Name: Smith, Ashley	Room 1
DOB: 06/01/XXXX	15 y/o F
MR # 544785324	
Dr. All Wright	

Situation

Chief Complaint / Diagnosis: Pregnancy at 28 weeks, severe pregnancy induced hypertension, delivered by Cesarean section 2 lb. 1 oz. male, Magnesium Sulfate restarted post delivery

Allergy: NKDA **Code status**: Full

Background

Pertinent Medical History: Single 15 y/o G 1 P1 Unknown EDC, LMP about 7 months ago; states she was unaware she was pregnant.

Home Medications: None

Pertinent *RECENT* History: Patient reports it with headache and abdominal pain yesterday morning and she thought was a stomach bug which was going around school. Late yesterday evening her mother brought her to the ED. Her B/P was 160/112, DTR 3 +, with clonus. Magnesium 4 gms. loading dose was given, followed by a Magnesium 2 gm/hr. drip. The patient was delivered by C-Section due to her increasing blood pressures. Magnesium 2gm/hr. drip was restarted in the recovery room.

Assessment

Current Vital Signs: T 97.6, HR 110, R 12, B/P 160/108, O2Sat 96% on RA,

Safety Concerns: Risk for seizure; Risk for falls post anesthesia.

Pertinent Assessment: Respirations shallow at a rate of 12, breath sounds with crackles and rhonchi bilateral, urine output 45 ml / 4 hours, DTR 1+; fundus boggy at u/u, lochia heavy

Recommendation

Enter room; prioritize care according to subjective and objective data

- Implement and maintain universal competencies.
- Perform obstetrical nursing assessments.
- Prioritize and implement obstetrical 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	Pending	Negative
Rubella	Pending	Immune
GBS	Unknown	Negative
Blood Type & Rh	A positive	
CBC		
WBC	13.5 **H**	4.8 - 10.8
RBC	4.0 **L**	4.2 - 5.4
Hgb	11.5 **L**	12.0 - 16.0
Hct	35.4 **L**	37 - 47
Platelets	100 **L**	150 - 400
MCV	81	81 - 99
MCH	26 **L**	27 - 34
MCHC	34	33 - 36
RDW	16 **H**	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	98	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	42 **H**	7 - 35 U/L
AST	39 **H**	10 - 36 U/L
Total Bilirubin	0.5	0.3 - 1.0 mg/dl

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IV Magnesium Sulfate Protocol Orders

Allergies: NKDA

1. Admit **Diagnosis:** 28 wks gestaion Pregnency lnduced Hypertension, Emergency C-Section.
2. Continuous External Fetal heart monitor on admission.
3. IV Lactated Ringers 1000 ml at 125 ml/hr. (total IV fluid to not exceed 125 ml/hr.)
4. Obtain the following lab work:
   - PIH Panel (CBC, CMP, LDH, Uric Acid)
   - DIC Panel (PT, PTT, Fibrinogen, FDP, D-Dimer, Platelet ct., Platelet Function Analysis)
   - Coagulation Profile (PT, PTT, Thrombin, Platelet ct.)
   - UA, Urine C/S, 24-hour urine for protein and creatinine clearance
5. Diet: NPO.
6. Loading Dose: Magnesium Sulfate 2 gm/50 ml premixed IVBP via infusion pump over 30 minutes:
   (Two nurses are to verify dosage and pump settings prior to initiation.)
7. Magnesium Sulfate 50% (20 gm/500 ml) IV premixed bag via infusion pump at 2 gm/hr. (50 ml/hr.).
   (Two nurses are to verify dosage and pump settings prior to infusion and with any rate change).
8. Obtain serum Magnesium Sulfate level 4 hours following initial Magnesium Sulfate therapy.
9. Repeat magnesium level every 4 hours.
10. Notify physician for magnesium level less than 4 gms or greater than 7 gms or if patient becomes symptomatic. Magnesium levels between 5.0 - 7.0 mg/dl are considered therapeutic.
11. Vital signs every 15 minutes x 4, then every 4 hours, unless otherwise indicated by physician or labor protocol.
12. Temperature, deep tendon reflexes, and lung sounds should be assessed every 4 hours.
13. Hourly I & O until delivery.
14. Dip urine every 4 hours for protein.
15. Insert 16 Fr. Foley catheter.
16. Keep Calcium Gluconate 10% (4.65 meq/10 ml vial) readily available.
17. Initiate and maintain seizure precautions (padded side rails and oral airway).
18. Discontinue Magnesium Sulfate and notify the physician if any of the following occur:
    Urine output is less than 30 ml/hr.
    Respirations less than 10 per minute
    Reflexes absent or weak (compared to baseline reflexes)

Pysician Signature: All Wright, MD Date & Time: **Today @ 0600**

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Post – Op Cesarean Section Orders

Allergies: NKDA

1. Admit to Postpartum **Diagnosis:** 28 wks. gestation, Pregnancy induced hypertension, emergency C-Section.
2. Vital Signs q 4 hours for 48 hours, then q 4 hours while awake and PRN. For PIH, vital signs q 4 hours.
3. Oxytocin 30 units to 500 ml IV LR, infuse at 40 ml/hr. (40 milliunits/min) (40ml/hr.) until complete.
   a. Discontinue if vital signs stable and uterus is firm.
   b. May increase to 80 ml/hr. (80 milliunits/min) (80ml/hr.) for increased vaginal bleeding.
4. Foley to closed drainage urinary bag - may remove 12 to 24 hours after surgery.
5. Input & Output for 24 hours.
6. Notify MD:
   a. Temp greater than 101.0 F
   b. Blood pressure less than 90/50 or greater than 140/90
   c. Pulse greater than 110/min
   d. Excessive bleeding
   e. Output less than 100 ml/4 hours
7. Antibiotic: Cefazolin 1 gm IVP after cord clamped then IVBP every 6 hrs. X 2 doses.
8. Pain Management: PCA PUMP: PCA Morphine 2 mg Loading Dose IVP, 1 mg/10 min., Max. 30 mg in 4 hours.
   a. Initiate the following pain medications only if patient does not have PCA.
      1) Acetaminophen 500 mg 1-2 tabs PO q 4 hrs. PRN mild pain (scale 1-3), or Temp above 100.0° F.
      2) Hydrocodone 5 mg/ APAP 325 mg (Norco 5) 1-2 tabs PO q 4 hrs. moderate pain (scale 4-6)
9. Ketorolac 30 mg IV every 6 hrs. PRN moderate to severe pain (scale 4-10). Therapy should not exceed 3 days.
10. Rh-immune globulin routine if patient is a candidate.
11. MMR vaccine.
12. Have the following readily available for bleeding and contact physician for order:
    a. Methylergonovine 0.2 mg (1 ml) IM—Do not give with history of hypertension
    b. Carboprost 250 mcg (1ml) IM—Do not give with patient history of asthma
    c. Misoprostol 1000 mcg (10 x 100 mcg uncoated tablets) PR
15. Turn, Cough, and Deep Breath every 2 hours X 24 hours.
16. Begin ambulating 8 hours post-surgery.
17. Clear liquids post nausea, advance diet as tolerated.
18. Breastfeeding moms: Consult lactation specialist for all breastfeeding moms. Breast pump PRN.
19. Bottle-feeding moms: Breast binder/ice packs PRN.
20. Apply TED hose and Sequential Compression Device to patient after Cesarean section.
21. Remove dressing 1st day post op.

Physician Signature: All Wright, MD Date & Time: **Today @0600**