

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 12-4 0700 Age: 27
 Cervix: Dilation: 1cm Effacement: 20% Station: -2
 Membranes: Intact: AROM: _____ SROM: _____ Color: _____
 Medications (type, dose, route, time):
Cytotec 04 0730
 Epidural (time placed): n/a

Background:

Maternal HX: n/a
 Gest. Wks: 39 Gravida: 1 Para: 0 Living: 0 Induction / Spontaneous
 GBS status: + 1(-)

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

Maternal VS: T: 98.1 P: 64 R: 18 BP: 126/88
 Contractions: Frequency: occasional Duration: 2 sec none noted @ 0705
 Fetal Heart Rate: Baseline: 125 moderate variability
 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: 1cm 20% effaced no contractions

@1146 cervical exam to determine plan of care either commit to delivery or send pt home

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason:

not needed but pt turning has been utilized

Delivery: n/a Plan to have vaginally, epidural, & breast
 Method of Delivery: _____ Operative Assist: _____ Infant Apgar: 1 QBL: _____
 Infant weight: _____

Prioritization Tool

	URGENT	NOT URGENT
IMPORTANT	<p>Urgent & Important DO</p> <p>Cytotec Q4 / VS Q4 TOCO Cervical checks educate pt on changes in plan of care</p>	<p>Not Urgent but Important PLAN</p> <p>advocate for vaginal delivery nursing interventions for progressing labor keep pt comfortable</p>
NOT IMPORTANT	<p>Urgent but Not Important DELEGATE</p> <p>plan of care @ 11 am cervical exam either send pt home or commit to delivery</p>	<p>Not Urgent and Not Important ELIMINATE</p> <p>rhogam need (mom is A+) getting epidural ready</p>

Education Topics & Patient Response:

- Cytotec education and how it irritates the cervix in hopes to help body signal to progress in labor
- educate on ways to help open and stimulate that area - walking, birthing ball, positions, food
- educate on what committing to a delivery would look like
- pt & spouse needed education on labor. They really did not want to go home. they wanted baby to be born that day. They then accepted that wasn't happening and are being induced Sunday.

Covenant School of Nursing Reflective Practice

Name: Elizabeth Dye

Instructional Module: IM6

Date submitted: 12-4-24

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

<p>Step 1 Description</p> <p>27 Y F first time mom spouse @ bedside 1cm dilated membranes intact 20% effaced - 2 station</p> <p>helped with TOCO placement witnessed MD do cervical exam & explain plan of care Pt doesn't want to go home but may if labor doesn't progress</p>	<p>Step 4 Analysis</p> <p>I can use the knowledge I learned in lecture to help educate my pt about labor progression.</p> <p>I got to see differing opinions of doctors & nurses on what mom should and shouldn't do</p>
<p>Step 2 Feelings</p> <p>I know and feel for both sides. I feel bad for the pt knowing how bad they want this baby and quickly but I also know that it is better for mom & baby if we let labor progress at the pts bodies pace.</p>	<p>Step 5 Conclusion</p> <p>I feel like they could have done a better job about not getting families hopes up that baby would come today.</p> <p>I feel like my nurse did a great job educating pt about progression of labor</p>
<p>Step 3 Evaluation</p> <p>it was good to see in person all the nursing interventions that can help progress labor. I want to see something exciting but it is great to see the calm parts of L&D as well. I helped give meds and grab things the pt or nurse needed</p>	<p>Step 6 Action Plan</p> <p>I learned a lot today about how to therapeutically communicate. emotions are running all over the place in L&D and its good to be calm and be available to talk through their feelings and be the pt advocate they need.</p>