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: CS

Date/Time 2/11/20 Age: 35

Cervix: Dilation: _____ Effacement: _____ Station: _____

Membranes: Intact: ____ AROM: ____ SROM: ____ Color: ____

Medications (type, dose, route, time):

_____

Epidural (time placed): _____

Background:

Maternal HX: PTL, gestational diabetes

Gest. Wks: _____ Gravida: 3 Para: 3 Living: 3 Induction / Spontaneous

GBS status: + / -

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)

C/S

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

Valerie Myer

mine

Recommendation/Nursing Plan:

Describe the labor process and nursing care given as well as any complications you witnessed: The patient was a scheduled CS.

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason:

Prior starting the CS, the nurse ✓ the babies heartbeat

Delivery:

Method of Delivery: C/S Operative Assist: _____ Infant Apgar: 4 / 9 QBL: 405

Infant weight: 9 lbs 12

Covenant School of Nursing Reflective Practice

Name: Emily Leon Instructional Module: 4 Date submitted: 2/11/24

Use this template to complete the Reflective Practice documentation. Use only the space provided. Information that is not visible is lost.

Step 1 Description
Today on the L&D floor I was able to see a c/s & be apart of the recovery care. We were in an OB full of people. 2 drs 2-3 nurses, 2-3 anesthesiologist. The pt was a scheduled c section at 34wks w/ gestational diabetes & PVE. She had a 9lb 5oz baby boy

Step 2 Feelings
I was very nervous once I was w/ my nurse but once we got to the OR, and I stud back & observed everyone working together while preterming the c-section is was n't so scary, once they got the baby delivered my eyes got watery

Step 3 Evaluation
everything in the c section went good the patient was calm & the husband was very supportive. The part when the were doing the spinal it was difficult, they tried a few times.

Step 4 Analysis
The mother was a diabetic, so I knew from a previous lecture or I suspected that baby was going to be big the baby was 9lbs 5oz, and the umbilical cord was very thick

Step 5 Conclusion
I do not think anything would have gone any better I learned that everyone has to know their role in order such as a c section to go as smooth

Step 6 Action Plan
I was very happy with being able to see a c section I observed & saw a baby be born

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Unity
Non

Prioritization Tool

	URGENT	NOT URGENT
IMPORTANT	Urgent & Important DO keep mom from hemorrhaging	Not Urgent but Important PLAN pain control
NOT IMPORTANT	Urgent but Not Important DELEGATE getting baby feeding baby some milk	Not Urgent and Not Important ELIMINATE the husband wanting to get their belongings right away

Education Topics & Patient Response:

Teach patient way we can control her pain in the side effects