

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 10-28 Age: 22
 Cervix: Dilation: 1 1/2 Effacement: 20% Station: -3 7am
 Membranes: Intact: AROM: SROM: Color:

Medications (type, dose, route, time):

Clindamycin IV 900ml Q8hr + Cytotech 50mcg PO Q4hr

Epidural (time placed):

Background:

Maternal HX: Anxiety - Allergies: penicillin + tramadol Induction Spontaneous
 Gest. Wks: 38 +4 Gravida: I Para: Living:
 GBS status + / -

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

Maternal VS: T: 97.3 P: 99 R: 17 BP: 130/90

Contractions: Frequency: 7min Duration: 50-100 Sec

Fetal Heart Rate: Baseline: 145 bpm

Variability: Absent: Minimal: Moderate: Marked:

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 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:

Pt is having a prolonged labor due to this being her first pregnancy + birth. She is not dilating + her cervix is not thinning. main concern is infection due to her water breaking last night at 1am.
 Describe any Intrauterine Fetal Resuscitation measures utilized and the reason:

Delivery:

Method of Delivery: _____

Infant weight: _____

Operative Assist: _____

NO delivery

Infant Apgar: ____/____

QBL: _____

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Name:

Covenant School of Nursing Reflective Practice

Instructional Module:

Date submitted:

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

Step 1 Description

Labor + Delivery Clinical -
The nurse I was assigned to had one pt who was in the early stage of labor

Step 4 Analysis

The importance of watching for hemorrhage was very evident. The Dr measured the pts blood loss and a nurse started oxytocin right after delivery. The pt did have a 2nd degree laceration that the Dr repaired.

Step 2 Feelings

At first I was bummed since my other classmates had pts who were in active labor. Since there wasn't much to do for my pt, I felt in the way at the nurses station and bored.

Step 5 Conclusion

I honestly believe everyone in the room did a great job with teamwork and prioritization. I learned how calm the team is during this intense situation. I learned that being confident in your call is key.

Step 3 Evaluation

Since my nurse was available, we were able to step in + help in one of the active deliveries. It was a little shocking but also a beautiful experience. The nurses were amazing + the mom did such a great job birthing her baby.

Step 6 Action Plan

LTD truly surprised me. As someone who has never been drawn to this specialty, it easily became my favorite. Being a great care giver to a mother in this time is so important + its amazing to be apart of the birthing experience.

Prioritization Tool

	URGENT	NOT URGENT
IM PO RT AN T	Urgent & Important DO giving antibiotics for GBS+ and for prophylaxis for DTB ROM	Not Urgent but Important PLAN giving cytotec to help pt progress in dilation + effacement
NO T IM PO RT AN T	Urgent but Not Important DELEGATE Changing pts bedding out while shes in the restroom	Not Urgent and Not Important ELIMINATE finding wireless tocodynamometer for pt

Education Topics & Patient Response:

• Cytotec helps soften cervix and help progress with dilation - recommended by Dr.

Pt was hesitant because she was scared to progress too fast.

We explained the importance of delivery within 24 hours after ROM + the risk of infection.

Pt decided to take the cytotec

IM6 Student Learning Outcomes

Safety & Quality	Clinical Judgment	Patient Centered Care	Professionalism	Communication & Collaboration
<p><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></p>	<p><i>Demonstrate clinical judgment using evidence-based data in making clinical decisions for the childbearing family, and the patient with mental health disorders.</i></p>	<p><i>Demonstrate family centered care based on the needs of the childbearing family, and the patient with mental health disorders.</i></p>	<p><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></p>	<p><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></p>

Safety & Quality:

Clinical Judgment:

Patient Centered Care: pt wanted to hold off on any medications until she absolutely countant. we gave pt a birthing ball, peanut ball, stress ball, and a labor grip to help with stress and pain

Professionalism:

Communication & Collaboration:

11/19/2020
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