

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.

Step 1 Description

I was in my patient's room with my nurse, I inserted a catheter and did a vaginal exam.

Step 4 Analysis

I was able to assess dilation and also utilize my catheterization skills.

Step 2 Feelings

I was nervous and was excited as I have never done either. I felt I did pretty good but could've been more confident.

Step 5 Conclusion

I could have been more confident and did a pre-review on my skills before insertion.

Step 3 Evaluation

I was a little lagged entering the catheter. It felt different to sim. Overall was easy. I wish I had more practice w/ vaginal exams.

Step 6 Action Plan

Overall this experience was such a blessing and opportunity. In the future I will know how to do my skills faster & more efficient.

Lillian Nguyen

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: 1/5/20 Age: 21 y/o
 Cervix: Dilation: 4 Effacement: 80% Station: -1
 Membranes: Intact: ✓ AROM: 0725 SROM: Color: clear @ 0840
 Medications (type, dose, route, time):
Oxytocin, IV, 6mu/min 30u/500mL
 Epidural (time placed): 0937

F-min (10)
 0-seconds

Background:

Maternal HX: Abnormal cervix Papsmeor
 Gest. Wks: 40w10 Gravida: 2 Para: 0 Living: 0
 GBS status: + ⊖

Induction / Spontaneous

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

Maternal VS: T: 98.7 P: 72 R: 18 BP: 124/76
 Contractions: Frequency: variable Duration: 50 sec 3/10min
 Fetal Heart Rate: Baseline: 135
 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 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:

While increasing oxytocin, mom's pain increased and epidural was given for coverage. However, one top off and another dose of fentanyl was given to cover pain fully. For now, cover pain and assess labor progress.

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason:

Delivery:

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

Prioritization Tool

	URGENT	NOT URGENT
IM PO RT AN T	Urgent & Important DO Immediately covered the patient's pain and helped <u>patient</u> get into <u>comfortable</u> position to relieve pain.	Not Urgent but Important PLAN Prepared for <u>patient</u> to be in pain as oxytocin was increased, supplies for epidural <u>was</u> prepared and CRNA on hand.
NO T IM PO RT AN T	Urgent but Not Important DELEGATE Silenced IV pump during epidural insertion to prevent distractions.	Not Urgent and Not Important ELIMINATE Grabbing <u>extra</u> blanket for <u>patient</u> .

Education Topics & Patient Response:

Patient had asked if her pain was normal and if she should have the symptoms she was feeling. The nurse educated on how it is normal and that it is new to her body hence the reactions she was having. The nurse also explained that since it was her first pregnancy, we could not determine how fast baby will come out as the first baby usually sets the tone. The patient was very receptive and understanding.
