

# Prioritization Tool

	URGENT	NOT URGENT
NOT IMPORTANT	<b>Urgent &amp; Important</b> <b>DO</b> monitor FHR and contractions monitor vital signs IUR increase of decels monitor for oxytocin when ↑ and ↓ Repositioning as needed	<b>Not Urgent but Important</b> <b>PLAN</b> patient education patient comfort (rest and sleep) physical recovery Reduce anxiety → make progress of labor faster
	<b>Urgent but Not Important</b> <b>DELEGATE</b> Changing linens give ice chips and clear fluids emptying Foley monitoring and recording food, drink and urine intake and output	<b>Not Urgent and Not Important</b> <b>ELIMINATE</b> Take baby photos Reduce lots of family in the room (provide space for staff.) Report

Education Topics & Patient Response: Yes to epidural

Discussed epidural insertion and what to expect; pt verbalized understanding and was open to having epidural even after planning a completely natural birth

Patient was open to having an epidural ~~but~~ because of intense pain. She was informed to push the button if she felt more pain as it was in a pump. She was told to report some adverse effects related to epidural like, worsening numbness or weakness in your legs or buttocks severe headache, unusual sensations. Monitor for hypotension (feels dizzy)

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: elective induction

Date/Time 2/18/25 Age: 24

Cervix: Dilation: 2.6 Effacement: 90% Station: 0

Membranes: Intact:  AROM:  SROM:  Color: meconium (brown)

Medications (type, dose, route, time):

Cytotec Pethocin 1ml/h

Epidural (time placed): 2:48 AM

**Background:**

Maternal HX: None

Gest. Wks: 40w/1d Gravida: 1 Para: 0 Living: 0

Induction / Spontaneous

GBS status: + 1(-)

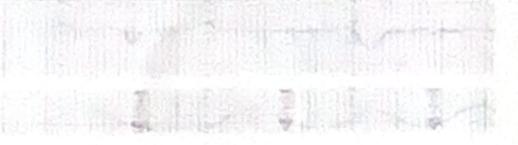
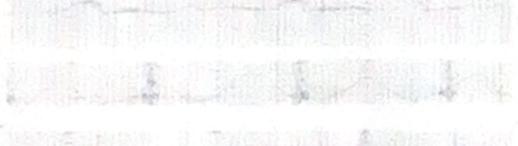
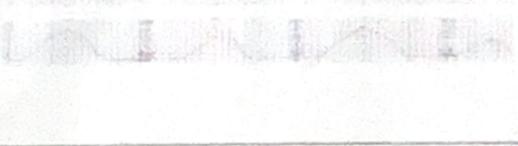
**Assessment (Interpret the FHR strip-pick any moment in time):**

Maternal VS: T: 98.3 P: 75 R: 18 BP: 120/69

Contractions: Frequency: 2-3 min Duration: 60-80 sec

Fetal Heart Rate: Baseline: 140

Variable Decels:  Early Decels:  Accelerations:  Late Decels:  ~~None~~

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 Reassess uterus to assess for tachysystole Notify provider Consider internal monitoring Assist with birth if pattern cannot be corrected	Maximize Oxygenation Increased Perfusion to Fetus

**Recommendation/Nursing Plan:**

Describe the labor process and nursing care given as well as any complications you witnessed: Rupture

MVO (200) no bumags pethocin

experienced pain given medication via line & repositioned mom (early decel)

AROM at 8:15am had meconium pethocin every 30min (dropped from 10 to 6) due to rupture of membrane IUPC → monitor contractions check at 12:00pm

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason: late decels

PROXIMAL

Reposition on left to right sides IV fluid bolus Terbutaline → make HR go up stopped Oxytocin

Delivery: N/A