

Covenant School of Nursing Reflective Practice

Name: TADRIAN TURNER

Instructional Module: 6

Date submitted: 4/2/25

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

<p>Step 1 Description</p> <p>30 y/o mother had sched w/d C-section at 0730 4/2/25, I was helping do little things in the OR (clipping SCD's, grabbing the stool etc). I then watched the entire procedure, then took mom + baby to recovery + monitored for 2 hours before transporting to mom + baby.</p>	<p>Step 4 Analysis</p> <p>I was able to look @ it and assess the mother + her condition along with the baby girl ever just from learning in class I was able to apply this situation.</p>
<p>Step 2 Feelings</p> <p>I felt excited to see a C-section as I'd never seen one prior. The surgery was scheduled so I thought it would be very straightforward, which it seemed to be as there was no complications. It was awesome to see a spinal done.</p>	<p>Step 5 Conclusion</p> <p>I feel as if the situation went as well as it could have, I would not do anything differently.</p>
<p>Step 3 Evaluation</p> <p>The entire procedure went well, as I'd expected it to. Nothing went wrong, which is a great thing.</p>	<p>Step 6 Action Plan</p> <p>I learned that even a procedure as delicate as a C-section is a special procedure. I will use this experience to help patients better in the future.</p>

	URGENT	NOT URGENT
IMPORTANT	<p>Urgent & Important DO</p> <p>Keep environment clean in order to prevent infection in the body.</p>	<p>Not Urgent but Important PLAN</p> <p>Plan to massage fundus Post OP to prevent hemorrhage.</p>
NOT IMPORTANT	<p>Urgent but Not Important DELEGATE</p> <p>Getting the patient's Pre op vitals.</p>	<p>Not Urgent and Not Important ELIMINATE</p> <p>I got my patient some ice chips w/ a spoon Postpartum.</p>

Education Topics & Patient Response:

Early ambulation will help prevent clots post op.

Teach proper latching, request consult if not latching properly

TADRIAN TURNER

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 4/2/2015 Age: 30
 Cervix: Dilatation: _____ Effacement: _____ Station: _____
 Membranes: Intact: _____ AROM: X SROM: _____ Color: Clear
 Medications (type, dose, route, time):
Fentanyl, Pitocin
 Epidural (time placed): 0753

Background:

Maternal HX: Gestational diabetes
 Gest. Wks: 37 4/7 Gravida: 3 Para: 2 Living: 2 Induction / Spontaneous
 GBS status: + 10

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

Maternal VS: T: 98.7° P: 104 R: 14 BP: 119/64
 Contractions: Frequency: 4 mins Duration: 60 Secs
 Fetal Heart Rate: Baseline: 145
 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 woman to lateral (side-lying) position. Administer oxygen Correct maternal hypotension Increase rate of intravenous solution Palpate uterus to assess for tachysystole. Notify provider Consider internal 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:
I watched a scheduled C-section, so there was really no labor process observed, I watched the process of prepping the OR.

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason:

N/A

Delivery:

Method of Delivery: C-section Operative Assist: N/A Infant Apgar: 9/9 QBL: 357ml
 Infant weight: 7lbs 10oz

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:

Professionalism:

I drew labs (CBC) for my patient,

Communication & Collaboration:

I was helping move/gather things in the OR while my patient was in surgery. (Being directed by others)