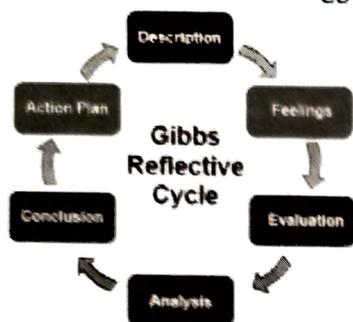


Caity Langston  
L3.D 4/8/25

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

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## Covenant School of Nursing Reflective Practice

Name: Caity Langston

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.

|  |  |
|--|--|
| <p><b>Step 1 Description</b></p> <ul style="list-style-type: none"><li>• Accepted a new PP pt w/ my nurse on the mom/baby floor.</li><li>• Assessed mom and baby.</li><li>• Brought them needed supplies</li><li>• Answered any questions mom and support person had.</li><li>• TOOK baby to the nursery for a blood draw.</li><li>• Observed the lactation consultant teaching mom BF techniques.</li></ul> | <p><b>Step 4 Analysis</b></p> <p>I was able to be empathetic to mom's feelings. As a mom myself, I remember how overwhelming things were immediately post-partum. I made sure to explain things slowly and clearly.</p>    |
| <p><b>Step 2 Feelings</b></p> <p>I really enjoyed working on this floor. Caring for mom and baby was very rewarding for me!</p>  | <p><b>Step 5 Conclusion</b></p> <p>I learned that I have no idea where I want to work after graduation! I was set on NICU, but I truly enjoyed this floor. It is definitely going to be one of my top 3 choices.</p>       |
| <p><b>Step 3 Evaluation</b></p> <p>I feel that I was successful in making mom feel more comfortable, both physically and emotionally. I made sure to get her anything she needed and explained the procedure baby had in the nursery.</p>  | <p><b>Step 6 Action Plan</b></p> <p>This experience helped to further improve my practice by learning the priorities of both mom and baby post partum. Also, observing the lactation consultant was extremely helpful.</p> |

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 1/18 Age: 18  
 Cervix: Dilation: 9.5 Effacement: 100% Station: +2  
 Membranes: Intact:    AROM: ✓ SROM: 0225 Color: clear  
 Medications (type, dose, route, time):  
prenatal, Pitocin after delivery, LR during labor  
 Epidural (time placed): 2252

**Background:**

Maternal HX: good prenatal care  
 Gest. Wks: 41 Gravida: 1 Para:    Living:    Induction / Spontaneous  
 GBS status: + / ⓔ

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

Maternal VS: T: 99.8P R: 79 BP: 126/85  
 Contractions: Frequency: 3mins Duration: 90secs  
 Fetal Heart Rate: Baseline: 140  
 Variable Decels: ⓔ Early Decels: ✓ Accelerations: ⓔ Late Decels: ⓔ

*Minimal-Moderate variability*

| 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:

*Dr did episiotomy, but a tear still happened. 2nd degree, repaired.*

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason:

*N/A*

**Delivery:**

Method of Delivery: Vaginal Operative Assist: N/A Infant Apgar: 8/9 QBL: 373  
 Infant weight: 8lb 12oz

# Prioritization Tool

|               | URGENT  | NOT URGENT  |
|---------------|---|---|
| IMPORTANT     | Urgent & Important<br>DO<br>Support mom while pushing; APGAR on baby after delivery | Not Urgent but Important<br>PLAN<br>Monitor fundus  |
| NOT IMPORTANT | Urgent but Not Important<br>DELEGATE<br>Complete paper work during delivery         | Not Urgent and Not Important<br>ELIMINATE<br>Assessing urine output; mom has up to 6 hours postpartum to void |

Education Topics & Patient Response:

- Educated mom on Breastfeeding and proper latching.
- Encouraged mom during active pushing.