Lisette Guerrero

| IM6 Student Learning Outcomes | | | | |
|---|---|---|---|---|
| **Safety & Quality** | **Clinical Judgment** | **Patient Centered Care** | **Professionalism** | **Communication & Collaboration** |
| *Formulate a plan of care for the childbearing family, and the patient with mental health disorders using evidence-based practice, safety, and quality principles.* | *Demonstrate clinical judgment using evidence-based data in making clinical decisions for the childbearing family, and the patient with mental health disorders.* | *Demonstrate family centered care based on the needs of the childbearing family, and the patient with mental health disorders.* | *Relate knowledge, skills, and attitudes required of the professional nurse by advocating and providing care to the childbearing families, and the patient with mental health disorders.* | *Communicate and collaborate effectively with patients, family, and members of the interdisciplinary team in the childbearing family, and the patient with mental health disorders.* |

**Safety & Quality:**

**Clinical Judgment:**

**Patient Centered Care:** When caring for a mom & baby, we would have to see who was the priority. When caring for baby, the mom would be engaged with the care so we were able to help both pts at the same time sometimes

**Professionalism:**

**Communication & Collaboration:**

# Prioritization Tool

| | URGENT | NOT URGENT |
|---|---|---|
| IMPORTANT | Urgent & Important<br>DO<br>Monitor FHR | Not Urgent but Important<br>PLAN<br>Check on mom & baby often<br>Keeping an eye on FHR & contractions<br>Monitor moms pain. |
| NOT IMPORTANT | Urgent but Not Important<br>DELEGATE<br>Hold pts leg while they clean her & get her ready for OR. | Not Urgent and Not Important<br>ELIMINATE<br>Getting RN more towels to clean mom. |

Education Topics & Patient Response:

Tumigue will be very tight to get a good feel of a vein. Pt understood getting a Low Bp after morphine is okay as long as the baby is doing good.

A +2 station is good. means that the baby is engaged & ready

## Covenant School of Nursing Reflective Practice

Name: Lisette Instructional Module: 6 Date submitted: 4/9/25

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

| | |
|---|---|
| **Step 1 Description**<br>I actually was not able to see anything interesting. | **Step 4 Analysis**<br>I was able to see first hand that something exciting doesnt happen every day. and as a nurse thats okay because they need slower days to rest too |
| **Step 2 Feelings**<br>I initially wanted to be an L&D nurse but I am not a fan after today. | **Step 5 Conclusion**<br>I learned that some mom's want their labor to be very intimate & that's okay. We Respect their wishes |
| **Step 3 Evaluation**<br>I did expect a different outcome. but it was an okay day. | **Step 6 Action Plan**<br>Overall, I am sure this was a great floor for others. I just wasn't lucky enough & that's okay! I am greatful to at least been able to see how the nurses & care team work together |

**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 4/9/25 Age: _____

Cervix: Dilation: 10cm 1000 Effacement: 100% Station: 0

Membranes: Intact: ✓ AROM: _____ SROM: _____ Color: clear 1024

Medications (type, dose, route, time):

_____

Epidural (time placed): 2310

**Background:**

Maternal HX: _____

Gest. Wks: 39wk2day Gravida: 1 Para: 0 Living: 0 Induction / Spontaneous

GBS status: + / -

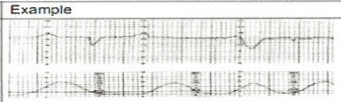
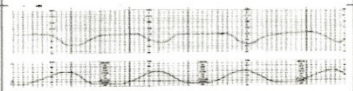
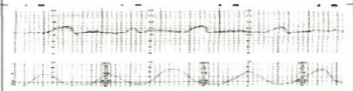
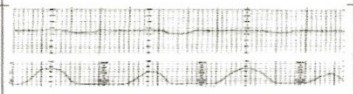
**Assessment (Interpret the FHR strip-pick any moment in time):**

Maternal VS: T: 93.8 P: 77 R: 16 BP: 110/73

Contractions: Frequency: every 2-3min Duration: 80-90 sec

Fetal Heart Rate: Baseline: 135bpm

Variable Decels: ( ) Early Decels: (✓) Accelerations: ( ) Late Decels: ( )

| Pattern | Example | Cause | Interventions | Desired Outcome |
|---|---|---|---|---|
| Variable Decelerations |  | Cord Compression | Discontinue oxytocin<br>Change maternal position<br>Administer oxygen at 10 L/min by nonrebreather face mask.<br>Notify provider<br>Vaginal or speculum examination to assess for cord prolapse.<br>Amnioinfusion<br>Assist with birth if pattern cannot be corrected. | Relieve Cord Compression |
| Early Decelerations |  | Head Compression | Continue to monitor labor progress. | Maintain Oxygenation<br>Healthy fetus at delivery |
| Accelerations |  | These are OK! | Continue to monitor labor progress. | Maintain Oxygenation<br>Healthy fetus at delivery |
| Late Decelerations |  | Poor Placental Perfusion | Discontinue oxytocin<br>Assist woman to lateral (side-lying) position.<br>Administer oxygen<br>Correct maternal hypotension<br>Increase rate of intravenous solution<br>Palpate uterus to assess for tachysystole<br>Notify provider<br>Consider internal monitoring<br>Assist with birth if pattern cannot be corrected. | Maximize Oxygenation<br>Increased Perfusion to Placenta |

**Recommendation/Nursing Plan:**

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

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason:

**Delivery:**

Method of Delivery: _____ Operative Assist: _____ Infant Apgar: ____/____ QBL: _____

Infant weight: _____