

Covenant School of Nursing Reflective Practice

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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.

<p><b>Step 1 Description</b></p> <p>Patient had SRM after a Vaginal exam Performed by the nurse</p> <p>The pt then recieved an epidural due to the Increase in Pain</p>	<p><b>Step 4 Analysis</b></p> <p>The Impact this event had on me was a positive one. overall I was happy to see my Pt relieved of Pain from the epidural &amp; I was able to put into Perspective of what it is like being the Pt</p>
<p><b>Step 2 Feelings</b></p> <p>I felt very Intrigued in the whole birthing Process &amp; watching how labor is from the other side.</p>	<p><b>Step 5 Conclusion</b></p> <p>Overall I feel like the nurse &amp; myself had great Communication with eachother &amp; our pts. I wouldn't have done anything differently</p>
<p><b>Step 3 Evaluation</b></p> <p>The epidural helped calm the Pt down so she was able to rest. The Pt was still dilated to a 1 &amp; not progressing</p> <p>Communication overall with Pt &amp; nurse went well!</p>	<p><b>Step 6 Action Plan</b></p> <p>I will use this experience further into my practice by building stronger relationships with my Pts families &amp; Practicing thurapeutic Communication &amp; establishing trust.</p>

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# Prioritization Tool

	URGENT	NOT URGENT
IMPORTANT	Urgent & Important DO Vaginal exam FHM Placement	Not Urgent but Important PLAN Delivery & Equipment
NOT IMPORTANT	Urgent but Not Important DELEGATE Wiping/disinfecting FHM & toco	Not Urgent and Not Important ELIMINATE Photographs & Cleansing items

## Education Topics & Patient Response:

Pt came in complete & wanted an epidural.  
 Nurse educated that the epidural was not an available option at the moment. Pt expressed concern that she is unable to do it without the epidural. The nurses were very compassionate towards the pt & understanding her concerns.

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: 11/12/25 Age: 31  
 Cervix: Dilation: 2 Effacement: 50% Station: -2  
 Membranes: Intact:    AROM:    SROM:  Color: clear  
 Medications (type, dose, route, time): Cytotec 5 doses 5mg  
 Epidural (time placed): 1155

**Background:**

Maternal HX: G-HTN  
 Gest. Wks: 37 1 day Gravidia: 2 Para: 0 Living: 0  
 GBS status: + 10

Induction / Spontaneous

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

Maternal VS: T: 97.1 P: 75 R: 20 BP: 103/65  
 Contractions: Frequency: 3-5min Duration: 70-80  
 Fetal Heart Rate: Baseline: 145  
 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 nasal cannula Notify provider Vaginal speculum exam not on to assess for prolapsed cord Administer fluids 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 alter (side-lying) position Administer oxygen Correct maternal hypotension Increase rate of amniotic infusion Place uterus to stomach for term pregnancies Notify provider Consider internal monitoring Assist with birth if pattern cannot be corrected	Maximize Oxygenation Improved Perfusion to Placenta

**Recommendation/Nursing Plan:**

Describe the labor process and nursing care given as well as any complications you witnessed: N/A Pt still not progressing

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason:

N/A

**Delivery:**

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