

IM6 Student Learning Outcomes				
Safety & Quality	Clinical Judgment	Patient Centered Care	Professionalism	Communication & Collaboration
<i>Formulate a plan of care for the childbearing family, and the patient with mental health disorders using evidence-based practice, safety, and quality principles.</i>	<i>Demonstrate clinical judgment using evidence-based data in making clinical decisions for the childbearing family, and the patient with mental health disorders.</i>	<i>Demonstrate family centered care based on the needs of the childbearing family, and the patient with mental health disorders.</i>	<i>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.</i>	<i>Communicate and collaborate effectively with patients, family, and members of the interdisciplinary team in the childbearing family, and the patient with mental health disorders.</i>

Safety & Quality:

Clinical Judgment:

Patient Centered Care:

Professionalism:

★ Communication & Collaboration:

I communicated with the team by observing for signs of distress in the BP and FHR as well as collaborated on a time for the AROM and the Epidural with the nurse, and MD, and the patient as well as communicated any concerns

Covenant School of Nursing Reflective Practice

Name:

Instructional Module:

Date submitted:

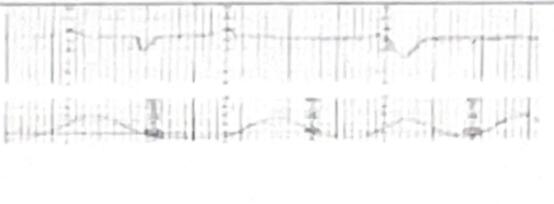
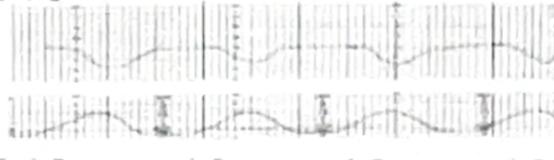
Use this template to complete the Reflective Practice documentation. Use only the space provided. Information that is not

<p>Step 1 Description</p> <p>This pt was admitted for induction of labor. The people involved were myself, the nurse, and the OB. I was helping monitor the progression with the nurse.</p>	<p>Step 4 Analysis</p> <p>I can apply my knowledge by monitoring for signs of distress in mom and baby.</p>
<p>Step 2 Feelings</p> <p>I felt nervous as this was a different world to me. It also made me excited for the unknown. I did not get to see the final product but it was all exciting.</p>	<p>Step 5 Conclusion</p> <p>The situation could have gone better if there was an earlier ROM.</p> <p>I learned that labor can take time and be hard on the mom mostly as well as the family.</p>
<p>Step 3 Evaluation</p> <p>The good was that the labor was progressing with no complications, the bad was it was going slow. I assisted with monitoring and therapeutic communication.</p>	<p>Step 6 Action Plan</p> <p>I can apply these to future events if an emergency ever arrives. This taught me to be patient and to help the pt be as comfy as possible.</p>

	URGENT	NOT URGENT
IMP ORT ANT	Urgent & Important DO Monitor FHR, Maternal BP, ROM. Cord prolapse	Not Urgent but Important PLAN Clean under towels/cheeks for ARM
NOT IMP ORT ANT	Urgent but Not Important DELEGATE Someone to put on white noise and give ice chips	Not Urgent and Not Important ELIMINATE loud noises

Education Topics & Patient Response:

Bed rest

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 F

Recommendation/Nursing Plan:

Describe the labor process and nursing care given as well as any complications you witnessed:

This pt labor was progressing slowly with Pitocin almost maxxed out. No complications occurred even with the AROM

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason: No IUFR was used for this patient.

Delivery:

Method of Delivery: _____ Operative Assist: _____ Infant Apgar: _____
 ___/___ QBL: _____ Infant weight: _____