

Prioritization Tool

	URGENT	NOT URGENT
IMPORTANT	Urgent & Important DO Keeping the patient comfortable during her epidural insertion so she wasn't mad	Not Urgent but Important PLAN Putting her Foley in after she received her epidural
NOT IMPORTANT	Urgent but Not Important DELEGATE	Not Urgent and Not Important ELIMINATE Opened the sterile kit to place instruments on

Guarded the patient's legs as we turned her.

Education Topics & Patient Response:

Patient had meconium stained placental fluid. She was informed that it could possibly cause baby distress after birth but will be monitored. Patient also wants baby to be circumcised but does not want baby to have Vitamin K injection. She was told they will not perform surgery without Vitamin K but she needs to discuss with the doctor.

Covenant School of Nursing Reflective Practice

Name: Cassie Jimenez

Instructional Module: L

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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>my patient very busy Induced at 41 weeks we were in L+D and she was at 50% been dilated when she came in at 5:30 A.M.</p>	<p>Step 4 Analysis</p> <p>I knew everything going on and had to read the mom and the babies monitors. I knew why we started oxytocin before she was dilated too far along because of everything we learned the week before in class.</p>
<p>Step 2 Feelings</p> <p>I was excited and a little nervous because I didn't know when she would deliver or how it would be since her baby was over 9lbs.</p>	<p>Step 5 Conclusion</p> <p>I wasn't able to see baby be born, since this was her 3rd baby and it had already been ten years my nurse said it was probably going to be a longer delivery.</p>
<p>Step 3 Evaluation</p> <p>The patient was very calm and she was very talkative so I was able to help the nurse kind of tell her every thing we were doing and why.</p>	<p>Step 6 Action Plan</p> <p>I feel my situation was normal for a regular birth. It was just watching making sure mom and baby were ok and making the mom as comfortable as possible.</p>

ⓐ Risk post partum hemorrhage

Room 3

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: 02/25 Age: 29
 Cervix: Dilatation: 4.5 Effacement: -2 Station: 50%
 Membranes: Intact AROM: 9:30 SROM: Color: Light yellow
 Medications (type, dose, route, time): Pitocin 2ml/hr, IV, 08:57
 Epidural (time placed): 9:04 A.M.

Background:

Maternal HX: GHTN, anemia, anxiety, GERD
 Gest. Wks: 41 Gravida: 5 Para: 2 Living: 2
 GBS status: + / -

Induction / Spontaneous
 9:30

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

Maternal VS: T: 98.5 P: 84 R: 18 BP: 125/77
 Contractions: Frequency: 18 Duration: (1 in 9min) (2 in 10min)
 Fetal Heart Rate: Baseline: 130
 Variability: Absent: Minimal: 0% Moderate: 0% Marked: 11:03 early decelerations
 Type of Variables: Early Decels: Variable Decels: Accels: Late Decels:
 Category: I (I, II, III)

Pattern	Example	Cause	Interventions	Desired Outcome
Variable Decelerations		Cord Compression	Discontinue oxytocin Change maternal position Administer oxygen at 10L/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: Declined Pitocin until Dr. Anderson breaks her water. Before AROM she wants an Epidural.

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason:

moved patient to left due to a couple of late decelerations and bradycardic activities.

Delivery:

Method of Delivery: Operative Assist: Infant Apgar: QBL:
 Infant weight: