

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 not obtained prenatal care. She had limited prenatal care with her 1<sup>st</sup> pregnancy. 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. Brittany and her daughter live with Brittany's mom/dad. Brittany's mom/dad is the sole support of the family, who long hours at minimum wage job.

**Home Medications:** None

**Pertinent RECENT History:** Brittany reports she woke up with severe abdominal pain which she thought her appendix.

## 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.

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

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

**Pertinent Assessment:** 18 gauge IV in 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 gestation 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**