

Situation

Chief Complaint / Diagnosis: Pregnancy at 39 wks., SRM, early labor

Background

Allergy: Penicillin

Code status: Full

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 positive, Rubella Immune. Denies any complication with this pregnancy. Denies complications with previous pregnancy, delivered an 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 "Natural 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, and interventions.

NAME: Jones, Alice
DOB: 12-15-xx
MR# 53782196
Dr. Baby Delivery

L&D #1
24 y/o Fe

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	4.8 - 10.8
RBC	4.34	4.2 - 5.4
Hgb	12.8	12.0 - 16.0
Hct	38.5	37 - 47
Platelet	282	150 - 400
MCV	88.2	81 - 99
MCH	30.5	27 - 34
MCHC	34.6	33 - 36
RDW	12.4	11.5 - 14.5
MPV	7.8	7.4 - 10.4

Orders

Allergies: Penicillin

1. **Diagnosis:** Pregnancy at 39 weeks, SROM 2, early labor
2. Fetal Monitoring upon admission
3. IV LR 1000 ml to infuse at 125 ml/hr. with 18 g cath.
4. LOW DOSE PROTOCOL: Oxytocin 30 units / 500 ml IV piggyback to mainline via infusion pump.
Start Oxytocin at 1-2 milliunits/min. (1-2 ml/hr.) Increase by 1-2 milliunits/min (1-2 ml/hr.).
Titrate to achieve 7 contractions in 15 minutes Do not exceed a maximum of 20 milliunits/min.
5. For Non-Reassuring Fetal Heart Rate Patterns:
 - Change maternal position.
 - Administer a 500 ml LR bolus.
 - Decrease or discontinue oxytocin.
 - Oxygen @ 10L/min via non-rebreathing mask.
 - Terbutaline 0.25 mg (0.25 ml) SQ for Tachysystole or non-reassuring Fetal Heart Rate.
 - Notify physician of FHR pattern, interventions, and response.
6. Meperidine 25 mg IVP prn every 2 hrs. moderate to severe pain (4/10).
7. Promethazine 12.5 mg IVP every 4 hrs. prn (diluted in 10 ml. Saline) for nausea.
8. Group B Strep Intrapartum prophylaxis
 - ☐ Penicillin G - 5 million units IVPB now, then 2.5 million units IVPB Q 4 hrs. until delivery.
If allergic to PCN give:
 - ☐ Cefazolin 2 gms. IVPB now, then 1 gm IVPB Q 8 hrs. until delivery if no history of anaphylaxis or asthma.
 - ☐ Clindamycin 900 mg IVPB now then 900 mg IVPB Q 8 hours until delivery if no history of anaphylaxis
9. Suspected Anaphylaxis with airway compromise:
 - Apply pulse oximetry.
 - Oxygen @ 10L/min via non-rebreathing mask.
 - Administer Epinephrine 0.3 mg IM every 5 -15 minutes in thigh.
 - Administer a 500 ml LR bolus.
 - Notify physician.
 - Consider emergent intubation if airway compromised.
10. Oxytocin 20 units to 1000 ml LR after delivery of placenta.

Physician Signature: **Baby Delivery, MD**
060

Date & Time: Today @