

Prioritization Tool

* Check for Foley - NO Foley

	URGENT	NOT URGENT
IMPORTANT	Urgent & Important DO > Educate & obtain consent for epidural. > monitor IUPC + HR	Not Urgent but Important PLAN > Foley catheter insertion / education & consent > TOC placement / repositioning > consents for tubal litigation
NOT IMPORTANT	Urgent but Not Important DELEGATE	Not Urgent and Not Important ELIMINATE > Ice chips for mom > Coffee for dad > changed patient during repositioning. > cleaning patient

Education Topics & Patient Response:

Patient understood procedures, education, and signed consent forms. Patient waiting for foley catheter insertion. Patient received epidural and discussed tubal litigation after delivery with the doctor. Patient feels ready - emotionally, for BTL, feels her family is now complete. Patient also reviewed a lactation consult due to breastfeeding for baby.

Covenant School of Nursing Reflective Practice

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<p>Step 1 Description</p> <ul style="list-style-type: none"> • Pt. had IUPC placed • began pt. on LR to monitor awaiting epidural placement @ 0757, nurse let me prime + start IV fluids. • Aided during epidural administration, held mom's hand + got mom ice chips epidural given at 0905 - patient waiting on Foley cath. insertion 	<p>Step 4 Analysis</p> <ul style="list-style-type: none"> • I can apply the fast labor progression due to previous births for the patient, she was a G4P4L4. • patient at risk for postpartum hemorrhage. • what I can gather from this experience is this is a big possibility for labor when it is not mom's first baby.
<p>Step 2 Feelings</p> <ul style="list-style-type: none"> • I was a little nervous at first but very excited to experience the L&D floor • I was thinking "what can I do for my pt. to give them a positive experience" • my patient's labor progressed quickly, my nurse told me, when she went to turn the patient, the baby was already crowning - mom said it was 2 pushes and a baby boy was out! 	<p>Step 5 Conclusion</p> <ul style="list-style-type: none"> • I would've made the clinical judgment/choice to stay with my main patient because I missed her delivery due to helping another mom who was laboring. • I learned to continually monitor my patient more vaginally. • The situation is what it was, I don't think anything different would've occurred.
<p>Step 3 Evaluation</p> <ul style="list-style-type: none"> • mom had a good epidural administration, I held mom's hand/comforted during the process. • I also assisted with toco placement and the use of a peanut ball along with repositioning the client to help her with the labor process/comfort measures for mom. • I ended up missing my patient's delivery because I was aiding another nurse with another patient. On a positive note, my patient had a fast progression during the last hour of labor. 	<p>Step 6 Action Plan</p> <ul style="list-style-type: none"> • The situation wasn't ideal, but my patient was recovering wonderfully after the birth. • Next time, I will use better clinical judgment for labor progression • It's taught me to be more patient as well as more attentive to labor progression for a multipara mother.

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