

Maternity Case 1: Olivia Jones

Documentation Assignments

1. Document the data from your focused antepartum assessment of both Ms. Jones and the fetus. Olivia Jones is a 23-year-old African American female G1P0 at 36 weeks gestation. She was admitted to the floor for surveillance due to severe preeclampsia. She has concurrent elevated blood pressure (BP), heart rate (HR), increased weight gain of 3 lbs within the last week, severe headache, proteinuria, and epigastric pain in the right upper quadrant (RUQ). HR 113, BP 171/102, RR 22, O2 91%, temp 37C. She is conscious and appropriate. Fetal early deceleration with fetal HR of 154. Observed patient with non-productive cough, foley catheter was placed with minimal output of 1ml, and positive clonus was noted. Seizure protocols were implemented.
2. Write the situation-background-assessment-recommendation (SBAR) communications you would use to update the provider on Ms. Jones's status at the time of her admission. S- P is a 23-year-old African American female G1P0 at 36 weeks gestation. The patient was admitted to labor and delivery (L&D) with a diagnosis of severe preeclampsia and is to be monitored. She is presenting with N/V, blurred vision, headache, and RUQ epigastric pain.

Assessment documented above

Recommendation is to keep monitoring patient to prevent worsening of preeclampsia.

3. Document the teaching you would provide to the patient and her support person prior to administering magnesium sulfate.

Magnesium sulfate is used for the treatment of preeclampsia. During this drug regimen we are assessing vital signs (RR, BP, HR, and SPO2) very rigorously. We will place patient on her left side and avoid semi-fowlers as much as possible. Make sure the patient knows to notify the nurse if she is experiencing trouble breathing, increased RUQ pain, vision impairment/ changes, or increased contractions. We will be assessing your vitals every 15 min.

4. Document the administration of the magnesium sulfate bolus and the initiation of the magnesium sulfate infusion.

Magnesium sulfate was administered in sterile water (6mg/100ml) and infused at a rate of 200mL/hr. To verify the dosage was verified by a second nurse. Vitals were assessed q15 min.

5. Document your reassessment of the patient's status after administering magnesium sulfate.

Patient stating that she was feeling a little better. Does not complain of dizziness after administration. Vitals did not diminish, and I ended the scenario.