

Prioritization Tool

	URGENT	NOT URGENT
I M P O R T A N T	Urgent & Important DO Admin Acetaminophen prior to c-section	Not Urgent but Important PLAN Plan for c-section due to breech presentation
N O T I M P O R T A N T	Urgent but Not Important DELEGATE Helping nurse move patient after she had spinal placed and post operation	Not Urgent and Not Important ELIMINATE Took photos for the family during the c-section and recovery period

Education Topics & Patient Response:

Discussed with the patient what to expect from breastfeeding, encouraged her to talk with the lactation specialist due to her being a first time mom and the nurse mentioning the baby has an upper lip tie. Pt was very excited to be able to breastfeed and looked forward to the opportunity to feed her baby

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 11/20 @ 0752 Age: 28

Cervix: Dilation: n/a Effacement: n/a Station: n/a

Membranes: Intact: AROM: 0752 SROM: Color: clear

Medications (type, dose, route, time): 1000mg acetaminophen, 500mL LR bolus

Epidural (time placed): Spinal 0744

Background:

Maternal HX: GHTN, anxiety

Gest. Wks: 37 5/7 Gravida: 1 Para: 0 Living: 0

Induction / Spontaneous

GBS status: neg

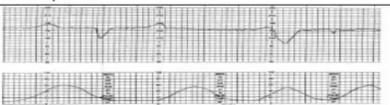
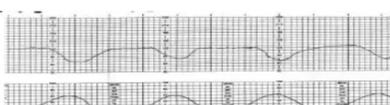
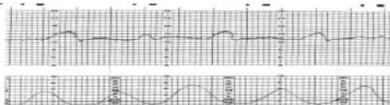
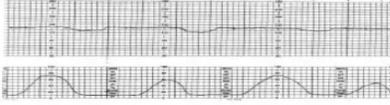
Assessment (Interpret the FHR strip-pick any moment in time):

Maternal VS: T: 98.7 P: 105 R: 18 BP: 132/73

Contractions: Frequency: n/a Duration: n/a

Fetal Heart Rate: Baseline: 130

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: Pt was not given a trial of labor due to breech presentation. Primary c-section at 37wks5days due to rising BP readings

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason: **N/A**

Delivery:

Method of Delivery: c-section Operative Assist: none Infant Apgar: 9/9 QBL: 657 Infant weight: 7lbs.
10oz.