NAME: Jones, Alice	L&D #1
DOB: 12-15-xx	24 y/o Fe
MR# 53782196	
Dr. Baby Delivery	

Situation

Chief Complaint / Diagnosis: Pregnancy at 39 weeks, SROM 2 hours ago, early labor

Allergy: Penicillin **Code status**: Full

Background

Pertinent Medical History: 24 y/o G 2 P 1 EDC 3/27/XX,

Prenatal care began at 10 weeks, Group B Strep positive, O negative, Rubella Immune. Denies any complication with this pregnancy. Denies complications with previous pregnancy, delivered 9 lb. 8 oz male infant under epidural anesthesia. History of Asthma controlled with medication.

Home Medications: Prenatal Vitamins, Singular, Advair MDI, Proventil MDI

Pertinent *RECENT* History: Spontaneous rupture of membranes with clear fluid approximately 2 hours prior to admission, with onset of uterine contractions.

Assessment

Current Vital Signs: T 98.6°, P 84, R 16, B/P 138/86, O2Sat 98 % on RA, and FHR 140 moderate variability, acceleration present.

Vaginal Exam: 3 - 4 cm / 75% / -2; Nitrazine positive; leaking clear fluid.

Safety Concerns: Risk for falls due to pregnancy.

Pertinent Assessment: 18 gauge IV to left arm, LR infusing at 125 ml/hr. Patient desires "Natrual Childbirth" reports pain 4 of 10.

Recommendation

Enter room; prioritize care according to subjective and objective data.

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

Pertinent Lab / Dx test results: Prenatal labs and Assessment Center's admission labs

Lab	Patient	Ref. Range
HIV	Negative	Negative
RPR/VDRL	Negative	Negative
HbsAG	Negative	Negative
Rubella	Immune	Immune
GBS	Positive	Negative
Blood Type & Rh	O +	
CBC		
WBC	12.5 **H**	81 - 99
RBC	4.34	27 - 34
Hgb	13.3	33 - 36
Hct	38.5	81 - 99
Platelet	282	27 - 34
MCV	88.2	33 - 36
MCH	30.5	81 - 99
MCHC	34.6	27 - 34

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Intrapartum Standing Orders

Allergies: Penicillin

1. Admit to Labor and Delivery: **Diagnosis**: Pregnancy at 39 weeks, SROM, early labor.
2. Vital signs, and vaginal exam on admission unless contraindicated. Notify MD of:
   Temperature above 100.4° F and 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 ≥ 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**

Suspected Anaphylaxis Orders

Allergies: Penicillin

1. Suspected Anaphylaxis with airway compromise:
2. Notify physician.
3. Administer Epinephrine 0.3 mg IM every 5 – 15 minutes in thigh.
4. Apply pulse oximetry.
5. For Oxygen saturation less than 90%, apply oxygen at 2-3 liters/minute via nasal cannula.
6. Administer 1000 ml normal saline bolus e. Consider emergent intubation if airway compromised.

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