Covenant School of Nursing Reflective Practice

Name: Mary Nanz

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

Baby was deliverd @7:51am, pretty quicky after we got here. Lisa & I were in the room when mom was standing at the side of the bed.

Baby was delivered while mom was standing aprox. 2 min after water broke.

Step 2 Feelings

I was a little panicked, it was just Lisa and I in there, so Lisa delivered the baby and I felt like I didnt know how to help.

Help from other RNS followed quickly but it was a crazy & cool experience.

Step 3 Evaluation

Baby was delivered super quick. Mom was GBS+, and only had one dose of antibiotics, so we were glad baby came out super fast & healthy after water broke.

Step 4 Analysis

It was cool to actually see a delivery, and the process before, during, and after.

Getting to do a fundal massage & admin oxytocin was cool as it put everything we learned into real life.

Step 5 Conclusion

I kind of wish we were taught the delivery process, like what everyone's role is in the room, how to deliver a baby for emergencies like that, how to set up the prep tray, etc.

It would of made me feel a lot more prepared / helpful.

Step 6 Action Plan

I'm glad I got to experience a delivery, and see how everything works.

Next time, I'll feel a little more prepared, but it would be nice to get some prep in lecture :)

Prehospitalresearch.eu – licensed by CC 4.0

Prioritization Tool

	URGENT	NOT URGENT
IMPORTANT	Urgent & Important DO Fetal heart rate and contractions prep for delivery (table)	Not Urgent but Important PLAN Post-delivery things, charting, oxy, etc
NOT IMPORTANT	Urgent but Not Important DELEGATE got extra/new towels for mom, helping out/assisting Lisa when needed	Not Urgent and Not Important ELIMINATE post delivery assessment, lactation education

Education Topics & Patient Response: Pt was educated about GBS, and potential of staying a little longer to monitor baby. Pt originally refused the antibiotic, but my nurse did very good education about why she needs it, and she was very receptive and understanding after that

nplete this during your labor and delivery experience and turn it in with your paperwork. Ask your structor or TPC nurse to check over your findings *When we got there* mom delivered *

Situation:

Date/Time 2/2/11 Age: 27yo

Cervix: Dilation: 9cm Effacement: 80% Station: 0

Membranes: Intact: X AROM: _____ SROM: _____ Color: _____

Medications (type, dose, route, time):

Pitocin, PCN (GBS+)

Epidural (time placed): N/A

Background:

Maternal HX: G1P0, GBS+

Gest. Wks: 40w Gravida: 1 Para: 1 Living: 1 Induction / Spontaneous

GBS status: (+) / -

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

Maternal VS: T: 98.4F P: 82 R: 18 BP: 130/86

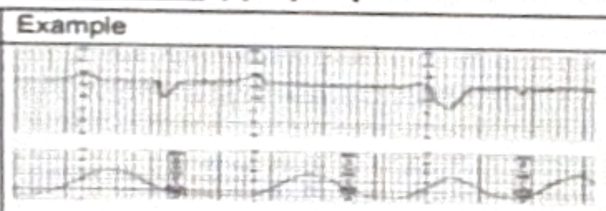
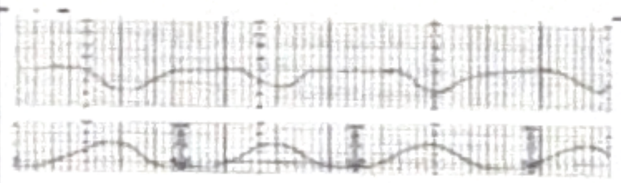
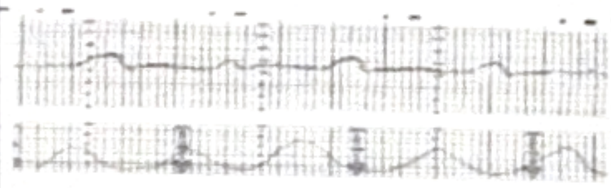
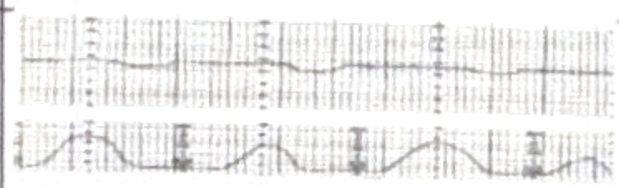
Contractions: Frequency: 2-3min Duration: 60sec

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 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		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

N/A

Recommendation/Nursing Plan:

Describe the labor process and nursing care given as well as any complications you witnessed: Mom delivered standing up @ bedside w/ only my SUT and my nurse in the room.

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason: Observed stimulation & chest to chest.

Delivery:

Method of Delivery: vaginal Operative Assist: — Infant Apgar: 8 / 9 QBL: ~300

Infant weight: —