

Covenant School of Nursing Reflective Practice

Name: Raigh Calderon

Instructional Module:

Date submitted:

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<p><b>Step 1 Description</b></p> <ul style="list-style-type: none"> <li>-Baby had minimal variability so we continuously repositioned mom and gave popsicles to help stimulate baby</li> <li>-Dr. broke patients water at 0830 &amp; inserted and inserted an intrauterine contraction monitor.</li> </ul>	<p><b>Step 4 Analysis</b></p> <p>we had to continue to switch moms position so the baby could get in a proper position to make delivery easier</p> <p>It seemed the babies shoulder was stuck on moms pelvis and keeping baby from descending further into the pelvis</p>
<p><b>Step 2 Feelings</b></p> <p>I was worried because the nurse was slightly stressed over babies variability and the fact it wasn't increasing even after we tried our interventions</p>	<p><b>Step 5 Conclusion</b></p> <p>I feel we did everything we could to help mom progress smoothly</p> <p>I learned that switching positions can be beneficial to help the baby move positions</p>
<p><b>Step 3 Evaluation</b></p> <p>The baby stayed at minimal variability <del>at</del> after position changes and amnio-infusion even though babies variability to increase</p>	<p><b>Step 6 Action Plan</b></p> <p>It was a great experience but stressful because we couldn't get the fetal strip where we wanted it</p>

# Prioritization Tool

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	URGENT	NOT URGENT
IMPORTANT	Urgent & Important DO *amnioinfusion	Not Urgent but Important PLAN *reposition *monitor fetal strip
NOT IMPORTANT	Urgent but Not Important DELEGATE	Not Urgent and Not Important ELIMINATE

Education Topics & Patient Response:

Repositioning to stimulate baby to get more  
 variability  
 Starting amnioinfusion to stimulate baby  
 we bolus 300, IV drip 100 but had to stop  
 because 400 didn't come out of patient and  
 it could distend or possibly rupture placenta

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Complete this during your labor and delivery experience and turn it in with your paperwork. Ask your instructor or TPC nurse to check over your findings

**Situation:**

Date/Time 8-20-24 Age: 16 yrs  
 Cervix: Dilation: 1 Effacement: 50% Station: -3  
 Membranes: Intact:  AROM: 0830 SRM:      Color: white/clear  
 Medications (type, dose, route, time):  
Cytotec 50mg PO Q4  
 Epidural (time placed): 0230

**Background:**

Maternal HX: Kidney infection @ 20 wks prenatal care start 21 wks  
 Gest. Wks: 41 Gravida: 1 Para: 1 Living:      Induction/ Spontaneous  
 GBS status: + / (-)

**Assessment (Interpret the FHR strip-pick any moment in time):**

Maternal VS: T: 99.3 P: 106 R: 18 BP: 116/67  
 Contractions: Frequency: 30 secs Duration: 10 secs  
 Fetal Heart Rate: Baseline: 150  
 Variable Decels:  Early Decels:  Accelerations:  Late Decels:

Pattern	Example	Cause	Interventions	Desired Outcome
Variable Decelerations		Cord Compression	Discontinue oxytocin Change maternal position Administer oxygen at 10 L/min by nonrebreather face mask. Notify provider Vaginal or speculum examination to assess for cord prolapse Amnioinfusion Assist with birth if pattern cannot be corrected	Relieve Cord Compression
Early Decelerations		Head Compression	Continue to monitor labor progress	Maintain Oxygenation Healthy fetus at delivery
Accelerations		These are OK!	Continue to monitor labor progress	Maintain Oxygenation Healthy fetus at delivery
Late Decelerations		Poor Placental Perfusion	Discontinue oxytocin Assist woman to lateral (side-lying) position Administer oxygen Correct maternal hypotension Increase rate of intravenous solution Palpate uterus to assess for tachystole Notify provider Consider internal monitoring Assist with birth if pattern cannot be corrected	Maximize Oxygenation Increased Perfusion to Placenta

**Recommendation/Nursing Plan:**

Describe the labor process and nursing care given as well as any complications you witnessed: Baby had minimal variability so we tried multiple different positions as well as an amnioinfusion that was stopped shortly after

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason:  
N/A

**Delivery:**

Method of Delivery:      Operative Assist:      Infant Apgar:     /     QBL:       
 Infant weight: