Covenant School of Nursing Reflective Practice

[redacted]

players. Set the scene! It might be useful to ask yourself the following questions

- How did you feel about the final outcome?
- What is the most important emotion or feeling you have about the incident?

situation, if any?

- Which theories or bodies of knowledge are relevant to the situation – and in what ways?
- What broader issues arise from this event?
- What sense can you make of the situation?
- What was really going on?
- Were other people's experiences similar or different in important ways?
- What is the impact of different perspectives eg. personal / patients / colleagues' perspectives?

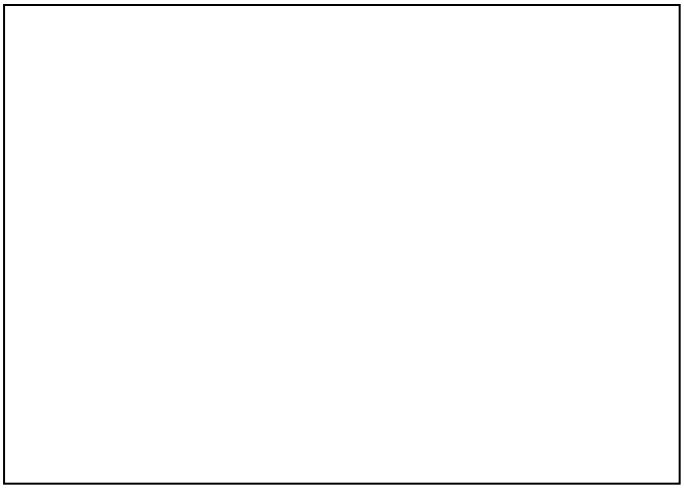
Step 5 Conclusion

- How could you have made the situation better?
- How could others have made the situation better?
- What could you have done differently?
- What have you learned from this event?

Step 6 Action Plan

- What do you think overall about this situation?
- What conclusions can you draw? How do you justify these?
- With hindsight, would you do something differently next time and why?
- How can you use the lessons learned from this event in future?
- Can you apply these learnings to other events?
- What has this taught you about professional practice? about yourself?
- How will you use this experience to further improve your practice in the future?

Adopted: August 2016



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	**Step 4 Analysis**
Step 2 Feelings	**Step 5 Conclusion**
Step 3 Evaluation	**Step 6 Action Plan**

Prioritization Tool

	URGENT	NOT URGENT
IMPORTANT	Urgent & Important DO - Read Fetal Strip - Massage Fundus	Not Urgent but Important PLAN - AROM
NOT IMPORTANT	Urgent but Not Important DELEGATE - Held mother's leg during delivery - Placing pad, brief, and ice pack under mother - Provided warm blankets for mother and baby	Not Urgent and Not Important ELIMINATE - N/A

Education Topics & Patient Response:

Educated patient that pale or bluish tint to fingers and toes is not abnormal, but to monitor for pale or bluish tint around the mouth and report if noted. Patient nods to teaching and relaxes after addressing color tint.

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:

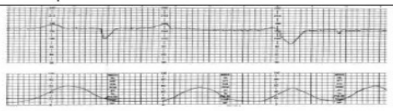
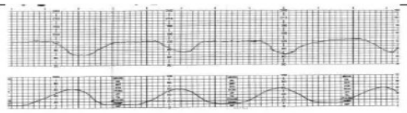
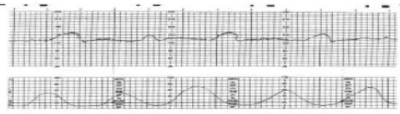
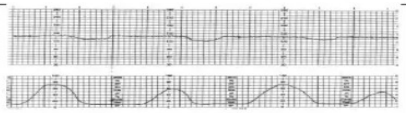
Date/Time__11/10/25_____ Age: _26_____
Cervix: Dilation: 5 (progressed up to 8)_____ Effacement: ____50%_____ Station: ____-3_____ Membranes: Intact: ____ AROM: ___X__(@0728) SROM: _____ Color: ___Clear__
Medications (type, dose, route, time):
_Pitocin (10mg IVPB @0400), Cytotec (50mg IVPB @2330), Odansetron (4mg/2ml IV @0816)_____
Epidural (time placed): __0400_____

Background:

Maternal HX: _Asthma,
Anxiety_____
Gest. Wks: _40_____ Gravida: _3__ Para: _2__ Living: __2 Induction / Spontaneous
GBS status: + / -

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

Maternal VS: T: _97.7_____ P: __63____ R: ___18____ BP: __115/73_____
Contractions: Frequency: __2_____ Duration: __60secs_____
Fetal Heart Rate: Baseline: ___135_____
Variability: Absent:_____ Minimal:_____Moderate:__X___Marked:_____
Type of Variables: Early Decels:____ Variable Decels:_X__ Accels:_X___ Late Decels:____
Category: ___II_____ (I, II, III)

Pattern	Example	Cause	Interventions	Desired Outcome
Variable Decelerations		**C**ord 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		**H**ead Compression	Continue to monitor labor progress.	Maintain Oxygenation Healthy fetus at delivery
Accelerations		These are **O**K!	Continue to monitor labor progress.	Maintain Oxygenation Healthy fetus at delivery
Late Decelerations		**P**oor 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:

OBGYN, nurses, and surgical techs enter the patient's room. My nurse instructed the mother to take deep breaths and hold while pushing. OBGYN observes that baby is looking up and uses hand to help reposition the head. After four pushes, baby was born.

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason:
N/A

Delivery:
Method of Delivery: ___Vaginal_____ Operative Assist: ____No_____ Infant Apgar: _9___/_9___
QBL: _400_____ Infant weight: _8 lbs 3 oz_____