



# Prioritization Tool

	URGENT	NOT URGENT
IMPORTANT	Urgent & Important <u>DO</u> Insert urinary catheter Time-out Position patient	Not Urgent but Important <u>PLAN</u> documentation receive report from anepartum nurse give report to postop nurse infant assessment/appear
NOT IMPORTANT	Urgent but Not Important <u>DELEGATE</u> Prepare dad for delivery (scrubs/cap)	Not Urgent and Not Important <u>ELIMINATE</u> Pictures for mom/dad <del>Support management</del>

Education Topics & Patient Response:

Spinal block education, patient acknowledged understanding

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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: 11/5/2020 Age: 26

Cervix: Dilatation: \_\_\_\_\_ Effacement: \_\_\_\_\_ Station: \_\_\_\_\_

Membranes: Intact: \_\_\_\_\_ AROM: \_\_\_\_\_ SROM: \_\_\_\_\_ Color: \_\_\_\_\_

Medications (type, dose, route, time): \_\_\_\_\_

Epidural (time placed): \_\_\_\_\_

**Background:**

Maternal HX: gestational diabetes, T1DM, previous C-section, migraines during pregnancy

Gest. Wks: 37w3d Gravida: 3 Para: 2 Living: 2 Induction / Spontaneous

GBS status: + 1-

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

Maternal VS: T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ BP: \_\_\_\_\_

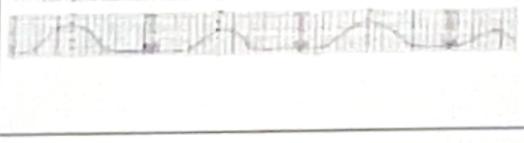
Contractions: Frequency: \_\_\_\_\_ Duration: \_\_\_\_\_

Fetal Heart Rate: Baseline: \_\_\_\_\_

Variability: Absent: \_\_\_\_\_ Minimal: \_\_\_\_\_ Moderate: \_\_\_\_\_ Marked: \_\_\_\_\_

Type of Variables: Early Decels: \_\_\_\_\_ Variable Decels: \_\_\_\_\_ Accels: \_\_\_\_\_ Late Decels: \_\_\_\_\_

Category: \_\_\_\_\_ (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

Nive: manepartum for (11/2/25)  
 glycemic optimization  
 Fasting 90  
 Postprandial A1C 9.2 on 3/2/25  
 11/2am 300 (controlled 57)

**Recommendation/Nursing Plan:**

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

Catheter insertion  
fundal massage

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason:

N/A

**Delivery:**

Method of Delivery: Cesarean Operative Assist: \_\_\_\_\_ Infant Apgar: 9 / 9 QBL: \_\_\_\_\_

Infant weight: 8 lbs 4oz