universal competencies.
- Perform obstetrical nursing assessments.
- Prioritize and implement nursing interventions.
- Provide patient teaching related to assessments, interventions, and health promotion.

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Pertinent Lab / Dx test results: Prenatal labs and Assessment Center's admission labs drawn 05/05/XX at 1530

Lab	Patient	Ref. Range
HIV	Negative	Negative
RPR/VDRL	Negative	Negative
HbsAG	Negative	Negative
Rubella	Immune	Immune
GBS	Negative	Negative
Blood Type & Rh	O Negative	
CBC		
WBC	18.5 H	4.8 - 10.8
RBC	4.6	4.2 - 5.4
Hgb	12.5	12.0 - 16.0
Hct	38.4	37 - 47
Platelets	270	150 - 400
MCV	81	81 - 99
MCH	29	27 - 34
MCHC	34	33 - 36
RDW	12	11.5 - 14.5
MPV	7.6	7.4 - 10.4
CMP		
K	3.8	3.5 - 5.2 meq/L
NA	139	136 - 145 meq/L
Cl	102	96 - 106 meq/L
Ca	9.2	8.4 - 10.7 mg/dl
CO2	27	23 - 30 meq/L
Creatine	0.7	0.5 - 1.0 mg/dl
BUN	7	6 - 20 mg/dl
Glucose	148 H	80 - 110 mg/dl
Albumin	3.8	3.5 - 4.8 g/dl
Total Protein	6.7	6.3 - 8.6 g/dl
Alkaline Phosphatase	28	25 - 100 U/L
ALT	36 H	7 - 35 U/L
AST	38 H	10 - 36 U/L
Total Bilirubin	0.5	0.3 - 1.0 mg/dl

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Intrapartum Standing Orders

Allergies: Morphine

1. Admit to Labor and Delivery: **Diagnosis:** Pregnancy at 38 3/7 wks, history of Gestational Diabetes, elevated B/P, scheduled for induction of labor.
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

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Oxytocin Induction Orders

Allergies: Penicillin

1. External Fetal Heart Monitor continuous.
2. Vaginal Exam prior to starting Oxytocin.
3. LOW DOSE PROTOCOL

Oxytocin (Pitocin) 30 units/500 ml IV and piggyback to mainline via infusion pump. Titrate Oxytocin to achieve 7 contractions in 15 minutes. Start Oxytocin at 1-2 milliunits/min. (1-2 ml/hr.) Increase by 1-2 milliunits/min (1-2 ml/hr.). Do not exceed a maximum of 20 milliunits/min.

4. For Hyper stimulation or Non-reassuring Fetal Heart Rate patterns

Decrease Oxytocin and resume protocol when pattern resolves.

Discontinue Oxytocin and notify MD if hyper stimulation or non-reassuring pattern does not resolve.

Administer: Terbutaline 0.25mg (0.25ml) SQ. Notify MD.

Physician Signature: **Baby Delivery, MD**

Date & Time: **Today @ 0600**

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Sliding Scale Insulin Orders

Allergies: Morphine

Use HumaLog Insulin or Regular (R) Insulin

If there is not a box checked, then HumaLog insulin is to be used.

1. Accudata Checks: AC / Bedtime and 0200 AC PRN

All insulin is to be administered subcutaneously

Blood Sugar	Insulin Coverage
Less than 50	Less than 50 Give 1-amp D50 and call physician .
Less than 70	Less than 70 Use hypoglycemia protocol below
70-149	No coverage
150-200	2 Units
201-250	4 Units
251-300	6 Units
301-350	8 Units
351-450	10 Units and Notify physician
Greater than 450	10 Units, order STAT glucose in lab, and Notify physician

Hypoglycemia Protocol For blood sugar less than 70

1. Administer ½ amp D50 or if the patient is awake and able to drink, give 4 ounces of juice or 4 ounces of water with 4 packets of sugar added.
2. If the patient is unresponsive or unable to take juice and IV access is unavailable, give Glucagon 1 mg IM.
3. Repeat blood sugar in 15 minutes. If still less than 70, treat as above and call physician.

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Date & Time: Today @ 0600