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*:

- AROM
- Clear amniotic fluid
- 3cm dilated
- GP= 2/0
- 39 weeks and 3 days pregnant
- Pain 8/10 in abdomen from contractions and in back
- Effacement 50%
- Irregular contractions ranging from 1-4 minutes, apart, 60-90 seconds each.

Lab findings/diagnostic tests*:

- GBS negative
- Blood type B positive
- hGb 11.5 (L)
- RBC 3.56 (L)

Risk factors*:

- Former smoker
- Oxytocin induction
- Induced abortion
- primigravida

Interpreting/Analyzing Cues/ Prioritizing Hypotheses/ Generating Solutions:

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

- Pain
- Risk for infection
- Risk for hemorrhage

Goal Statement: Pt will have reduced or tolerable pain throughout labor and delivery.

Potential complications for the top priority:

- Maternal exhaustion: physical fatigue, dizziness, weakness or muscle soreness.
- Vital sign changes: increased HR, RR, and BP
- Anxiety: restlessness between contractions, hyperventilation, tremors

Responding/Taking Actions:

Nursing interventions for the top priority:

1. **Ongoing Pain assessment every 30 minutes to one hour, and PRN**
   - **to monitor how pain is progressing, and to assess effectiveness of interventions. Changes in pain indicate improvement in the pts condition or development of complications.**
2. **Monitor Vital signs every 15min while on Pitocin, then q2 hours and PRN.**
   - **to monitor mothers' physiological responses to pain or potential complications.**
3. **Monitor contractions and FHR continuously and document q30min.**
   - **To monitor progression of labor and fetal well being.**
4. **Administer Cytotec 50mcg vaginally once.**
   - **To ripen the cervix for induction of labor.**
5. **Administer nubaine 10mg q6hr PRN IV push**
   - **For pain management**
6. **Administer Pitocin 30 units in 500mL, at 2 milliunits/min IV q24hrs**
   - **To induce labor via stimulating contractions.**
7. **Encourage emptying the bladder q2hr or more frequently as needed**
   - **A full bladder can cause discomfort and impede fetal descent.** (Swearingen, 2016)
8. **Assist pt to hands and knees position as needed**
   - **To relieve back pain**
9. **Assist pt to peanut ball position as needed**
   - **To help open up the pelvis**
10. **Educate pt on epidural as needed.**
    - **To reduce anxiety**
11. **Teach and encourage relaxation and breathing techniques as needed.**
    - **Relaxation and breathing techniques promote adequate oxygenation to the tissues and decrease physiological responses to pain**

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- **Oxytocin is still running, now at 6 milliunits/ min IV**
- **Pt is now 5-6 cm dilated**
- **Pt is at 75% effacement**
- **Pt has had an epidural, which helped relieve contraction pain now at a 5/10 described as "less intense"**
- **Contractions 3-5 minutes apart, lasting about 60 seconds**

Continue plan of care.

Reference: Swearingen, P. L. (2016). *All-in-one nursing care planning resource: Medical-surgical, pediatric, maternity, and Psychiatric-Mental Health*. Elsevier.