Questions to answer in the reflection journal based on Tanner's Clinical Judgment Model:

Noticing:

Explain the patient's background.

The patient was a G5P4. She was obese, a smoker of two packs per day, smokes marijuana occasionally, drinks caffeinated drinks every day (Mountain Dew), and has uncontrolled gestational diabetes. She has had no prenatal care and is at 33 weeks of gestation complaining about contractions. This patient had risk factors for both a preterm labor and a postpartum hemorrhage such as being obese, a smoker, working long hours, smoking marijuana, having a vacuum assisted delivery, possibly longer second stage of labor, third degree laceration, a large for gestational age baby, and induction of labor with oxytocin (Linnard-Palmer & Coats, 2017, p. 205).

What did you notice from the patient's background that guided your nursing care?

Something that I noticed from the patient's background that guided my care is that she was a smoker which was a good educational piece as well as her not having prenatal care. With her not having any prenatal care we did not know what to expect as far as if she has had any complications or if she takes any medications.

What expectations did you have about the patient prior to caring for the patient?

Expectations I had prior to caring for this patient was for her to be in a lot of pain because of her contractions. I expected her to be kind of annoyed at our education about quitting smoking, drinking more water, and the importance of receiving prenatal care regardless of how many kids she has had in the past.

What previous knowledge did you have that guided your expectations?

Previous knowledge I have that guided my expectations is that many of the smokers I have taken care of during clinicals seem to feel pain more stronger than those who do not smoke, as well as them not really wanting to listen to our education on quitting the bad habits for the sake of being healthy.

Interpreting:

Interpret the data (labs, diagnostics, background, information from report, orders, and medications) that you had about this patient.

The labs that we got on this patient was a urine analysis which was positive for nitrates, leukocytes, and TCH with a specific gravity of 1.035 which indicated to us that she may have a UTI as well as being dehydrated. The THC was positive due to her smoking marijuana according to her report. We were thinking that the dehydration was due to the lack of water in comparison to how much caffeine she was intaking. While she did not have any prenatal care or medications

(in the first part), we were able to look past that and try and ask her more questions to figure out what was going on. During the second part she was postpartum and had some standing orders for medications such as oxytocin and methergine which to us meant that it was to help firm the uterus up and stop a hemorrhage if one were to occur. Oxygen was also on the standing orders to help with her respirations and oxygen levels while we would be performing a fundal massage if she were to have a hemorrhage.

Explain how you chose your particular course of action for the patient:

Upon that first entrance into her room, we decided the first thing to ask about was the pain and her contractions as well as get vital signs on her, so we knew what her baseline for us was. Once we got a baseline and asked her questions to better get to know what our situation could be, we set up the external fetal monitoring system so we can see how the baby is doing and if there was a need for immediate action. Then reported everything to the physician to see where they wanted to go from there.

Responding:

Explain how you prioritized your nursing care (interventions) based on your interpretation of the patients data:

After interpreting all of the data presented to us, we decided that our first priority should be to get a set of vital signs because we needed a baseline to go off of, and then we decided to attach the fetal heart rate monitor because we needed to see how the baby was doing. Since we had an order to obtain a urine analysis, we decided to do that next to see if there were any drugs in her system or an infection. After that, we decided to educate her about smoking cessation and her caffeine intake. During the second part, we looked at her report from the day shift nurse and looked at the standing orders first then chose to ask her how she was feeling and see if she had any complications during birth. After that, we got a set of vital signs and thing were looking good until she stated that she was dizzy. Once she stated that she was dizzy, I felt her uterus and noticed that it was boggy and not firm while another nurse got her vital signs and we saw that her blood pressure was low and her heart rate was high which indicated to us that she was possibly having a postpartum hemorrhage. After that, we checked the peripad to see if her was bleeding while I continuously massaged the patient's uterus to try and stop her from bleeding as well as trying to get the uterus to get firmer. As I was massaging the uterus, another nurse administered the oxytocin and methergine per standing orders then we called the physician to let them know what was happening.

Describe your communication with your patient and peer:

The communication with the patient between all of us was both therapeutic and professional. We explained everything to her as far as what we were going to be doing and why we needed to do it. With my peers the communication was effective and efficient, we were able to help each other

out with interpreting the vital signs and lab data that was provided as well as make sure that everyone understood what we needed to do at that given time.

Describe how you responded differently to this patient versus an adult patient with the same diagnosis:

This was an adult patient and therefore I did not respond any differently.

Reflecting:

Explain what you will take from this scenario and incorporate in future patient situations:

Something I will take away from this simulation is that it is easier to have extra hands when things go awry or unexpected.

After viewing the video, what do you feel was your most positive attribute?

My most positive attribute is that I was able to ask the patient the right questions, not freak her out, and was able to communicate with the team members effectively and efficiently. Another strong point I had was that I was able to recognize that we immediately needed feel her uterus and massage it continuously until she became stable and the uterus became firm again.

After viewing the video, what areas do you need improvement with? What is the plan to achieve this improvement?

An area I need improvement in is feeling the fundus of the uterus better, I learned during this simulation that you need to press down somewhat hard in order to feel it correctly. I plan to achieve this improvement by not only reminding myself about doing it the right way, but also watching the videos more closely to see how hard other nurses perform a fundal massage.

References

Linnard-Palmer, L., & Coats, G. H. (2017). Assessment and care of the family after birth. In *Safe maternity and pediatric nursing care* (pp. 199-214). Philadelphia, PA: F.A. Davis.