

Firelands Regional Medical Center School of Nursing
Nursing Care Map

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Noticing/Recognizing Cues:

Highlight all related/relevant data from the Noticing boxes that support the top priority problem

Assessment findings*:

- *3 Cm dilated
- *50 percent effaced
- *Blood pressure 139/81
- *Contractions every 2-3 minutes
- *FHR 161 and Accelerations in FHR
- *fatigue
- *hot flashes
- *Pain rated at a 6 out of 10

Lab findings/diagnostic tests*:

- *WBC:10.6
- *Hgb: 3.9
- *Hct 12.2
- *platelets:239
- *Protein Trace in Urine
- *A+ blood type
- *RBCs:3.9

Risk factors*:

- *history of pre-eclampsia
- *increased physical activity with job and potential for injury
- *history of giving birth before due date
- *Nutritional Deficit (simple sugar intake)
- *Second pregnancy

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

Nursing priorities* : ***Highlight the top nursing priority problem***

- *Anxiety
- *acute pain
- *Risk for Postpartum Hemorrhage**
- *labor Pain
- *Risk for adult falls
- * Risk for injury
- Goal Statement: To prevent excessive bleeding and ensure the patient's safety and well-being post delivery.

Potential complications for the top priority:

- Hypovolemia
- *Cramping
- *heart palpitations
- *Low blood pressure
- *tachycardia
- *Capillary refill greater than 3 seconds
- Cardiac arrest
- *No pulse
- *loss of consciousness
- *no breathing
- Postpartum Depression (Cleveland Clinic, 2022)
- *irritation
- *Anxiety
- *Blurred Vision
- *Confusion

Responding/Taking Actions:

Nursing interventions for the top priority:

1.

- *Assess level of consciousness and cognition and ability to protect own airway every Q15 minutes and PRN immediately after delivery
- to identify potential for airway problems
- *assess fundal location and Firmness Q15 minutes and PRN
- to identify if there is a boggy uterus and the need for further intervention
- *assess Peri Pads Every q15 minutes and PRN
- this would help identify if there is an abnormal amount coming out such as more than 2 pads in 2 hours
- *assess Vital signs every Q15 minutes
- to identify If there is an increase in heart rate and a drop in blood pressure that would be seen in postpartum hemorrhage (Cleveland Clinic, 2022) minutes
- *Assess pain level every q15 minutes
- To identify if the pain could be a factor in the abnormalities of vital signs
- *Assess skin turgor for fluid hydration status Q2hrs
- to assess if there is any abnormalities such as decrease dry skin
- *assess perineal lacerations Q15 minutes
- to identify any missed surgical sites during birth
- *Administer normal saline 0.9% as ordered x1 and PRN
- this would be for fluid replacement due to bleeding
- *Administer 10 Units/mL of Oxytocin X1
- decrease the risk for postpartum hemorrhage and encourage contraction of the uterus
- *administer Methergine 0.2 Mg X1 PRN
- decrease the risk for postpartum hemorrhage and encourage contraction of the uterus
- *educate patient that if there is a change to baseline such as dizziness or headache PRN, to turn to their left and hit the call lights
- This would be proactive in letting the nursing staff know when there is a change
- *Educate Patient about the benefits of breastfeeding PRN
- this would increase the production of oxytocin that would encourage the uterus to contract
- *educate in regards to Signs and Symptoms of Hemorrhage
- this would help the patient know when to call for help in the case of not being in the healthcare facility

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- *FHR is at 150-160 range with accelerations
- *epidural Placed in for pain and Pain rating a 5 out of 10 after placement
- *patient is 4cm dilated
- *Effacement unchanged
- *patients contractions are every 2-3 minutes consistently
- *Patients blood pressure is 118/69
- *patients hot flashes continue
- Will continue plan of care

Reference: Clinic, C. (Ed.). (2022, January 3). *Postpartum hemorrhage: Causes, risks, diagnosis & treatment*. Cleveland Clinic. <https://my.clevelandclinic.org/health/diseases/22228-postpartum-hemorrhage>