

Name: Spears, Brittany	L&D 1
DOB: 07/04/XXXX	21 y/o F
MR # 544786965	
Dr. On Call	

## Situation

**Chief Complaint / Diagnosis:** 21 y/o G 3 P 2; Arrives @ the ER with severe abdominal pain; after lab work, abdominal assessment & evaluation it was discovered she is pregnant and in labor; contracting q 2-3 min. lasting 60-70 seconds; the ER staff has just transported Brittany to the Labor & Delivery unit.

**Allergy:** NKDA

**Code status:** Full

## Background

**Pertinent Medical History:** 23 y/o G 3 P2 (T 1 P 1 L 1) EDC Unknown

Brittany denied knowing she was pregnant and has had no prenatal care. She had limited prenatal care with her 1<sup>st</sup> pregnancy due to lack of transportation. Brittany's 1<sup>st</sup> delivery was a 6 lbs. 4 oz, female who is now 21 months old; 2<sup>nd</sup> delivery was a 26-week male who died at 3 months. The father of both infants has been in jail for the last year. She can't believe she is pregnant because she just had sex one time with some guy. Brittany and her daughter live with Brittany's mother. Brittany's mother is the sole support of the family, who works long hours as a waitress.

**Home Medications:** Denies any medications.

**Pertinent RECENT History:** Patient reports she woke up with abdominal pain which became so bad Brittany thought her appendix was about to rupture so her mother brought her to the ED.

## Assessment

**Current Vital Signs:** T 99.6, HR 102, R 18, B/P 138/88, O2Sat 95% on RA, and FHR 120 with minimal variability, no accelerations noted.

**Vaginal Exam:** 4-5 cm / 90% / -1; Nitrazine negative.

**Safety Concerns:** Risk for falls due to pregnancy.

**Pertinent Assessment:** 18 gauge IV to the left arm, LR infusing at 125 ml/hr. Uterine Contraction q 2-3 minutes, lasting 60-70 seconds.

## Recommendation

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

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

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**Pertinent Lab / Dx test results:** Prenatal labs and Admission labs

Lab	Patient	Ref. Range
HIV	Unknown/Pending	Negative
RPR/VDRL	Unknown/Pending	Negative
HbsAG	Unknown/Pending	Negative
Rubella	Unknown/Pending	Immune
GBS	Unknown	Negative
Blood Type & Rh	Pending	
CBC		
WBC	16.5 H	4.8 - 10.8
RBC	4.6	4.2 - 5.4
Hgb	10.5	12.0 - 16.0
Hct	31.5	37 - 47
Platelets	200	150 - 400
MCV	83	81 - 99
MCH	31	27 - 34
MCHC	32	33 - 36
RDW	12.8	11.5 - 14.5
MPV	8.6	7.4 - 10.4
CMP		
K	Pending	3.5 - 5.2 meq/L
NA	Pending	136 - 145 meq/L
Cl	Pending	96 - 106 meq/L
Ca	Pending	8.4 - 10.7 mg/dl
CO2	Pending	23 - 30 meq/L
Creatine	Pending	0.5 - 1.0 mg/dl
BUN	Pending	6 - 20 mg/dl
Glucose	Pending	80 - 110 mg/dl
Albumin	Pending	3.5 - 4.8 g/dl
Total Protein	Pending	6.3 - 8.6 g/dl
Alkaline Phosphatase	Pending	25 - 100 U/L
ALT	Pending	7 - 35 U/L
AST	Pending	10 - 36 U/L
Total Bilirubin	Pending	0.3 - 1.0 mg/dl

### Orders

Allergies:   NKDA  

1. Admit to L&D; **Diagnosis:** Pregnancy at unknown gestational age in labor
2. Fetal Monitoring upon admission
3. IV LR 1000 ml to infuse at 125 ml/hr. with 18 g cath.
4. 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.
5. Meperidine 25 mg IVP prn every 2 hrs. moderate to severe pain (4/10).
6. Promethazine 12.5 mg IVP every 4 hrs. prn (diluted in 10 ml. Saline) for nausea.
7. 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
8. 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.
9. Oxytocin 20 units to 1000 ml LR after delivery of placenta.
10. 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 has history of hypertension.
  - Misoprostol 1000 mcg per rectum. Do not give with history of prostaglandin allergy.

Physician Signature:                     On Call, MD                     Date: Time: **Today @ 0600**