

1. FHR was 90-110, variable deceleration, vital signs were all stable maternal spO2 at 97%, HR at 88, temp was 37C, BP 135/81
2. Administered terbutaline 0.25mg sQ when prolapsed cord called to provider, 500 mL bolus of Lactated ringers, non rebreather at 10L.
3. S- Carla Hernandez, patient in active labor found with prolapsed cord during vaginal exam. FHR concerning, with variable decelerations.
B-Patient 32 y/o hispanic female, G2P1(L1), 37 5/7 weeks gestation. Been in active labor since 0600 this morning. Amniotomy performed. EFM showing late decelerations, FHR at 89.
A-After interventions, FHR still having decelerations, (assisted patient into Trendelenberg, pressure is on presenting part, and 10L O2 given by non rebreather.)
R- I would recommend a c-section be performed to lower risk of fetal demise.
4. Prolapse at 0816. Provider called and new orders to prepare patient for c-section. Surgery, NICU, and anesthesia all called to confirm patient arrival.
5. FHR 89, abnormalities were late decelerations.
6. Reassured patient husband after he expressed anxiety of status of wife and baby. Explained the situation with the prolapsed cord, and that the reason for the FHR abnormalities is that blood flow through cord is not perfusing enough to carry enough oxygen to baby. Explained a c-section is safest option for delivery to reduce risks of complications.
7. Health care team worked well together, one nurse did FHR monitoring and maternal vitals while the other handled vaginal exam. When prolapsed cord found, teamwork went well, clear chain of command, who to call to notify, and quick communication with provider. Other nurse helpful is assisting with keeping pressure off cord while prepping patient to move to surgery. No areas for improvement noted.

A.Riehl
Carla H. Vsim