

Situation:

Date/Time 05/07 Age: 24
Cervix: Dilation: 5 Effacement: 90 Station: -1

Membranes: Intact: AROM: X SROM: Color: yellow/blood tinged

Medications (type, dose, route, time):
Phocin 10 mU/HR

Epidural (time placed): @ 0900

O+ blood
RH+ R Wrist
IV LR man.
75mL

- BMI ↑
- Maternal HTN
- 2nd Kid

Background:

Maternal HX: prenatal care @ 24w, gestational HTN, 2nd kid, pre-eclampsia

Gest. Wks: 37w 5d Gravida: 2 Para: 1 Living: 1 Induction / Spontaneous

GBS status: + (-)

protein +
urine
BPs running good

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

Maternal VS: T: 98.7 P: 60 R: 16 BP: 120/69

Contractions: Frequency: 2/2 1/2 min Duration: 60 ish sec

Fetal Heart Rate: Baseline: 120

Variable Decels: Early Decels: Accelerations: Late Decels:

Tachysyst. occurred, then wit lowered.

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

@ 0825 5-890%
0900 Epid.
1025 labor table called
1055 pt. call to be checked
L 100% & 10
Birth @ 1107

Recommendation/Nursing Plan:

Describe the labor process and nursing care given as well as any complications you witnessed: doc AROM @ 0920, Epidural @ 9

get baby out, prevent hemorrhage

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason:

Delivery:

Method of Delivery: Vaginal Operative Assist: Infant Apgar: / QBL: 200
Infant weight:

12500

Covenant School of Nursing Reflective Practice

Name:

Instructional Module: IM6

Date submitted: 05/07

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>The Baby was born. It happened at 1107, I was in the room. I was observing & helping where I could. The doctor delivered the baby, the nurse made sure to comfort & encourage mom.</p>	<p>Step 4 Analysis</p> <p>I could apply the knowledge for pitocin ↑ the rate like I helped with when delivery was about to occur. Also it helped the understanding of seeing this IRL. I think we all felt equally surprised labor came that fast</p>
<p>Step 2 Feelings</p> <p>at the beginning I felt so excited & hopeful. It made me feel great knowing new life had come/was coming! I felt great towards the final outcome, which was birth of baby.</p>	<p>Step 5 Conclusion</p> <p>I think there wasn't much more I could've done. The biggest thing is the doctor being to the room at the very last minute - that could've been better but also there was no way to know they'd labor that quick.</p>
<p>Step 3 Evaluation</p> <p>what went good was how the patient moved so fast through labor that the doctor barely made it to delivery. Others did well at commun. to mom & encouraging her through what was happening & what was occurring</p>	<p>Step 6 Action Plan</p> <p>I think this situation went great. with hindsight <u>NO</u>, I wouldn't do anything differently. I can take and apply the communic. techniques I got to see my nurse (I followed) use. Loved L & D & wouldn't mind working this floor.</p>

Prioritization Tool

	URGENT	NOT URGENT
IMPORTANT	<p>Urgent & Important DO</p> <ul style="list-style-type: none"> - have a safe birth - prevent post partum hemorrhage - watch contractions for tachysystole 	<p>Not Urgent but Important PLAN</p> <ul style="list-style-type: none"> - get baby out insert foley - make sure wrist bands are printed/ready/utilized
NOT IMPORTANT	<p>Urgent but Not Important DELEGATE</p> <ul style="list-style-type: none"> - watching the strips/monitors - getting mom ice chips 	<p>Not Urgent and Not Important ELIMINATE</p> <ul style="list-style-type: none"> - getting dad a pillow - photos after birth -

Education Topics & Patient Response:

*lactation specialist → 1st time Breast feed

*post partum bleeding *Nursery time/mom & baby transfer

*Skin to skin importance *why fundal rub - contract uterus

*Epidural entry + precautions

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