

ALYSSA

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: 12/03 Date/Time 0733 Age: 30 y.o. Effacement: 50% Station: -3 Color: clear Membranes: Intact: AROM: SROM: X Color: CLEAR Medications (type, dose, route, time): IV site: (L) forearm 18g Epidural (time placed): 0

- 1 Mg sulfate IV 40mg/ml 2 erythromycin IV

3 IVF (LR)

4 oxytocin IV 14mu/min

Background: Maternal HX: HX PIC-kidney stone/anxiety/preclampsia/ Induction / Spontaneous

Gest. Wks: 34w 1 day Gravida: 3 Para: 2 Living: 2 GBS status (+) / -

5

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

Maternal VS: T: 98.2 P: 81 R: BP: 108/76 Contractions: Frequency: 1 1/2 5 1/2 min Duration: 70 to 90 sec Fetal Heart Rate: Baseline: 140-150 Variability: Absent: Minimal: X Moderate: Marked: Type of Variables: Early Decels: X Variable Decels: Accels: Late Decels: X Category: I (I, II, III)

Table with 4 columns: Pattern, Example, Cause, Interventions, Desired Outcome. Rows include Variable Decelerations, Early Decelerations, Accelerations, and Late Decelerations.

Recommendation/Nursing Plan:

Describe the labor process and nursing care given as well as any complications you witnessed: dilation to 7 quickly, then set up delivery table, then patient was fully dilated and mom was ready to push. doctor and NICU came. mother began to push. rubbed fundus to make it firm NO COMPLICATIONS OCCURRED.

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason:

Delivery: Method of Delivery: VAGINAL Operative Assist: Infant Apgar: / QBL: baby @ NICU

## 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>my Pt is 3.5 dilation, 50% effacement, station -3 she has history of preeclampsia so administered mg sulfate for BP. erythromycin for antibiotic she also had SPDM <del>then</del> then variable deceleration so we turned her to the side baby FHR back to baseline.</p>	<p><b>Step 4 Analysis</b></p> <p>the mother was receiving magnesium sulfate for her preeclampsia she was given that to regulate her BP and it continued to run during labor.</p>	<p><b>Step 5 Conclusion</b></p> <p>I wish the doctor was not ruff with this labor. I do wish that I had a vaginal exam to experience effacement and dilation and station</p>
<p><b>Step 2 Feelings</b></p> <p>in the beginning it was slow and not much to do but once my mother started having closer contractions the work started. we started preparing for <del>the</del> delivery of <del>the</del> the <del>new</del> baby. the final outcome was beautiful</p>	<p><b>Step 6 Action Plan</b></p> <p>the overall experience was good and informative. the highlight of the day was the birth of the new baby</p>	<p><b>Step 3 Evaluation</b></p> <p>the birth of the <del>the</del> child was the best part of the day. one of the things that was different was the way the doctor handled the birth it was very ruff and was not expected</p>

# Prioritization Tool

	URGENT	NOT URGENT
IMPORTANT	<p>Urgent &amp; Important</p> <p>DO</p> <ul style="list-style-type: none"> <li>• variable decel after srom did over 4 turns</li> <li>• <del>monitoring FHR</del></li> <li>• monitor FHR after med was given</li> </ul>	<p>Not Urgent but Important</p> <p>PLAN</p> <ul style="list-style-type: none"> <li>• plan teaching on breast feeding</li> <li>• provide postpartum education on mg</li> </ul>
NOT IMPORTANT	<p>Urgent but Not Important</p> <p>DELEGATE</p> <ul style="list-style-type: none"> <li>• notify NICU team</li> <li>• <del>assist</del> assistive staff to obtain warm blankets</li> </ul>	<p>Not Urgent and Not Important</p> <p>ELIMINATE</p> <ul style="list-style-type: none"> <li>• social conversations or non-care-related</li> </ul> <p><del>APPA</del></p>

Education Topics & Patient Response:

breastfeeding/pumping: provided guidance on early initiation & frequency

postpartum care: reviewed perineal care, bleeding expectation  
signs of complications

maame

Labor & Delivery Medication Worksheet

Medication	Mechanism of Action	Maternal Effects	Fetal Effects	Nursing Management
<b>Oxytocin</b>	stimulate uterine smooth muscles	tachysystole HTN hypotension risk of ROM	Late deceleration brady cardiac hypoxia for ↓ placental perfusion	GIVE IV PUMP MONITOR fetal reposition if tachysystole OCCUR
<b>Misoprostol</b>	cervical ripening and uterine contraction	tachysystole fever chills GI upset (N/V/D)	fetal distress r/+ hyperstimulation	MONITOR FHR/contraction
<b>Turbutaline</b>	relaxes uterine smooth muscles stop preterm contractions	tachycardia tremors hyperglycemia palpitations	fetal tachycardia possible neonatal hypoglycemia	HOLD IS HR > 120 MONITOR glucose, lung sound avoid cardiac disease MONITOR fetal status
<b>Magnesium Sulfate</b>	CNS depressant used for seizures & uterine contractions	respiratory depression, ↓ reflex hypotension lethargy	↓ FHR variability neonatal respiratory depression	MONITOR RR MONITOR DTR CK calcium gluconate levels

# MACAME

<p><b>Carboprost Tromethamine</b></p>	<p>cause strong uterine contraction for postpartum hemorrhage control</p>	<p>N/V/D cramping fever</p>	<p>None - postpartum use only</p>	<p>avoid asthma pt monitor VS, bleeding lungs sounds</p>
<p><b>Dinoprostone</b></p>	<p>cervical ripening &amp; indication of labor</p>	<p>fever chills GI upset tachysystole</p>	<p>fetal distress w/ hyperstimulation</p>	<p>monitor FHR &amp; contraction remove if tachysystole supine 30 min after insertion</p>