Covenant School of Nursing Reflective Practice

Name: Star Harlin Instructional Module: Date submitted:

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

Step 1 Description

21 yo F G1P0 at 41wks 5days is here to be induced. Pt in Rm #9 w/ no Family at bedside. pt is currently restless & complaining of pressure. Pt. experienced a late deceration. IUR was started. O_2 placed on Pt & moved pt to the side.

Step 2 Feelings

I was watching FHR on monitor & saw the late deceleration occuring. The RN went to the room & started IUR. I thought the nurses worked well awhile staying calm & reassuring mom

Step 3 Evaluation

We were able to get back to being happy & back to baseline. Due to this being the second event the Dr opted for an Csection

Step 4 Analysis

it takes good monitoring of mom & baby to have a response time to help baby.

Step 5 Conclusion

mom had late decel last night & the Dr was not notified. I feel birth could have been done last night to ensure baby safety.

Step 6 Action Plan

I really enjoyed the seeing whatwe have learned in real life. Notifying your Dr. when you need to is really important

Star Harlin

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 9/3 Age: 21

Cervix: Dilation: 1cm Effacement: 55 Station: -3

Membranes: Intact: ___ AROM: ___ SROM: ✓ Color: meconium

Medications (type, dose, route, time):

(Sp?) Pitocin, &Terbutline, &Anceff, Zetromax IVP

Epidural (time placed): Spinal : 1030

Background:

Maternal HX: First pregnancy

Gest. Wks: 41 Gravida: 1 Para: 0 Living: 0

GBS status: + / (-)

(Induction) / Spontaneous

↳ emergent csection

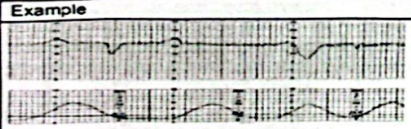
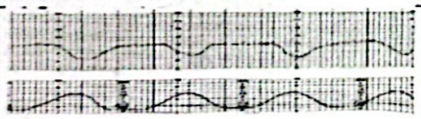
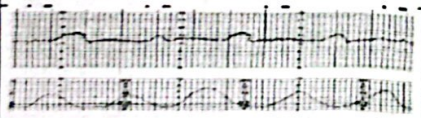
Assessment (Interpret the FHR strip-pick any moment in time):

Maternal VS: T: ___ P: ___ R: ___ BP: 146/86

Contractions: Frequency: ___ Duration: ___

Fetal Heart Rate: Baseline: 135

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 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: mom came in 9/2 last night & was induced. Today she is 55% effaced & 1cm dilated. baby had two occurances of late decels & was scheduled for an emergency csection

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason:

~~bradycardia~~ None. happy baby!

Delivery:

Method of Delivery: Csection Operative Assist: Dr. Lovelesr Infant Apgar: 8 / 9 QBL: 5-15

Infant weight: 8lbs

Prioritization Tool

	URGENT	NOT URGENT
IMPORTANT	**Urgent & Important** **DO** O_2 administration Place pt on left side	**Not Urgent but Important** **PLAN** vaginal exam
NOT IMPORTANT	**Urgent but Not Important** **DELEGATE** Cleaned patient prior to OR	**Not Urgent and Not Important** **ELIMINATE** Gave pt her phone

Education Topics & Patient Response:

▶ 06824

▶ 06824

IM6 Critical Thinking Worksheet

Student Name:
Star Harlin

Priority Nursing Problem:
Incision pain

Related to (r/t):
csection

As Evidenced by (aeb):
Pt is tender & has difficulty moving in bed ~~to move~~

Desired Patient Outcome (SMART goal):
Complete healing of incision site.

Nursing Intervention #1:
administer ~~tylenol~~ morning meds w/ pain assessment

Evidence Based Practice:
Pain assessment can keep pt from experiencing worse pain if we can maintain it

Nursing Intervention #2:
Assessing surgical site.

Evidence Based Practice:
Keeping incision dry & intact & free of infection

Nursing Intervention #3:
getting pt up & showered

Evidence Based Practice:
Pt will feel better but getting ~~up~~ up to move ~~pt~~ & will benefit the pt. As well as help with the healing process

Date:
9/3

Patient Teaching (specific to Nursing Diagnosis):

1. signs of bleeding & what to report
2. getting up to walk will help w/ healing & prevent & blood clotting
3. Take only showers no baths to prevent infection

Discharge Planning/Community Resources:

1. signs of PPH
2. When to follow up w/ Dr for mom & baby
3. How to keep incision clean, dry & intact

Student Name: Star Harlin Date: 9/3

Situation:
Patient Room #:
Allergies: Peanuts
Delivery Date & Time:

NSVD (PC/S) RC/S

Indication for C/S:

QBL: 249 BTL:
LMP: 12/1/23 Est. Due Date: 9/8

Prenatal Care: <28 wks ✓ LPNC ____

Anesthesia: None Epidural (Spinal)
General Duramorph/PCA

VS: Q4hr (Q8hr)
0800:
97/.02 97.9 105/69
700 5/10
1200:

Diet: General
Pain Level: 5 / 10 Activity: increased Full

Newborn: Male (Female)
Feeding: (Breast) Pumping (Bottle)
Formula: Similac Neosure Sensitive
Apgar: 1min 7 5min 9 10 min /
Wt: 9 lbs 3 oz Ht: 20.5 inches

MD:
Mom- blann
Baby- Franike

Consults:
Social Services: ____
Psych: ____
Lactation: Ashleigh
Case Mgmt: ____
Nutritional: ____

Background:
Patient Age: 26 y/o
Gravida: 1 Para: 1 Living: 1
Gestational Age: 39 weeks
Hemorrhage Risk: Low Medium (High)

Prenatal Risk Factors/Complications:

NB Complications:
R arm fx
Foot breech

Maternal Lab Values:
Blood Type & Rh AB+
Rhogham @ 28 wks: Yes No
Rubella: (Immune) Non-immune
RPR: R / NR HbSAG: + / -
HIV: + (-) GBS: + (-) Treated: ____ X
H&H on admission: 13.2 hgb / 37.4 hct

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

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

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

Bath: (Yes) Refused

Delivered @ 0045

Student Name: Star Harlin

Date: 9/3 ↷ csection

Assessment (Bubbleheb): Neuro: WNL Headache Blurred Vision Respiratory: WNL Clear Crackles RR 16 bpm Cardiac: WNL Murmur B/P 105 / 69 Pulse 70 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 N/A Passing Gas: Y / N Bowel sounds: WNL Hypoactive	Episiotomy/Laceration: WNL Swelling Ecchymosis Incision: WNL Drainage: Y / N Dressing type: _____ Staples Dermabond Steri-strips Hemorrhoids: Yes No Ice Packs Tucks Proctofoam Dermaplast Bonding: mother breast feeding Responds to infant cues Needs encouragement
Treatments/Procedures: Incentive Spirometry: Y / N PP H&H: 12.8 hgb 37.4 hct HTN Orders: Call > 160/110 VSQ4hr Hydralazine protocol Labetolol BID/TID	IV Fluids: Oxytocin LR NS Rate: ____ / Hour IV Site: 20 gauge Location: L forehand Magnesium given: Y N Dc'd: _____ @ _____ am/ pm	Antibiotics: Frequency: NONE _____ _____ _____ _____ _____
Recommendation:		