MarioSanchez

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 10/21/25, 0735 Age: 25

Cervix: Dilation: 4 Effacement: 60%

Station: -2 Membranes: Intact:

NO ~~N/A~~ AROM: 0520 SROM: _____ Color: clear

Medications (type, dose, route, time):

~~ox pitocin, PEN-G Q4, LR~~ (LR, 125mL/hr IV, continuous) (PEN-G, 100mL/hr IV, Q4hrs) (Pitocin 30units, 500mL, IV, continuous)

YES Epidural (time placed): 1934 Replaced

Background:

Maternal HX:

Anemia + for trp B

Gest. Wks: 39wks Gravida: 3 Para: 1 Living: 1

Induction / Spontaneous

GBS status: + / -

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

Maternal VS: T: 97.7 P: 99 R: 18 BP: 120/56

Contractions: Frequency: ~~2 in 5mins~~ 2 in 4mins Duration: 40 secs

Fetal Heart Rate: Baseline: 120

Variability: Absent: N/A Minimal: N/A Moderate: ✓ Marked: N/A

Type of Variables: Early Decels: ✓ Variable Decels: ✓ Accels: N/A Late Decels: N/A

Category: I (I, II, III)

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VEAL CHOP with Interventions and Outcomes

Patient	Example	Cause	Interventions	Desired Outcome
Variable Decelerations		Cord Compression		
Early Decelerations		Head Compression		
Accelerations		Uterine and OK!		
Late Decelerations		Poor Placental Perfusion		

Recommendation/Nursing Plan:

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

umbilical cord wrapped around baby neck giving late decel. this pushed up babies delivery. It was a vaginal delivery.

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason:

Delivery:

Method of Delivery: Vaginal (Spontaneous) Operative Assist: N/A Infant Apgar: 1 / 9 QBL: N/A Infant weight: 6lb 7oz

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	URGENT	NOT URGENT
IMPORTANT	Urgent & Important DO • Help mom Reposition • Uterine Rubs	Not Urgent but Important PLAN • Help transport to PP. •
NOT IMPORTANT	Urgent but Not Important DELEGATE • Grabbed blankets / towels •	Not Urgent and Not Important ELIMINATE • Grab linen • Adjust pulse ox + linen.

Education Topics & Patient Response:

Baby Color - Alert if baby turns blue

breast feeding - N/A Mom has breastfeed before.

Numbness - epidural even w/ vaginal delivery

Covenant School of Nursing Reflective Practice

Name: Mario Sanchez Instructional Module: Im 6 Date submitted: 10/23/25

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

Step 1 Description

Patient dilated to a 6 when nurse and I came in the room baby had variable decels, we then put mom in hands and knees, charge nurse did a ~~vag~~ SVE and dilated to a 8 and carted mom off to the OR for emergency vaginal delivery.

Step 2 Feelings

I was observing thinking we were just rotating mom when my nurse noticed variable decels and called for help when charge nurse came in and did the SVE and stated "she's dilated to an 8 and needs to go to the OR." I felt very anxious and scared. I believe the feeling of being scared is important so I can advocate understand what mom and dad is feeling.

Step 3 Evaluation

~~Quick~~

Labor was Rapid with baby having pushed out in 10 minutes. Baby had an Apgar Score of 1 at 1 minutes and a score of 9 @ 5 minutes.

The birth went well other than the 1 minute apgar score. I contributed by reassuring dad and telling him to try to remain calm for mom.

Step 4 Analysis

I can apply my ability to read a strip. to help my nurse notice the variable decels and ~~protocol~~ would rotate mom to try and relieve pressure ~~from~~ on cord. what actually happend was had nuchal cord.

Step 5 Conclusion

I would have communicated better to mom and dad about what is going on. ~~I that~~ I learned that birth is unpredictable and spontanious.

Step 6 Action Plan

The birth was beautiful and very fast, I will use this birth as a lesson that it can happen at anytime, I would add how the nurses on the floor worked in unison to my future practice.

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