Student Name: Vanessa Pizaña Date: 01/22/22

IM6 (OB) Critical Thinking Worksheet

1. Diagnosis: Labor & preeclampsia

Age: 19

Race: White

Marital Status: Single

Allergies: NKDA

LMP: 05-19-2021

EDD: 02-09-2022

Gestational Age: 37 3/7

2. Maternal Information:

Delivery Date and Time: 01-23-22 @1020

Type of Delivery: Primary CS

Incision or Lacerations: Transverse incision

If C/S, reason: Yes, Failure to progress

Anesthesia/Analgesia in L & D: Spinal

EBL: 1200cc **BTL:** No

Method, Frequency & Type of Feeding:
Bottle formula feeding every 3-4hrs.

3. Maternal Information:

Foley: 16f **Voiding Past Removal:** Yes

IV: 18g (L) hand

V/S: 144/95, 164/86, 160/88, 171/91, 133/71
HR-91 HR-97 HR-98, HR-90, HR-87

Activity: Bedrest due to recieving magnesium sulfate.

Diet: NPO

Procedures: None

Maternal Significant History, Complications, Concerns:
Chronic HTN (+)cannabinolds x3
maternal obesity (-)on admission
PID-2019 (+)chlamydia 2019 (+)UTI

4. Lab Values-Maternal:

Blood Type: O+ **Antibodies:** Antibody Screen negative

RhoGAM given at 28-32 Weeks: No

MSAFP/Quad Screen: Neg **CVS/Amnio:** N/A

Rubella: Immune **VDRL/RPR:** Non-reactive

HIV: non reactive **Gonorrhea:** Neg **Chlamydia:** (+)2019 (-)6.23.21

HBsAg: Neg **GBS:** Neg **AP H&H:** Hgb 10.4 ~~Hct~~ Hct 31.1

1 Hr. Glucose Screen: 127 **3 Hr. GTT:** N/A

PAP: Never **PP H&H:** Hgb-7.8 Hct-23

Other Labs:
Magnesium serum
LDH, CMP, UA

Type and Screen for RhoGAM Needed? No

5. Newborn Information:

Sex: Male

Apgars: 1: 1 **5:** 8 **10:** —

Weight: 6lbs 6.2oz (2895gm) **Length:** 19inches

Admitted to NBN NSY: Yes **NICU:** No

Voided: 2voids on shift **Stooled:** 3stools on shift.

Newborn Complications, Concerns:
Preterm
PPV x2mins p delivery
NC@2L x 1hr p delivery

6. Lab Values/Procedures-Newborn:

POC Glucose: 67 **Blood Type:** A+

Bilirubin: Tcb 4.5 @24° Low risk **Saturation:** At 24° of life Pre-duct 91%, Post duct 93%, repeated @48°

Other Labs:
-Cord gases -Heart Echo
-UDS -CXR
-meconium collection

Hearing Screen:
Passed Bilaterally

Circumcision:
Yes 1/24/22

Failed CHD x

-CHD passed @48° of life 96%/98%

Adopted: August 2016, revised October 2018

Student Name: Vanessa Pizaña Date: 01/22/22

7. Focused Nursing Diagnosis:
Decreased Cardiac Output

8. Related to (r/t):
Decreased Venous return

9. As evidenced by (aeb):
Changes & rise in blood Pressures & presence of edema

10. Desired patient outcome:
The patients blood pressure readings will remain systolic <140 mmHg & diastolic <90mmHg throughout labor & until PP postpartum stay.

11. Nursing Interventions related to the Nursing Diagnosis in #7:
1. Monitor blood pressures & pulse q 15 minutes while on magnesium sulfate.

Evidenced Based Practice:
A rise in blood pressure readings may indicate a Progression in preeclampsia.

2. Assess the patients neurological status with DTR checks every hour.

Evidenced Based Practice:
Decreased cardiac output can cause neurologic complications such as headaches, hyper-reflexia and seizures.

3. monitor and measure strict intake and output.

Evidenced Based Practice:
The kidneys may retain water and sodium causing a decrease in urine output.

12. Patient Teaching:
1. Encouraged relaxation techniques & positioning to reduce anxiety & promote comfort & conserve energy.

2. Preeclampsia is treated before it becomes severe to prevent ↓ oxygen supply to fetus. Prepare for labor also due to cervix changes & contractions every 5mins.

3. Educated pt on seizure precautions. Reason for Bed rail padding, oxygen, & suction set up.

13. Discharge Planning/Community Resources:
1. monitor BP at home 2-3x daily in the same arm and same position, bring log to FU appointment

2. Painful headaches ± vision changes & RUQ abd pain may indicate post birth preeclampsia. Notify health care provider immediately.

3. Elevate legs when in a sitting position to increase venous return.

1301 Clinical Report

Student Name: Vanessa Pizana

Rotation	How many patients were under your supervised care? Briefly describe what was going on with your patients? Include age & sex, no initials please! What did you learn?	What skills did you have opportunity to perform? Ex: IV start, medication administration, V/S, teaching, assessment, etc..
Block/Week: Block 1-Week 2 Dates: 01/22/22 Unit: L&D Assigned Preceptor: Rosie Aldape, RN Other Preceptor:	I had one patient under my supervised care. A 20yr old female who had a gestational age of 37 3/7. G-1 P-0. She initially came in for what she thought was ruptured membranes. Her ROM test came back negative. Throughout the morning patient had contractions every 4-5mins. Hx of chronic high blood pressure and currently on no medications. Her BP readings were >140/90 even with a bigger blood pressure that fit pts arm better. During AM rounding the OB physician diagnosed it preeclampsia. Ordered for magnesium sulfate to be started as well as oxytocin. I learned that we first give a loading dose of magnesium sulfate 4mg/100ml in 20minutes per physician followed with 2g/hr. When started on the maintenance dose, you have to adjust the fluid intake with the LR/Pitocin that is also infusing depending on what the intake the physician ordered. In this case the physician ordered 100ml/hr so we adjusted the Pitocin to infuse at 50ml/hr because the magnesium was infusing at 50ml/hr (2mg/hr). I learned the assessment per hour while pt is on magnesium sulfate to assure toxicity is not developing. Auscultate lung fields, DTR checks, and strict urine output to assure 30ml/hr.	-IV start -Placed foley catheter -IV medication administration -Placing mother and baby on toco monitoring -Practiced with identifying the labor strips with FHR baselines, ACELS, late, and earlies decels. etc. -DTR checks-assessing for magnesium toxicity. -V/S
Block/Week: Block 1-Week 3 Dates: 01/25/22 Unit: L&D Assigned Preceptor: Rosie Aldape, RN Other Preceptor:	One patient in labor. Female was 35 years old. G-6 P-4 T4 A1 L4. Gestational age is 39 5/7. She was admitted for a Pitocin induction. Mothers birth plan was to go all natural with no epidural or pain meds. She did go through her labor process as she planned. She delivered on our shift a healthy babygirl. I did get to count for her Another patient who was a repeat c section scheduled for 1/29/22 came in with painful contractions. She was 27 years old. And GA was 38 4/7 and G3 P2. She was placed on the monitors showing contractions q3-4mins. Physician decided to take her for the c-section. Pt was admitted and prepped for procedure. I watched and learned the comparison of cervix checks to the dilation board with my fingers. I was taught how to measure the effacement of the cervix which is still very difficult for me. I assisted with the postpartum recovery immediately after delivery of placenta. I learned that oxytocin is a bolus for 200ml after placenta is delivered and fundus is rubbed q15mins x2hours.	-Triage questionnaire -IV start with blood draw -V/S -placing pt on external toco monitoring -Assisted with the apgar scoring of nb -PP fundus rubs -Identifying the acels and decels on strips -teaching pt about PP vaginal tear care. -Teaching patient how to position and when to push during contraction when physician arrived for delivery. -Palpating the contractions to identify when it was time for pt to push.

Student Name: Vanessa Pizana

Rotation: OB	How many patients were under your supervised care? Briefly describe what was going on with your patients? Include age & sex, no initials please! What did you learn?	What skills did you have opportunity to perform? Ex: IV start, medication administration, V/S, teaching, assessment, etc..
Block/Week: Block 1-Week 3 Dates: 01/26/22 Unit: L&D Assigned Preceptor: Rosie Aldape, RN Other Preceptor:	One patient admitted for a foley bulb and Pitocin induction. 17 year old female G1 P0. Gestational age 39 1/7. No health hx. The patients cervix did thin and dilated to complete. The mother delivered and it happens that the nb had cried at delivery but then became very weak muscle tone, and weak cry with a dusky color then eventually pale. I assisted with the newborn care grabbing equipment that was needed, calling for RT and anesthesia STAT. I went back to mother to comfort her as the code team and pedi physician entered the room. I learned that the nb code is very similar to the adult as far as having a leader give assignments or different health care members calling out what they were doing. The pediatrician also explained to me the TAPVR heart defect and why the nb would not pink up and o2 sats not increasing, even with the high flow oxygen and neopuff. The PDA needed to stay open to keep somewhat oxygen going until the nb can get to surgery. The circulating blood was not going into the left atrium but back to the right atrium.	-Repositioning patient on the peanut ball and bolus LR due to late decels. -Setting up a sterile field table for physician. -Coaching the pt on pushing and breathing techniques. -v/s -Reading the labor strips. -Assessment -assisted my preceptor throughout the nb code.
Block/Week: Block 1- Week 3 Dates: 01/27/22 Unit: L&D Assigned Preceptor: Rosie Aldape,RN Other Preceptor:	21Yr old female admitted for Pitocin induction. G1 P0. GA- 39weeks. The patient was able to tolerate her contractions up until she dilated to 4cm and Pitocin was titrated to 17miliunits/hr. The patient took IV pain meds for a while then decided on an epidural. I took deep breaths with the patient during contractions and to focus on something else to keep her from moving. Continued the day with the labor and she delivered on the next shift. I learned that the epidural flows with gravity, so if the patient is laying on her rt side the epidural med is going to flow more to her right. Also, I was happy to learn that the foley cath should be placed asap after the epidural because the full bladder blocks the medicine to the lower abd. The patient could not feel her legs or cervix checks but would grimace and get tearful during contractions feeling pain in her lower abd to pelvic area. It was due to her full bladder and the foley was still not in. Immediately after I placed the foley within 10-15 minutes she was very comfortable and could not feel the contractions.	-Assessment -v/s -Admission questions -IVPB LR fluids -Placed a foley catheter. -Documented and kept up with v/s during epidural process -IV pain medication administered

Vanessa Pizana
01/22/22

Anxiety Assessment

My patient became anxious once she was notified she was going to be admitted. She stated she "did not expect to stay for labor." I saw an increase in her anxiety once the magnesium sulfate had been started. She became very hot sweaty and felt "weak and sleepy." She was anxious because she thought what she was feeling was not a normal response. She rated herself as feeling anxious on a rate of 7-8 on the 0-10 scale. I explained to her that the magnesium is basically a muscle relaxer and it was normal for her to first feel hot as well. I stood at her bedside until she was comfortable enough for me to allow her to rest and sleep. I gave her a fan that can be attached to the side rail and educated her on the reasons she is on bedrest. I directed her focus on her expected nb. I asked about the gender, name, and her set up at home. She instantly became comfortable with me because we shared with each other our future goals.

Primary IV Fluid and Rate	IVF type	Rationale for IV Fluid	Lab Values to assess r/t IV Fluid	Contraindications/ Complications
LR @ 50ml/hr	(isotonic) hypotonic hypertonic	hydration	CMP	N/A

Student Name:	Unit:	Date:			Allergies:
Vanessa Pizano	L&D	11/29/22			NKDA

Generic Name	Pharmacologic Classification	Therapeutic Use	Dose, Route, and Schedule	IVP- List diluent solution, volume, and rate of administration IVPB-List concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions
Stadol	Opioid agonist	Opioid analgesics	1mg IVP q2hrs PRN	Administer undiluted. con: 1-2mg/ml give over 3-5mins	Sweating, Respiratory distress, Sedation Confusion	Crosses the placenta & enters breast milk. may cause ↑ serum amylase & Lipase levels.
Fentanyl	Opioid agonist	Opioid analgesics	50mcg IVP q1hr PRN	Administer undiluted. Concentration is 50mcg/ml	Apnea, respiratory depression, facial itching, brady-cardia.	monitor respiratory rate & BP. Associated ↑ risk of falls. may ↑ Amylase & Lipase
Ceftriaxone	Third generation cephalo-sporins	Anti-infectives	1gram IVPB once	1gm/50ml Concentration. Administer over 30minutes.	Rashes, Phlebitis, Cramps, Headache Vaginal moni-liasis	may cause (+) coombs test in neonates. ↑ AST, ALT, BUN, Creatine. monitor bowel function.
magnesium sulfate	minerals/ electrolytes	Replacement & Supplement	2mg infusing q1hour	Dilute in LR. con: 0.5mEq/mL (10mg/ml) infuse 2-4hours	↓ respiratory rate, hypotension flushing, muscle weakness Sweating	monitor pulse, BP, respirations monitor neurologic status strict intake & output monitor magnesium serum