JULIE BOREN

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 04/29 Age: 24

Cervix: Dilation: 6 Effacement: 100% Station: -2

Membranes: Intact: / AROM: ____ SROM: ____ Color: CLEAR

Medications (type, dose, route, time):

MEPERGEN | EPIDURAL | FENTANYL | PITOCIN | LR | ANCEF | CYTOTEC

Epidural (time placed): 10

Background:

Maternal HX: GBS + / ASTHMA / SHOULDER SX

Gest. Wks: 37 & 1 Gravida: 5 Para: 3 Living: 3

GBS status: (+) / -

(Induction) / Spontaneous

(IUGR)

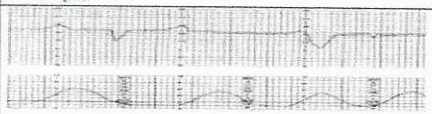
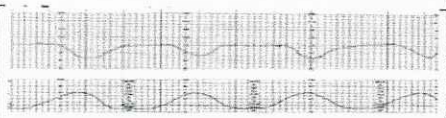
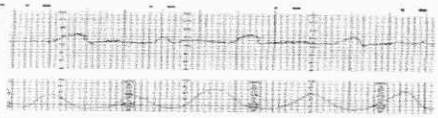
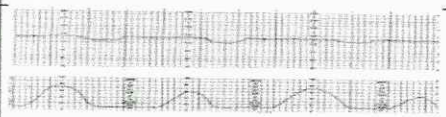
Assessment (Interpret the FHR strip-pick any moment in time):

Maternal VS: T: 97.8 P: 110 R: 18 BP: 128/72

Contractions: Frequency: Q 3 MINS Duration: 90 SECONDS

Fetal Heart Rate: Baseline: 125 -130

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: BABY WAS NOT DESCENDING. PT LABORED STANDING & ROCKING WHILE RESTING ELBOWS ON THE BED TO GET BABY ENGAGED. PROVIDED ENCOURAGEMENT & COUNTER PRESSURE FOR BACK PAIN. EPIDURAL ADMINISTERED AROUND 1030.

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason:

POSITION CHANGES FOR VARIABILITY & LABOR PROGRESSION.

Delivery:

Method of Delivery: VAGINAL Operative Assist: N/A Infant Apgar: 8 / 10 QBL: 1000

Infant weight: ____

Student Name: JULIE BOREN Date: 04/30/2025

Assessment (Bubbleheb): Neuro: WNL Headache Blurred Vision Respiratory: WNL Clear Crackles RR 16 bpm Cardiac: WNL Murmur B/P 126/78 Pulse 88 bpm Cap. Refill: </= 3 sec >3 sec Psychosocial: Edinburgh Score 4	Breast: Engorgement Flat/Inverted Nipple Uterus: Fundal Ht 2U 1U UU U1 U2 U3 Midline Left Right Lochia: Heavy Mod Light Scant None Odor: Y / N Bladder: Voiding QS Catheter DTV Bowel: Date of Last BM 04/28 Passing Gas: Y / N Bowel sounds: WNL Hypoactive	Episiotomy/Laceration: NO TEAR/LACERATION WNL Swelling Ecchymosis Incision: WNL Drainage: Y / N Dressing type: N/A Staples Dermabond Steri-strips Hemorrhoids: Yes No Ice Packs Tucks Proctofoam Dermaplast Bonding: Responds to infant cues YES Needs encouragement NO
Treatments/Procedures: Incentive Spirometry: Y / N PP H&H: 9.2 hgb 27.1 hct HTN Orders: Call > 160/110 VSQ4hr Q8 Hydralazine protocol Labetolol BID/TID	IV Fluids: Oxytocin LR NS Rate: N/A / Hour IV Site: DC gauge Location: DC Magnesium given: Y / N Dc'd: 04/30 @ 0700 am/ pm	Antibiotics: Frequency: N/A
Recommendation: AMBULATE/STOOL SOFTENER COMFORT MEASURES. TUCKS & DERMAPLAST.		

Covenant School of Nursing Reflective Practice

Name: JULIE BOREN Instructional Module: 6 Date submitted: 04/30/2025

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

Step 1 Description

24YO FEMALE PT 37 & 1 GESTATION G1S1P0L3. LABOR INDUCED DUE TO IUGR. MOM IS GBS +. ORIGINAL BIRTH PLAN INCLUDED ESSENTIAL OILS LIGHTING, & NATURAL BIRTH. MOM LABORED NATURALLY & WAS ABLE TO DELIVER VIA VAGINAL BIRTH.

Step 4 Analysis LEOPOLD'S MANUEVER SHOWED BABY AT -2 STATION. LABOR & CONTRACTIONS WERE PROGRESSING QUICKLY. PITOCIN RUNNING AT 4MU.

Step 2 Feelings

I HAD SOME ORIGINAL CONCERNS ABOUT THE MOTHERS PROGRESSION & SUPPORT SYSTEM. I WAS UNSURE OF WHAT TO EXPECT. THE FATHER OF THE CHILD WAS UNCOMFORTABLE, ANXIOUS, & UNSURE OF HOW TO HELP MOM.

Step 5 Conclusion

THE PARTNER COULD HAVE BEEN MORE INVOLVED. I DID NOT DO AS WELL AS I LIKED WITH THERAPEUTIC COMMUNICATION.

Step 3 Evaluation

WITH THE HELP OF THE NURSE I WAS ABLE TO SUPPORT THE MOTHER WITH COUNTERPRESSURE FOR HER HIPS & BACK, ICE CHIPS, & SUPPORTING HER LEG DURING BIRTH AFTER THE EPIDURAL.

Step 6 Action Plan THE OVERALL EXPERIENCE WAS VERY POSITIVE. THE BABY'S FATHER WAS MUCH MORE COMFORTABLE AFTER THE BIRTH & WAS VERY INVOLVED. IN THE FUTURE I WILL OBSERVE THERAPEUTIC COMMUNICATION & LISTEN TO BETTER COMFORT MY PATIENTS.

Prioritization Tool

	URGENT	NOT URGENT
IMPORTANT	Urgent & Important DO BLEEDING / FUNDAL MASSAGE, OBSERVE LOCHIA. METHERGIN & OXYTOCIN.	Not Urgent but Important PLAN PREVENT CONSTIPATION & POSSIBLE TEARING.
NOT IMPORTANT	Urgent but Not Important DELEGATE MONITOR NEWBORN FOR INFECTION & RESP. DISTRESS.	Not Urgent and Not Important ELIMINATE CIRCUMCISION.

Education Topics & Patient Response:

AMBULATE & STOOL SOFTENERS (PLENTY OF LIQUIDS) FOR CONSTIPATION.

REPORT BLEEDING CLOTS THE SIZE OF AN EGG OR BIGGER & SOAKING MORE THAN ONE PAD PER HOUR.

CALL FOR HELP IMMEDIATELY IF BABY BECOMES DUSKY OR BLUE.

IM6 Critical Thinking Worksheet

<table>
<tr>
<td>Student Name:
JULIE BOREN</td>
<td>Nursing Intervention #1:
FUNDAL MASSAGE</td>
<td>Date: 04/29/2025</td>
</tr>
<tr>
<td>Priority Nursing Problem:
HEMORRHAGE</td>
<td>Evidence Based Practice:
MASSAGE RELEASES PROSTAGLANDINS TO CONTRACT THE UTERUS.</td>
<td rowspan="2">Patient Teaching (specific to Nursing Diagnosis):
1. REPORT BLEEDING. (SATURATED MORE THAN 1 PAD PER HOUR) OR CLOTS BIGGER THAN AN EGG.
2. FUNDAL MASSAGES Q 15 MINS, FOR 1 HR, Q 30 MINS IN THE 2ND HOUR, & Q 4-6 HOURS THEREAFTER.
3. DIZZINESS, BLURRED VISION, PALLOR, & LIGHTHEADEDNESS CAN BE SIGNS OF HEMORRHAGE. REPORT IMMEDIATELY.</td>
</tr>
<tr>
<td>Related to (r/t):
VAGINAL BIRTH

As Evidenced by (aeb):
BOGGY UTERUS FOLLOWING BIRTH.</td>
<td>Nursing Intervention #2:
OXYTOCIN BOLUS

Evidence Based Practice:
VASOCONSTRICTION & CONTRACTION TO SLOW BLEEDING.

Nursing Intervention #3:
METHERGEN

Evidence Based Practice:
INCREASES MUSCLE TONE OF THE UTERUS.</td>
</tr>
<tr>
<td>Desired Patient Outcome (SMART goal):
FIRM UTERUS, DECREASED BLEEDING OVER FOUR TO SIX WEEKS POSTPARTUM.</td>
<td>Discharge Planning/Community Resources:
1. SOUTH PLAINS FOOD BANK (FORTWUT)
2. HUB CITY OUTREACH (CLOTHING)
3. WICC</td>
</tr>
</table>