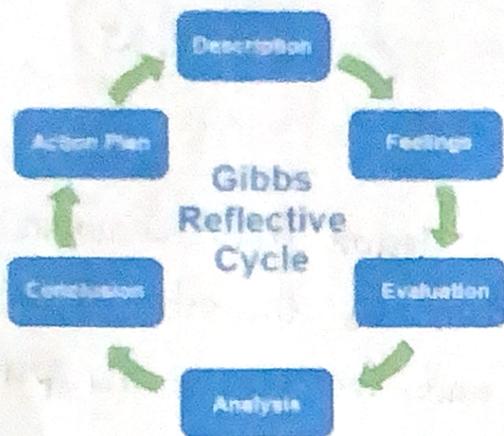


Covenant School of Nursing Reflective Practice



Learning to be a reflective practitioner includes not only acquiring knowledge and skills, but also the ability to establish a link between theory and practice, providing a rationale for actions. Reflective practice is the link between theory and practice and a powerful means of using theory to inform practice thus promoting evidence based practice." (Tungas et al., 2014)

Using the Reflective Practice template on page 2, document each step in the cycle. The suggestions in each of the boxes may be used for guidance but you are not required to answer every question. This Reflective Practice document will be reviewed by faculty and then you will post the final reflection in your LiveBinder folder.

<p>Step 1 Description A description of the experience, with relevant details. Remember to maintain patient confidentiality. Don't make judgments yet or try to draw conclusions, simply describe the events and the key players. Set the scene! It might be useful to ask yourself the following questions</p> <ul style="list-style-type: none"> • What happened? • When did it happen? • Where were you? • Who was involved? • What were you doing? • What role did you play? • What roles did others play? • What was the result? 	<p>Step 4 Analysis</p> <ul style="list-style-type: none"> • What can you apply to this situation from your previous knowledge, studies or research? • What recent evidence is in the literature surrounding this situation, if any? • Which theories or bodies of knowledge are relevant to the situation – and in what ways? • What broader issues arise from this event? • What sense can you make of the situation? • What was really going on? • Were other people's experiences similar or different in important ways? • What is the impact of different perspectives eg. personal / patients / colleagues' perspectives?
<p>Step 2 Feelings Don't move on to analyzing these yet, simply describe them.</p> <ul style="list-style-type: none"> • How were you feeling at the beginning? • What were you thinking at the time? • How did the event make you feel? • What did the words or actions of others make you think? • How did this make you feel? • How did you feel about the final outcome? • What is the most important emotion or feeling you have about the incident? • Why is this the most important feeling? 	<p>Step 5 Conclusion</p> <ul style="list-style-type: none"> • How could you have made the situation better? • How could others have made the situation better? • What could you have done differently? • What have you learned from this event?
<p>Step 3 Evaluation</p> <ul style="list-style-type: none"> • What was good about the event? • What was bad? • What was easy? • What was difficult? • What went well? • What did you do well? • What did others do well? • Did you expect a different outcome? If so, why? • What went wrong, or not as expected? Why? • How did you contribute? 	<p>Step 6 Action Plan</p> <ul style="list-style-type: none"> • What do you think overall about this situation? • What conclusions can you draw? How do you justify these? • With hindsight, would you do something differently next time and why? • How can you use the lessons learned from this event in future? • Can you apply these learnings to other events? • What has this taught you about professional practice? about yourself? • How will you use this experience to further improve your practice in the future?

Photocopied from: licensed by CC 4.0

Covenant School of Nursing Reflective Practice

Name: Ivy Bororio

Instructional Module: 6

Date submitted: 02/20/25

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

Step 1 Description

My pt was a 38yr old female who had an induced labor at 38wks due to hypertension. During my shift, her dilation was 4cm, effacement 70% and a station -2. Contractions were 2-3 min apart and lasting 40-70 sec. She had oxytocin running at 4mu/min and she received an epidural.

Step 4 Analysis

From this event I learnt that communication is just as important as the other skills we perform in the unit. For example my patient was anxious about the labor process especially since she had HTN. Communicating and reassuring the pt is something that I learned. My colleague had a similar experience with her pt who was worried she was going to have a C-section due to her high BMI.

Step 2 Feelings

At the beginning I was feeling excited because I thought I was going to see a delivery. I was observing what my nurse was doing, how she was communicating with the patient, which made me think of what I would do if I was a nurse working in that unit. I was not satisfied with the final outcome because I didn't get to see a delivery but I understand that it was somehow up to chance.

Step 5 Conclusion

What I would have done differently is ask more questions about my patient to the nurse. There were things I didn't understand in the pt's chart like immunization in the third trimester even though the pt had + blood type. Asking questions could have also made me look more engaged and she could have involved me in other ^{pt} procedures.

Step 3 Evaluation

During my shift I got to see an epidural insertion and a vaginal exam which was new to me. Unfortunately I didn't get to see an artificial rupture of membranes. The nurse used clinical judgement by giving an IV bolus before an epidural to prevent hypotension. She maintained professionalism by educating the pt and addressing the pt's concerns honestly without using technical terms.

Step 6 Action Plan

I thought this was a wonderful experience. I learnt alot of useful skills but I also learnt that OB is not for me. Its not somewhere I see myself working in the future. I will use the skills I learnt in my practice as a nurse such as communication. I've learnt how to reassure a pt when they feel anxious about a procedure and inform family about whats going on without using medical jargon.

Prioritization Tool

	URGENT	NOT URGENT
IMPORTANT	<p>Urgent & Important DO</p> <p>Monitor mom's VS ^{and BP} due to epidural. Monitor FHR due to oxytocin Monitor contractions due to oxytocin. pt status</p>	<p>Not Urgent but Important PLAN</p> <p>Position importa changes to facilitate labor. Reduce pt anxiety about laboring process. Pt education about laboring process.</p>
NOT IMPORTANT	<p>Urgent but Not Important DELEGATE</p> <p>pt hygiene and cleanliness. Linen Bedding change. Giving ice chips to pt.</p>	<p>Not Urgent and Not Important ELIMINATE</p> <p>Too many visitors at once. Having a meal due to NPO status. Having a photoshoot after delivery</p>

Education Topics & Patient Response:

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

Discussed why the patient should be NPO; there is a possibility of a C-section so NPO prevents aspiration during surgery. Pt verbalized understanding.

Reason for foley insertion. To empty bladder while she's on epidural.

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 2/17 Age: 38
 Cervix: Dilatation: 4 Effacement: 70% Station: -2
 Membranes: Intact: AROM: SROM: Color: clear
 Medications (type, dose, route, time):
oxytocin ~~20 units~~ 4 mu/min continuous
 Epidural (time placed): 0808

Background:

Maternal HX: hypertension, isoimmunization 2nd tri
 Gest. Wks: 38 Gravida: 5 Para: 3 Living: 3 Induction / Spontaneous
 GBS status: + / 0

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

Maternal VS: T: 97 P: 71 R: 18 BP: 141/80
 Contractions: Frequency: 1.5-4 Duration: 40-70 sec
 Fetal Heart Rate: Baseline: 120
 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 patient to lateral (side-lying) position Administer oxygen Correct maternal hypotension Increase rate of intravenous solution Palpate uterus to assess for tachystole Notify provider Consider interstitial 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:

The pt had an induced labor. She was receiving oxytocin at 4 mu/min. She received an epidural when she was 1.5 cm dilated. Within 5 hrs she was 5 cm dilated 70% effaced and -2 station. She had no complications, her blood pressure was being monitored and her husband was present throughout.
 Describe any Intrauterine Fetal Resuscitation measures utilized and the reason:
 IV fluid bolus - to prevent hypotension after epidural was started.

Delivery:

professionalism
clinical judgement