

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 5-7-25 Age: 24

Cervix: Dilatation: _____ Effacement: _____ Station: _____

Membranes: Intact: X AROM: _____ SROM: _____ Color: _____

Medications (type, dose, route, time): _____

Epidural (time placed): 1000

Background:

Maternal HX: _____

Gest. Wks: 39³ Gravida: 1 Para: 0 Living: 1

Induction / Spontaneous

GBS status: + / -

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

Maternal VS: T: _____ P: _____ R: _____ BP: _____

Contractions: Frequency: _____ Duration: _____

Fetal Heart Rate: Baseline: 150

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: External Version Failed, baby breech, c-section done

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason:

Delivery:

Method of Delivery: C-section Operative Assist: _____ Infant Apgar: _____ / _____ QBL: _____

Infant weight: 7 lbs 11 oz

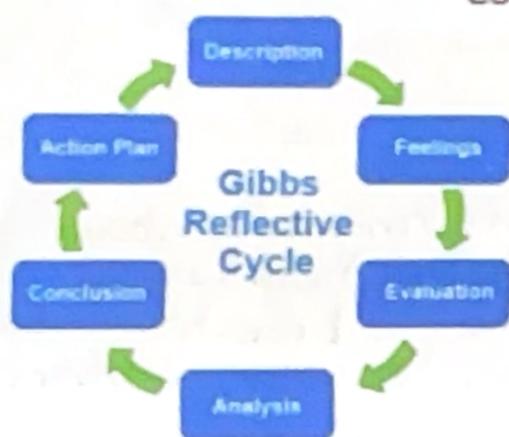
Prioritization Tool

	URGENT	NOT URGENT
IMPORTANT	Urgent & Important DO Stop version due to baby distress, plan for c-section immediately	Not Urgent but Important PLAN Provide emotional support and reassurance to mother and father
NOT IMPORTANT	Urgent but Not Important DELEGATE Gather supplies for c-section	Not Urgent and Not Important ELIMINATE Non-urgent charting can be postponed

Education Topics & Patient Response:

Attempted version failed, c-section needed due to breech. Patient was able to accept this as she had prepared herself for the possibility if the version failed.

Covenant School of Nursing Reflective Practice



Learning to be a reflective practitioner includes not only acquiring knowledge and skills, but also the ability to establish a link between theory and practice, providing a rationale for actions. Reflective practice is the link between theory and practice and a powerful means of using theory to inform practice thus promoting evidence based practice." (Tangos et al., 2014).

Using the Reflective Practice template on page 2, document each step in the cycle. The suggestions in each of the boxes may be used for guidance but you are not required to answer every question. This Reflective Practice document will be reviewed by faculty and then you will post the final reflection in your LiveBinder folder.

<p>Step 1 Description A description of the experience, with relevant details. Remember to maintain patient confidentiality. Don't make judgments yet or try to draw conclusions; simply describe the events and the key players. Set the scene! It might be useful to ask yourself the following questions</p> <ul style="list-style-type: none"> • What happened? • When did it happen? • Where were you? • Who was involved? • What were you doing? • What role did you play? • What roles did others play? • What was the result? 	<p>Step 4 Analysis</p> <ul style="list-style-type: none"> • What can you apply to this situation from your previous knowledge, studies or research? • What recent evidence is in the literature surrounding this situation, if any? • Which theories or bodies of knowledge are relevant to the situation – and in what ways? • What broader issues arise from this event? • What sense can you make of the situation? • What was really going on? • Were other people's experiences similar or different in important ways? • What is the impact of different perspectives eg. personal / patients / colleagues' perspectives?
<p>Step 2 Feelings Don't move on to analyzing these yet, simply describe them.</p> <ul style="list-style-type: none"> • How were you feeling at the beginning? • What were you thinking at the time? • How did the event make you feel? • What did the words or actions of others make you think? • How did this make you feel? • How did you feel about the final outcome? • What is the most important emotion or feeling you have about the incident? • Why is this the most important feeling? 	<p>Step 5 Conclusion</p> <ul style="list-style-type: none"> • How could you have made the situation better? • How could others have made the situation better? • What could you have done differently? • What have you learned from this event?
<p>Step 3 Evaluation</p> <ul style="list-style-type: none"> • What was good about the event? • What was bad? • What was easy? • What was difficult? • What went well? • What did you do well? • What did others do well? • Did you expect a different outcome? If so, why? • What went wrong, or not as expected? Why? • How did you contribute? 	<p>Step 6 Action Plan</p> <ul style="list-style-type: none"> • What do you think overall about this situation? • What conclusions can you draw? How do you justify these? • With hindsight, would you do something differently next time and why? • How can you use the lessons learned from this event in future? • Can you apply these learnings to other events? • What has this taught you about professional practice? about yourself? • How will you use this experience to further improve your practice in the future?

Covenant School of Nursing Reflective Practice

Name: Hanna Garrison

Instructional Module: 6

Date submitted: 5-8-25

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 my patient had an attempted version that failed, and I was in the room in the back. Two gynecological surgeons were involved, as well as anesthesia, husband, doula, and my nurse and her charge nurse. I was observing in the back of the room as the surgeons attempted to turn the baby while the nurses tried to monitor the mother & baby and the father & doula provided emotional support. This occurred around noon in the pt's room.</p>	<p>Step 4 Analysis I have very little knowledge about external versions, but from what I do know, when a baby is breech and the external version fails, a c-section is necessary.</p>
<p>Step 2 Feelings I was excited to witness at first, but as it was unsuccessful I felt empathy for the family. The healthcare professionals were very supportive and helped keep her calm. I believe the compassion I felt for the family will be and was important for my future as a nurse.</p>	<p>Step 5 Conclusion There was nothing I could have done, and the other professionals did everything they possibly could.</p>
<p>Step 3 Evaluation The good thing about the event is it was a great learning opportunity, but the fact that it failed was not good. I was able to stay out of the way, and wasn't a hinderance. I wasn't sure what the outcome would be, but I don't think the attempted version went wrong so much as it simply couldn't be done with the mother's small frame.</p>	<p>Step 6 Action Plan I think overall that even if everything is done right, things don't always go to plan. We have to adapt and do what's best for mom and baby. I honestly don't think anything could have been done differently to change the outcome.</p>