

Covenant School of Nursing Reflective Practice

Name: Isaias Lopez

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>Step 1 Description</p> <p>I was got to experience a c-section and also some steps to prevent a baby from being born today.</p> <p>C-Section; I was pulled by the Charge nurse to come watch and show where to stand, NICU was also in the room so had to be aware of spacing.</p> <p>For non-delivering mom, we mostly monitored & provided comfort care.</p>	<p>Step 4 Analysis</p> <ul style="list-style-type: none"> - Hearing the constant education/ reinforcement helps all of the 1st exam knowledge really stick. - Everybody has a role and every role is crucial on this unit, teamwork was phenomenal.
<p>Step 2 Feelings</p> <p>At first, I was extremely nervous, especially being a male student.</p> <p>The nurses and patients were very welcoming though!</p> <p>For the c-section I had no idea how "brutal" it really is but seeing the organization of it all, even w/ the baby being 25 wks, was beautiful to me. I loved this unit, although, it is not for me!!!</p>	<p>Step 5 Conclusion</p> <p>I feel I could've been a bit more assertive in order to see more.</p> <p>As far as others, I felt nothing could've been better; everyone understood roles and worked as 1 unit</p>
<p>Step 3 Evaluation</p> <p>The bad in my day was my patient goal being to prevent baby.</p> <p>The good was seeing a c-section and being welcomed/ received well by all. Also, seeing how much education occurs even w/ baby not being delivered.</p> <p>Nurses were super by the book and worked so cohesively.</p>	<p>Step 6 Action Plan</p> <p>I think it's an extremely important field to experience both as a student and, for me, as a man.</p> <p>I would just push myself to bounce around and see more next time.</p> <p>In the future, when it's my turn to be a father, this knowledge and experience will help me be a better birth partner and genuinely help w/ the process as well as not feel so lost myself</p>

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Isaias Lopez

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 1/28 Age: 20
 Cervix: Dilation: _____ Effacement: _____ Station: _____ 7 NO VE

Membranes: Intact: AROM: _____ SROM: _____ Color: _____

Medications (type, dose, route, time):

20mg Famotidine PO Q12hr, 0.4mg Hydromorphone-PCA, Ampicillin 100mg/50mg WPB Q.6hr,
Epidural (time placed): _____ Gentamicin 100mg/50ml WPB Q.8hr, Penatal vit PO Q1D,
Acetaminophen WPB 1100mg PRN (Pain)

Background:

Maternal HX: 2 prior C-sections
 Gest. Wks: 34 Gravida: 3 Para: 2 Living: 2 Induction / Spontaneous
 GBS status: + / -

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

Maternal VS: T: 96.9 P: 122 R: 19 BP: 132/68 (80)

Contractions: Frequency: Braxton Duration: _____

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 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:

C-section: did not get to see after care post for mom or baby other than NICU procedure, no complications noted.

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason:

None

Delivery:

Method of Delivery: C-section Operative Assist: NICU Infant Apgar: 6 / 10 QBL: _____
 Infant weight: _____

Prioritization Tool

	URGENT	NOT URGENT
IMPORTANT	<p>Urgent & Important DO</p> <p>Monitoring VS Labs</p> <p>Monitoring FHR INT (ensure continued wellness)</p> <p>Abx - timing to maintain therapeutic dose</p>	<p>Not Urgent but Important PLAN</p> <p>Med administration</p> <p>Comfort measures</p> <p>Ambulation ensure voiding</p>
NOT IMPORTANT	<p>Urgent but Not Important DELEGATE</p> <p>- Appetite decreased, but IV running so no risk of dehydration</p> <p>- Dr. not concerned about appetite</p> <p>- Am moving pt to void</p>	<p>Not Urgent and Not Important ELIMINATE</p> <p>Getting pt. foods that could increase appetite</p>

Education Topics & Patient Response:

Education on possibilities that caused hemorrhage? Receptive, understood, started back and asked questions.

Education on abnormalities or concerns to monitor ie dec. fetal movement, leaking, pain, etc. - understood and acknowledged.

Educating about ambulation after bed rest and meds - pt used call light for assistance and has notified of need to go rather than going on own risking fall/hypotension