

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, states she was unaware she was pregnant. Unknown EDC, LMP about 7 months ago, estimated EDC by US 12/21/XX.

Home Medications: None

Pertinent RECENT History: Patient reports she had headache, nausea, and abdominal pain yesterday morning. She thought it 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 2 + clonus. Magnesium 4gms. 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 is 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.

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

Lab	Patient	Ref. Range
HIV	Negative	Negative
RPR/VDRL	Non-Reactive	Non-Reactive
HbsAG	Negative	Negative
Rubella	Immune	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	10.5 L	12.0 - 16.0
Hct	31.5 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

Post – Op Cesarean Section Orders

Allergies: NKDA

1. **Diagnosis:** 28 wks. gestation, Pregnancy induced hypertension, emergency C-Section.
2. Oxytocin 30 units to 500 ml IV LR, infuse at 40 ml/hr. (40ml/hr.).
 - a. Increase to 80 ml/hr. (80 milliunits/min) for increased vaginal bleeding or boggy fundus.
3. Catheter to closed drainage urinary bag.
4. PCA PUMP: PCA Morphine 2 mg Loading Dose IVP, 1 mg/10 min., Max. 30 mg in 4 hours.

Magnesium Sulfate Protocol Orders - (Two nurses verification of initial dosage and rate changes)

5. Loading Dose: Magnesium Sulfate 2 gm/50 ml IVBP via infusion pump over 30 minutes:
6. Magnesium Sulfate 50% (20 gm/500 ml) IV via infusion pump at 2 gm/hr. (50 ml/hr.).
7. Serum magnesium sulfate level every 4 hrs. Therapeutic Magnesium levels is between 5.0 - 7.0 mg/dl
8. Keep Calcium Gluconate 10% (4.65 meq/10 ml vial) readily available
9. Vital signs, deep tendon reflexes, auscultate lung sounds, and urine protein dip every 4 hours.
10. Seizure precautions (padded side rails and oral airway).
11. Notify MD:
 - a. T greater than 101.0 F; B/P less than 90/50, greater than 140/90; P greater than 110/min
 - b. Excessive bleeding
 - c. Output less than 100 ml/4 hours
 - d. Magnesium level less than 4gms. or greater than 7gms or if symptomatic.
12. Discontinue Magnesium Sulfate and notify physician for:
 - a. Urine output is less than 30 ml/hr.
 - b. Respirations less than 10 per minute
 - c. Reflexes absent or weak (compared to baseline reflexes)
13. 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.

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