

## Covenant School of Nursing Reflective Practice

Name:

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.*

<p><b>Step 1 Description</b></p> <p>I worked alongside on LNU nurse where we monitored FHR strips and interpreted them. My pts membrane was ruptured by the physician and oxytocin was started. We witnessed contractions on the FHR strips</p>	<p><b>Step 4 Analysis</b></p> <p>I was able to apply my knowledge of variable and variability and interpret the FHR strips. I feel my peers saw the same and we built off of each other on what we saw.</p>
<p><b>Step 2 Feelings</b></p> <p>It was an interesting feelings... at first I was nervous for what I could possibly see. I didn't get to see anything so that was disappointing but I did hear a baby be born and just hearing it gave me strong emotions. I only grew more confident in reading strips overtime.</p>	<p><b>Step 5 Conclusion</b></p> <p>I feel like I could have been more forthcoming and still ask questions and attach myself to my nurse to better see her day to day.</p>
<p><b>Step 3 Evaluation</b></p> <p>I feel the overall experience was okay I didn't get to see much and my nurse was dismissive, never really talking to me or acknowledging me. I was expecting to be more involved in this experience.</p>	<p><b>Step 6 Action Plan</b></p> <p>I feel this rotation could be great for more good nurses and similar pts to see what goes on as far as labor</p>

# Prioritization Tool

	URGENT	NOT URGENT
IMPORTANT	Urgent & Important <b>DO</b> Start Oxytocin titrate Stop Oxytocin for comfort?	Not Urgent but Important <b>PLAN</b> Edu on breathing tech. and repositioning. Start Foley for epidural.
NOT IMPORTANT	Urgent but Not Important <b>DELEGATE</b> Bring stress balls and towels.	Not Urgent and Not Important <b>ELIMINATE</b>

## Education Topics & Patient Response:

Edu on Breast Feeding, pt would prefer to BF  
but would like lactation help

pt concerned about what oxytocin does,

pt knows now it will stimulate contractions  
and help push baby out.

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 11/29 0742 Age: 26 @ 0940  
 Cervix: Dilation: Closed, 2 Effacement: 90% Station: 0  
 Membranes: Intact:  AROM: 0 SRM: 0 Color:       
 Medications (type, dose, route, time): 00915  
Zophen, Pitocin 0930 IV 2mu  
 Epidural (time placed):     

**Background:**

Maternal HX: PCOS  
 Gest. Wks: 40 Gravida: 2 Para: 0 Living:      **Induction/ Spontaneous**  
 GBS status: + 10

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

Maternal VS: T:      P: 80 R:      BP: 108/69  
 Contractions: Frequency: 2 @ 5 min Duration: 60 sec - inconsistent @ 0750  
 Fetal Heart Rate: Baseline: 140 bpm change @ 0940  
 Variability: Absent:      Minimal:      Moderate:  Marked:       
 Type of Variables: Early Decels:      Variable Decels:      Accels:  Late Decels:       
 Category: 1 (I, II, III) @ 0730

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: 0915 Dr noticed membrane, 0930 Pitocin started 0943 contractions are becoming more moderate. 1130 pr still station 0 dilation 2. Pitocin stopped around 1030 Per pt request.

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason:

**Delivery:**

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

IM6 Critical  
Thinking  $\bar{c}$ io order.

<p>Student Name: <b>Bradley Morales</b></p>	<p>Nursing Intervention #1: Assess uterine contractions</p>	<p>Date: <b>10/28/25</b></p>
<p>Priority Nursing Problem: <b>Acute Pain</b></p>	<p>Evidence Based Practice: Assess the frequency, duration and intensity to ensure the fetus is safe.</p>	<p>Patient Teaching (specific to Nursing Diagnosis):</p> <ol style="list-style-type: none"> <li>1. edu on slow breathing techniques during contractions</li> <li>2. encourage frequent position changes</li> <li>3. drink fluids between contractions and rest</li> </ol>
<p>Related to (r/t): Uterine contractions, fetal descent and dilation</p> <p>As Evidenced by (aeb): <del>S/Sx</del> Verbal response and facial grimacing</p>	<p>Nursing Intervention #2: Promote comfort and pain relief</p>	
	<p>Evidence Based Practice: to keep both mom and baby out of stress and prevent more pain/complications</p> <p>Nursing Intervention #3: Encourage partner to participate</p>	
<p>Desired Patient Outcome (SMART goal): Pt will verbalize a decrease in pain levels to <math>\leq 4/10</math> within 1 hour of practicing breathing techniques.</p>	<p>Evidence Based Practice: comfort the pt and increase bonding between the two.</p>	<p>Discharge Planning/Community Resources:</p> <ol style="list-style-type: none"> <li>1. lactation classes</li> <li>2. WIC application</li> <li>3. follow up apt.</li> </ol>



Student Name: Bradley M.

Date: 10/29/25

<p><b>NB Complications:</b> <u>NVC XI</u></p> <hr/> <hr/> <hr/> <hr/>	<p>Bilirubin (Tcb/Tsb): <u>9.2</u> CCHD O2 Sat: <u>97</u>, <u>93</u> Pre-ductal _____% Post-ductal _____% Other Labs:</p>	<p>Bath: Yes <u>Refused</u></p>
<p><b>Assessment (Bubblehep):</b> Neuro: <u>WNL</u> Headache Blurred Vision Respiratory: <u>WNL</u> Clear Crackles RR <u>18</u> bpm Cardiac: <u>WNL</u> Murmur B/P _____ / Pulse <u>79</u> bpm Cap. Refill: <u>&lt;= 3 sec</u> &gt;3 sec Psychosocial: Edinburgh Score _____</p>	<p>Breast: Engorgement Flat/Inverted <u>Nipple</u> Uterus: Fundal Ht <u>2U</u> 1U UU U1 U2 U3 <u>Midline</u> Left Right Lochia: Heavy <u>Mod</u> Light Scant None Odor: Y / <u>N</u> Bladder: <u>Voiding QS</u> Catheter DTV Bowel: Date of Last BM <u>10/27</u> Passing Gas <u>Y</u> / N Bowel sounds: <u>WNL</u> Hypoactive</p>	<p>Episiotomy/Laceration: WNL Swelling Ecchymosis Incision: WNL Drainage: Y / N Dressing type: Staples Dermabond Steri-strips Hemorrhoids: Yes <u>No</u> <u>Ice Packs</u> Tucks Proctofoam Dermaplast Bonding: <u>Responds to infant cues</u> Needs encouragement</p>
<p>Treatments/Procedures: Incentive Spirometry: Y / <u>N</u> PP H&amp;H: _____ hgb _____ hct HTN Orders: Call &gt; 160/110 <u>VSQ4hr</u> Hydralazine protocol Labetolol</p>	<p>IV Fluids: Oxytocin LR NS Rate: _____ / Hour IV Site: _____ gauge Location: Magnesium given: Y / N Dc'd: _____ @ _____ am/ pm</p>	<p>Antibiotics: _____ Frequency: _____ _____ _____</p>

Student Name: **Bradley M.**

Date: **10/24/25**

BID/TID		
<p><b>Recommendation:</b> CONT. ambulation and take stool softners to aid C BM.</p>		