

Covenant School of Nursing Reflective Practice

Name: Sadie F

Instructional Module: 6

Date submitted: 2/25/20

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

<p>Step 1 Description</p> <p>During clinical shift, our patient was dilated to a 9, 100%, -2. We repositioned x3 with peanut ball. We hung LR and did a bolus of 250ml, then returned rate to 125ml/hr, we also hung PEN G PB. I was able to do a SVE, then I got to witness of vaginal delivery.</p>	<p>Step 4 Analysis</p> <p>Some things I can apply from our learning in the classroom is to read a fetal strip and what to do during certain decels, etc.</p>
<p>Step 2 Feelings</p> <p>During clinical, at first I was feeling nervous but excited. After awhile, I started feeling a little more comfortable & confident. My nurse was amazing and so helpful.</p>	<p>Step 5 Conclusion</p> <p>I think my clinical experience in OB was perfect and it couldn't of gone much better. I learned that I really love L&B and hope to become an L&B nurse in the future.</p>
<p>Step 3 Evaluation</p> <p>During clinical, some things I felt good about was looking at the fetal strip. Some things I had to learn about today were breathing techniques during pushes. I also had a hard time with my SVE so I want to improve with that.</p>	<p>Step 6 Action Plan</p> <p>Overall, I LOVED my OB experience, my nurse was very helpful and sweet. Some of the lessons I learned from my experience today is how to be an encouraging nurse that helps with breathing and pushing.</p>

Prioritization Tool

	URGENT	NOT URGENT
IMPORTANT	Urgent & Important DO Monitor FHR monitor & contractions	Not Urgent but Important PLAN • Check on pt's status, pain level etc.
NOT IMPORTANT	Urgent but Not Important DELEGATE Checking on family, etc.	Not Urgent and Not Important ELIMINATE I'm not sure if I saw or noticed anything that wasn't urgent and could be eliminated.

Education Topics & Patient Response:

Pushing & Breathing Techniques → Pt responded well

Breastfeeding education (colostrum) → Pt handled
 breastfeeding after delivery well

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 2/25 Age: 25
 Cervix: Dilatation: 9cm Effacement: 100% Station: -2
 Membranes: Intact: AROM: SROM: Color: clear
 Medications (type, dose, route, time):
Cytotec, PENG
 Epidural (time placed): 01:25

Background:

Maternal HX: Gest HTN, Pre-E, postpartum depression, Hypothyroid, anxiety
 Gest. Wks: 39.5 Gravida: 2 Para: 1 Living: 1 Induction / Spontaneous
 GBS status: (+) -

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

Maternal VS: T: 97.1 P: 105 R: 18 BP: 126/83
 Contractions: Frequency: 3mins 25 Duration: 60-70seconds
 Fetal Heart Rate: Baseline: 140
 Variability: Absent: Minimal: Moderate: Marked:
 Type of Variables: Early Decels: Variable Decels: Accels: Late Decels:
 Category: II (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 non-rebreather 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 tachytonus Notify provider Consider internal monitoring Assist with birth if pattern cannot be corrected	Maximize Oxygenation Increased Perfusion to Placenta

Describe the labor process and nursing care given as well as any complications you witnessed: Repositioned x2, vag exam (9cm), hung PENG, LR, increased pitocin from 2 → 4 → 6.
Pt then progressed to 10cm/100%, she had a successful vaginal delivery

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason:
NO IUR.

Delivery:

Method of Delivery: vaginal Operative Assist: NO Infant Apgar: 5 / 8 QBL:
 Infant weight: