Cynthia Rodriguez

Prioritization Tool

	URGENT	NOT URGENT
IMPORTANT	Urgent & Important DO Monitor FHR due to late decelerations and baby not recovering well.	Not Urgent but Important PLAN Inform pt about possible C-section due to baby's position and Stats.
NOT IMPORTANT	Urgent but Not Important DELEGATE Explain the postpartum pain after delivery	Not Urgent and Not Important ELIMINATE team collaborations that are not contributing to the patients care.

Education Topics & Patient Response:

Patient was wanting a vaginal delivery, due to fetal positioning and babys increasing stress on heart rate, physcan called for C-Section. Patient was worried about recovery time and the amount of pain from incision. We explained the procedure and provided detailed info on pain meds that would help with the recovery process. patient understood and was at ease with the decision.

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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 08/20/25 Age: 33

Cervix: Dilation: 5 cm / 8cm Effacement: 80% / 100% Station: -1

Membranes: Intact: ____ AROM: ✓ SROM: ____ Color: ____

Medications (type, dose, route, time):

LR Pitocin Bupivacaine 0.25% 1mL Epidural

Epidural (time placed): 8/19/25 11:24pm

Background:

Maternal HX: N/A

Gest. Wks: 40w 5days Gravida: 1 Para: 0 Living: ____ Induction / Spontaneous

GBS status: + / (-)

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

Maternal VS: T: _____ P: 95 R: 20 BP: 111/72

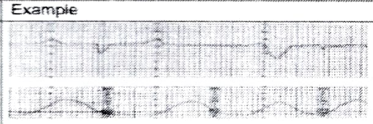
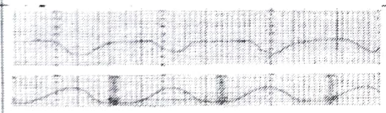
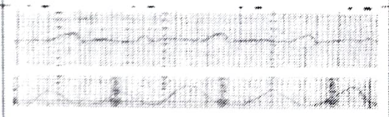
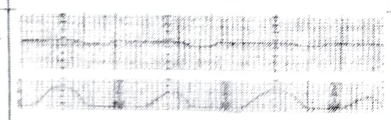
Contractions: Frequency: 3-4 Duration: 1.5

Fetal Heart Rate: Baseline: 150

Variability: Absent:____ Minimal:____Moderate: ✓ Marked:____

Type of Variables: Early Decels:____ Variable Decels:___ ✓ Accels:____ Late Decels:____

Category: II (I, II, III)

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: 0700 upon arrival pt was 5cm within 30mins pt was 8cm 100%, several repositions performed to stabilize baby. Baby was in distressed due to back to back contractions

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason: 4 T's performed pitocin still off at 8cm

Delivery:

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

Infant weight: 6# 10z

Covenant School of Nursing Reflective Practice

Name: Cynthia Rodriguez **Instructional Module:** 6 **Date submitted:** 8/20/25

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

Step 1 Description

Start of shift pt was dilated 4cm with contractions spaced 4-5 mins apart. We did several repositions and within an hour pt dialated to 7cm. Baby was stressed when repositioned and was having difficulty recovering.

Step 2 Feelings

I was worried for baby due to FHR decreasing. The physican was taking a while to decide if C-section was needed and it made me anxious.

Step 3 Evaluation

After the decision was made to take her back for a C-section, pt was ready and the team went in quickly and the flow of events went smoothly. The most difficult part was baby's O_2 SAT not increasing. It took 7 mins to see improvement and baby's skin began to turn pink.

Step 4 Analysis

The importance of monitoring FHR during active labor is crucial b/c baby can have difficulty with oxygenation after delivery. Baby's pH is also a big indicator how much oxygen baby was receiving. Although the nurses believed baby should have been delivered sooner, the physcan was not concerned as much.

Step 5 Conclusion

I dunt know if I could have done any more than what I contributed already with comfort measures and positioning. I learned that RN's and physicans wont always have the same opinion on what and when decisions should be made, but communication and documentation is key

Step 6 Action Plan

Overall, I believe the C-section decision should have been made 2 hrs before especially w/ baby's position not turning. Because of this experience, I understand how much documentation is needed during active labor, because situations like these can take a dangerous turn.

Cynthia Rodriguez 8/19/25

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: Pt was @cm dialated and baby was in distress. Pitocin was immediately stopped, bolus, reposition was performed. We explained to pt the importance of maintaining FHR and why we kept repositioning with penut ball.

Clinical Judgment:

Patient Centered Care: Pt was concerned with being discharged with developing hemroid, and possible risk of infection due to laceration. RN and me did second assessment to ease her mind and reassure her that everything was WNL. Pt was then comfortable with being discharged.

Professionalism:

Communication & Collaboration: