Revised 1.2024

Workforce Solutions South Plains
Daily Attendance Register

Name: Rebecca Araya **SSN (last 4 digits):** 2274

School: CSON **Program:** APN(RN)

Day	Date	Absent	Present
Sunday			
Monday	08/26/24	✓	
Tuesday	08/27/24	✓	
Wednesday	08/28/24	✓	
Thursday	08/29/24	✓	
Friday			
Saturday			

Total Number of Days Attended: 4

R Araya
Customer Signature

08/29/2024
Date

Rachel S
Instructor Signature

8/29/24
Date

Case Manager: Heather Posada **Phone:** 806-765-5038 ext. 2128

Email: Heather.posada@spworkforce.org

For office use only:
Funding (please circle one): A D Y TAA

	Daily Rate	Total
Fuel	$	$
Other	$	$

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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 08/26 1930 Age: 21

Cervix: Dilation: 4 Effacement: 80% Station: -3

Membranes: Intact: X AROM: 10:00 SROM: _____ Color: _____

Medications (type, dose, route, time):

Pitocin 16mU/IV

Epidural (time placed): _____

Background:

Maternal HX: Gestational HTN

Gest. Wks: 37 Gravida: 2 Para: 1 Living: 1 Herpes +

GBS status: + / -

Induction / Spontaneous

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

Maternal VS: T: _____ P: _____ R: _____ BP: _____

Contractions: Frequency: _____ Duration: _____

Fetal Heart Rate: Baseline: _____

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 10L/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 tachysystole 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:

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason:

Delivery:

Method of Delivery: _____ Operative Assist: _____ Infant Apgar: ____/____ QBL: _____

Infant weight: _____

Covenant School of Nursing Reflective Practice

Name: Rebecca Nnaya Instructional Module: IM6 Date submitted: 08/27/24

Use this template to complete the Reflective Practice documentation. Use only the space provided. Information that is not visible is lost.

Step 1 Description

L+D on 08/27/24 @ 0015
Pt arrived @ 19:30 on 08/26/24 for Induction due to Gestational HTN. 37 wks G1, 2-P, 1 positive for Herpes. Pt presents at 4cm 80% effaced, -3 station

Step 4 Analysis

Informed pt what if needed before her progression got too far she could opt for epidural for unmanageable pain; and help patient rest. Mom + Aunt were present. it is my opinion pt was denying epidural because of mother + aunts preference. + not hers.

Step 2 Feelings

I had feelings of excitement and nervousness for my patient. it was her 1st baby + she was a 21y/o wanting natural child birth.

Step 5 Conclusion

I would have spoken w/ pt alone and inquired on thoughts/ concerns about epidural, given informed info regarding epidural, so that pt could decide for herself and not for anyone else.

Step 3 Evaluation

Pt was doing well, slowly progressing.

Step 6 Action Plan

Communicate and colaborate w/ pt, doctor, and other L+D team caring for pt.

Prioritization Tool

	URGENT	NOT URGENT
IMPORTANT	Urgent & Important DO Consents, for epidural, monitor V/S & FHR	Not Urgent but Important PLAN Patient comfort & positioning
NOT IMPORTANT	Urgent but Not Important DELEGATE	Not Urgent and Not Important ELIMINATE

Education Topics & Patient Response: Epidural benefits/risks, refusal of epidural. Patient wanting natural child-birth.

IM6 Critical Thinking Worksheet

Student Name: Rebecca Araya

Nursing Intervention #1: Monitor incision

Date: 06/28/24

Priority Nursing Problem:
Low transverse c/s incision

Evidence Based Practice: Observe for redness, swelling, warmth odor

Nursing Intervention #2: Observe telfa bandage change 1x daily or more if wet/soiled

Patient Teaching (specific to Nursing Diagnosis):

1. S/S of infection redness, warmth swelling

2. Washing, gently wash incision w/ mild soap. Don't scrub.

3. Avoid strenuous activity

Related to (r/t): Sero-sanguineous drainage

Evidence Based Practice: Keep clean dry & intact to prevent germs/infection

Nursing Intervention #3: Monitor labs.

As Evidenced by (aeb):
Pea sized amount visually seen on telfa dressing

Evidence Based Practice: Labs will show if infection present or if patient may be going septic

Discharge Planning/Community Resources:

1. How to care for incision
2. When to notify provider
3. Pain management.

Desired Patient Outcome (SMART goal):
Sero-sanguineous to sanguineous w/ little to no drainage before discharge @ 48hrs after c/s.

408/409

Student Name: Rebecca Arauja Date: 08/28/24

Situation: C-sect low transverse
Patient Room #: 408
Allergies: NKA
Delivery Date & Time:
08/27/24 @ 1242
NSVD PC/S RC/S

Indication for C/S: 2 previous C/S w/out trial of labor, anemia w/ iron infusion
QBL: BTL:
LMP: Est. Due Date:

Prenatal Care: <28 wks ____ LPNC ____

Anesthesia: None Epidural (Spinal)
General Duramorph/PCA

VS: (Q4hr) Q8hr
0800:

1200:

Diet:
Pain Level: 7/10 Activity: Moderate

Newborn: (Male) Female
Feeding: (Breast) Pumping (Bottle)
Formula: Similac Neosure Sensitive
Apgar: 1min 8 5min 9 10 min ____
Wt: 7 lbs 4 oz Ht: 20½ inches

MD: Killeen
Mom-(All.) Allissandra
Baby- Creeden

Consults:
Social Services: ____

Psych: ____

Lactation: ____

Case Mgmt: ____

Nutritional: ____

Background:
Patient Age: 27 y/o
Gravida: 3 Para: 3 Living: 3
Gestational Age: 39+3 weeks
Hemorrhage Risk: Low Medium (High)

Prenatal Risk Factors/Complications:
Anemia- Unspecified

NB Complications: None

Maternal Lab Values:
Blood Type & Rh O+
Rhogham @ 28 wks: Yes (No)
Rubella: (Immune) Non-immune
RPR: R / (NR) HbSAG: + / (-)
HIV: + / (-) GBS: + / (-) Treated: ____ X
H&H on admission: 10.3 hgb / 30.7 hct

Newborn Lab Values:
Blood Type & Rh A+
POC Glucose: ____ Coombs: + / (-)
Q12hr Q24hr AC Glucose: _ _ _ _ _
Bilirubin (Tcb/Tsb):
CCHD O2 Sat:
Pre-ductal ____% Post-ductal ____%
Other Labs:

Vaccines/Procedures:
Maternal:
MMR consent Y Date given: 08/27
TdaP: Date given ____ Refused
Rhogham given PP: Yes (No)

Newborn:
Hearing Screen: Pass Retest Refer
Circumcision: Procedure Date ____
Plastibell Gomco Voided: Y / N

Bath: Yes Refused

409
119/69, 86
65, 98 | 16R

979 408
121/84, 96
68 16

Student Name: Rebecca Araya Date: 08/28/24

Assessment (Bubbleheb):

Neuro: WNL Headache Blurred Vision

Respiratory: WNL Clear Crackles
RR 16 bpm

Cardiac: WNL Murmur B/P 121 / 84
Pulse 88 bpm

Cap. Refill: </= 3 sec >3 sec

Psychosocial: Edinburgh Score _____

Breast: Engorgement Flat/Inverted Nipple

Uterus: Fundal Ht 2U 1U UU U1 U2 U3
Midline Left Right

Lochia: Heavy Mod Light Scant None
Odor: Y / N

Bladder: Voiding QS Catheter DTV

Bowel: Date of Last BM 08/26
Passing Gas: Y / N
Bowel sounds: WNL Hypoactive

Episiotomy/Laceration:
WNL Swelling Ecchymosis
Incision: WNL Drainage: Y / N scant
Dressing type: Telfa
Staples Dermabond Steri-strips

Hemorrhoids: Yes No
Ice Packs Tucks Proctofoam
Dermaplast

Bonding: Accepting/Responsive
Responds to infant cues
Needs encouragement

Treatments/Procedures:
Incentive Spirometry: Y / N
PP H&H: _____ hgb _____ hct

HTN Orders:
Call > 160/110 VSQ4hr

Hydralazine protocol Labetolol BID/TID

IV Fluids: Oxytocin LR NS
Rate: _____ / Hour

IV Site: ____ gauge Location: _____
Magnesium given: Y / N
Dc'd: _____ @ _____ am/ pm

Antibiotics: Frequency:
_____ _____
_____ _____
_____ _____

Recommendation: