

Covenant School of Nursing Reflective Practice

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Instructional Module: IM6

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<p>Description</p> <p>Once we arrived at 0630 to the Children’s Hospital we met Mrs. Gurley and headed to L&D. I was with Kaylie (I may have misspelled that). We were told we had a mom who would progress very quickly once her induction was done. While waiting on the doctor I was able to go to a patient’s room who was admitted and place an IV, do her labs, and get her LR running. She had warned us about being a hard stick and I got her vein but it was deep so we attempted a second time with success and completed it. After doing so I went to the induction of my patient and did vitals and assessed FHR. The patient delivered within the next hour and we did assessments and fundal rub q15minutes and our patient hemorrhage after administering meds she was stable and we transported her to postpartum.</p>	<p>Analysis</p> <p>In this clinical active listening and therapeutic communication played a huge role in the way the patient tolerated the pushing process. She listened to the nurses calm voice and reassurance that she could do it. She was using good breathing techniques to allow baby to stretch the prevent any tears in her vaginal area. Clinical judgment really came into play when she started to hemorrhage the nurse was quick to cal the charge nurse and to ask the doctor to come back urgently even though she had just left the hospital to go home. She was also an advocate for the patient to be provided with pain medication before doing another vaginal assessment to decrease the stress the patient was feeling and made it happen.</p>
<p>Feelings</p> <p>I was excited going in since this was one of the specialties I was interested in before starting Nursing school. When I heard my nurse give report on our patient I was excited to see the delivery, although it was not the first one I had seen it was still very special and I was so lucky that the family allowed me to be apart of their big day. However when the patient started gushing blood and having big amounts of clots I started to worry. We all had a purpose in that room once backup was called and we moved quickly. The doctor came back and that increased oxytocin, gave Methergine and Hemabate to control the bleeding. They also placed a foley since the patient couldn’t urinate after birth and after these interventions mom was stable and vitals signs were good with a firm tennis ball feeling uterus.</p>	<p>Step 5 Conclusion</p> <p>I learned an abundant amount of information. I got to monitor the fetal heart rate and apply nursing interventions when the patient was not doing well. Not only was I able to apply medical intervention but also non-pharmacologic methods to this situation. I felt that the situation was handled very well and needed no changes the outcome was good. Our mom was better/stabilized and baby was breast feeding once we transported them.</p>
<p>Evaluation</p> <p>This was great learning experience for me. The good part was definitely seeing the labor and her support people being so helpful. We assisted in holding her legs so they could hold mom during pushes and give words of encouragement as she was going natural and taking it like a total champ! All was well during the birth the baby came out without complications he was crying as soon as his legs came out and they did skin to skin immediately. Mom didn’t tear and others in the room all collaborated well through their teamwork. It was difficult to see the worry in the patients face as we told her about the hemorrhage and it was very hard to see her be in so much pain when the doctor had to go in and check for fragments of placenta.</p>	<p>Step 6 Action Plan</p> <p>Overall, this was my absolute favorite clinical of IM6 The nurse I was with was very friendly and taught/showed me the importance of advocating for your patients. The way she was calm and knew exactly what to do when she saw certain clues was inspiring. I can apply this kind of compassion in all my care for future patients and am very grateful for this experience.</p>