

Covenant School of Nursing Reflective Practice

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Instructional Module: U

Date submitted:

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

**Step 1 Description**

- pt was dilated at an 8 w/ 90% effacement
- Station -1
- Failure to progress
- DR educated csection would need to happen, two RNS in room
- assisted w/ prepping pt for csection & taking to OR
- csection & baby

**Step 4 Analysis**

- after csection, moms BP was dropping a bit
- baby was healthy, trying to get baby to latch on when I was leaving
- understood what her preeclampsia was from & symptoms

**Step 2 Feelings**

- I was excited for the parents to finally have their baby in the world
- I was a little nervous when one nurse said the baby was a little pale for her preference but baby was healthy; appar 8/9

**Step 5 Conclusion**

- overall, I believe I helped the best I could in assisting.
- everyone was great & very kind & opened to educating me on the process & everything we were seeing in the OR

**Step 3 Evaluation**

- everyone communicated great through the whole surgery
- assisted w/ prepping pt & pt said I had great bedside manner

**Step 6 Action Plan**

Overall it was a great experience, I don't know if I could've done anything more than I was able to do at the time.

Brianna Meyer #3

...tion Tool

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: 32  
 Cervix: Dilatation: 4.5 Effacement: 90% Station: -1  
 Membranes: Intact: 8 AROM:      SROM:  Color: meconium  
 Medications (type, dose, route, time): Mag IV 2gm/hr → 50ml/hr ; Oxytocin in saline 1u mu/min; LR 50ml/hr  
 Epidural (time placed): 1650 4/8/25

**Background:**

Maternal HX: gestational HTN & preeclampsia  
 Gest. Wks: 36 Gravida: 1 Para: 1 Living: 0  
 GBS status: + 10

Induction / Spontaneous

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

Maternal VS: T: 96.1 P: 69 R: 16 BP: 139/76  
 Contractions: Frequency: 2 to 4.5 min Duration: 60-100 sec  
 Fetal Heart Rate: Baseline: 125  
 Variable Decels:  Early Decels:  Accelerations:  Late Decel:

| 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:

- nurse performed SVE
- rotated pt & replaced new sheets
- pt not progressing; came in 4/8 @ 0650

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason:

N/A

**Delivery:**

Method of Delivery: PCS Operative Assist:      Infant Apgar: 8 / 9 QBL:       
 Infant weight: 9lb 9oz

# Prioritization Tool

|               | URGENT   |  | NOT URGENT  |  |
|---------------|--|--|---|--|
| IMPORTANT     | <p>Urgent &amp; Important<br/>DO</p> <ul style="list-style-type: none"> <li>• assess FHR &amp; contraction pattern</li> <li>• prep pt for c-section for FTP</li> </ul>   |  | <p>Not Urgent but Important<br/>PLAN</p> <ul style="list-style-type: none"> <li>• encourage position changes</li> <li>• monitor pain &amp; adjust for comfort measures</li> </ul>   |  |
| NOT IMPORTANT | <p>Urgent but Not Important<br/>DELEGATE</p> <ul style="list-style-type: none"> <li>• answering questions from family members that don't relate to care decisions</li> <li>• educate any forms for after birth for education that can be answered later or by charge nurse.</li> </ul> |  | <p>Not Urgent and Not Important<br/>ELIMINATE</p> <ul style="list-style-type: none"> <li>• taking care of other stuff on floor that doesn't involve your laboring pt</li> <li>• re-explaining things that are already clearly discussed (unless pt asks)</li> </ul> |  |

Education Topics & Patient Response:

educating pt after over 14+ hrs of being in labor after SPOM,  
 She is not dilating further (progressing) & will need to do a  
 C-section  
 - pt responded well & was positive for C-section