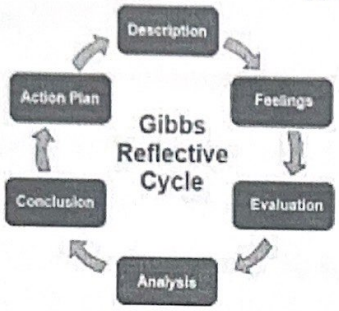
Vonette Martinez

#2

Covenant School of Nursing Reflective Practice



Learning to be a reflective practitioner includes not only acquiring knowledge and skills, but also the ability to establish a link between theory and practice, providing a rationale for actions. Reflective practice is the link between theory and practice and a powerful means of using theory to inform practice thus promoting evidence based practice." (Tsingos et al., 2014).

Using the Reflective Practice template on page 2, document each step in the cycle. The suggestions in each of the boxes may be used for guidance but you are not required to answer every question. This Reflective Practice document will be reviewed by faculty and then you will post the final reflection in your LiveBinder folder.

Step 1 Description A description of the experience, with relevant details. Remember to maintain patient confidentiality. Don't make judgments yet or try to draw conclusions; simply describe the events and the key players. Set the scene! It might be useful to ask yourself the following questions • What happened? • When did it happen? • Where were you? • Who was involved? • What were you doing? • What role did you play? • What roles did others play? • What was the result?	**Step 4 Analysis** • What can you apply to this situation from your previous knowledge, studies or research? • What recent evidence is in the literature surrounding this situation, if any? • Which theories or bodies of knowledge are relevant to the situation – and in what ways? • What broader issues arise from this event? • What sense can you make of the situation? • What was really going on? • Were other people's experiences similar or different in important ways? • What is the impact of different perspectives eg. personal / patients / colleagues' perspectives?
Step 2 Feelings Don't move on to analyzing these yet, simply describe them. • How were you feeling at the beginning? • What were you thinking at the time? • How did the event make you feel? • What did the words or actions of others make you think? • How did this make you feel? • How did you feel about the final outcome? • What is the most important emotion or feeling you have about the incident? • Why is this the most important feeling?	**Step 5 Conclusion** • How could you have made the situation better? • How could others have made the situation better? • What could you have done differently? • What have you learned from this event?
Step 3 Evaluation • What was good about the event? • What was bad? • What was easy? • What was difficult? • What went well? • What did you do well? • What did others do well? • Did you expect a different outcome? If so, why? • What went wrong, or not as expected? Why? • How did you contribute?	**Step 6 Action Plan** • What do you think overall about this situation? • What conclusions can you draw? How do you justify these? • With hindsight, would you do something differently next time and why? • How can you use the lessons learned from this event in future? • Can you apply these learnings to other events? • What has this taught you about professional practice? about yourself? • How will you use this experience to further improve your practice in the future?

Adopted: August 2016

Covenant School of Nursing Reflective Practice

Name: Vanelle Martinez 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

Today I Attended the L&D clinical. I had to be in the hospital by 6:30am and I I got here early because I wanted to get me some breakfast but the cafeteria didn't open until 7:00am. Then we went to the 4th floor to change into our scrubs. During the morning they began talking about a C/S where the patient was high risk for hemorrhage and the delivery was her 11th baby.

Step 2 Feelings

I didn't feel nervous or anything because I was excited for me but I wished it could have been more busy since most of the time we were just waiting or checking the patient. I whished we could've seen a VBAC or CS delivery but I understand it didn't. I feel like the morning was really slow but it was interesting when they were talking about being a possibility for a high risk C/S since one of the patients was having that risk and I was happy one of my classmate attended the CS because it was going to be an interesting one.

Step 3 Evaluation

The clinical was interesting because it started of a patient having a high risk pregnancy due to her being a GIII. My patient has Gestational Diabetes and the mom is poly which it was making the baby FHR difficult to find. Also, I was able to touch a placenta and I think that was really interesting. I feel the clinical could've been better if we got to see a CS or a VBS delivery but my patient was an early delivery

Step 4 Analysis

My patient was early in labor and wasn't dilating she was still at a 4 and the nurse was going to notify a CCM to see what the next plan could be for her. Learning about the FHR during lecture definetley helped. I was able to look at the monitor and see the fhr and contraction and I could tell she was in early labor. having the lecture early was very helpful because I was able to read the monitor and find out of the duration and frequency During the morning. the contraction were about 4-5min apart of moderate variability

Step 5 Conclusion

The clinical could have been better if I had more things to do. The morning went by slow which made me feel like I wasn't doing anything. I which we could have seen the C/S we Attended because she was a GIII and that's the only case that has a lot going on. I did learn how to read the FHR monitor on a real patient which that was interesting. I Also learned how the placenta has two membranes and I was able to look at one. touching the umbilical cord was interesting

Step 6 Action Plan

During this clinical I applied the Gestation Diabetes, Polyhydramnios, placenta and how to read the FHR. It was helpful having the lectures prior to clinical because I was able to understand some of the words they were saying such as the mom being poly which means the baby has polyhydramnios due to the moms Gestational Diabetes instead of having to ask about it. The lessons I learned have applied to my clinical setting which that makes me happy. At the end I was able to attend a C-section

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Prioritization Tool

	URGENT	NOT URGENT
IMPORTANT	Urgent & Important DO Prepare the OR for emergency C-section since baby was breech	Not Urgent but Important PLAN Monitor FHR/contraction because mom polyhydramnios and the baby kept moving which turned out to be in breech position
NOT IMPORTANT	Urgent but Not Important DELEGATE When mom needed to have C-section [illegible]	Not Urgent and Not Important ELIMINATE Trying to figure out whether the baby was breech or not because the FHR [illegible] [illegible] [illegible] baby [illegible] [illegible]

Education Topics & Patient Response:

Gestational Diabetes needs to be closely monitor and the patient had to have follow a strict healthy Diet because the mother had to have an emergency c-section. The mother wasn't aware that this could've happen. The mother wasn't expecting her emergency C-section, and I feel if she would've had knowledge about the risks during her pregnancy she could've been more prepared.

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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 9/17 8c Age: 28

Cervix: Dilation: 4 Effacement: _____ Station: _____

Membranes: Intact: ____ AROM: _____ SROM: _____ Color: _____ Ruptured by Dr

Medications (type, dose, route, time):

Valtrex IPNV

Epidural (time placed): Around 12:30 noon

Background:

Maternal HX: GDX1, UBACX1, hx of HSV2, GDM(A1DM) - well managed w/ Diet

Gest. Wks: 37 5 Gravida: 3 Para: 2 Living: 2 Induction / Spontaneous

GBS status: + / (-)

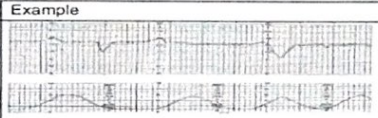
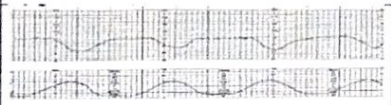
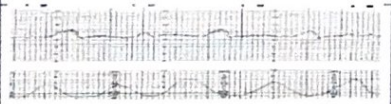
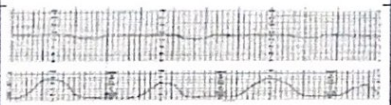
Assessment (Interpret the FHR strip-pick any moment in time):

Maternal VS: T: 98.3 P: 87 R: 20 BP: 95/57

Contractions: Frequency: 4-5min Duration: 10 sec

Fetal Heart Rate: Baseline: 135

Variable Decels: (none) Early Decels: (none) erations: (none) Decels: (1) mod

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:

During the morning it was difficult to find the babies FHR due to the mom being polyhydramnios and it turned out to be a breech presentation

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason: Any because mom was 4cm and they were waiting for Dr. to rupture the membrane.

Delivery: N/A. Emergency

Method of Delivery: C/S Operative Assist: N/A Infant Apgar: N/A / N/A QBL: N/A

Infant weight: N/A wasn't able to look at the patient chart in recovery