

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 (preeclampsia), delivered by Cesarean section 2 lb. 1 oz. male.

Allergy: NKDA

Code status: Full

Background

Pertinent Medical History: Single 15 y/o G 1 P1, 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 a severe headache, nausea, and abdominal pain yesterday morning. She thought she had the stomach bug which was going around school. Late last evening her mother brought her to the ED. Vital signs were 160/112, DTR 3 +, with 2 + clonus. Magnesium sulfate 4gms. loading dose was given, followed by a 2 gm/hr. magnesium sulfate 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, O2 Sat 96% on RA,

Safety Concerns: Risk for seizure; Risk for falls post anesthesia.

Pertinent Assessment: Respirations are shallow 12 bpm, lung sound reveal crackles and rhonchi bilaterally, 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 (Pre-eclampsia, emergency C-Section.
2. Oxytocin 30 units to 500 ml IV LR, at 40 ml/hr.
 - a. Increase to 80 ml/hr. 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 4 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 4.0 - 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