1. **Location:** Labor and Delivery Unit

History/Information: A 38 year old G5 T0 P1 SAB 3 L1, woman presents at 38 weeks. Per her report, she states her last missed period was 10/19/19 She reports to the unit with complaints of cramping. She is visibly upset and has some noted tears streaming down her checks. She also reports bleeding that started 3 days ago and has seemed to pick up in the last 30 minutes or so. She states "I feel like I've also been peeing my pants occasionally". She has received poor prenatal care and appears disheveled. Visible blood stains are noted on her socks that are bright red. She smells of cigarette smoke. She is accompanied by a male who is pacing in the hallway. She is triaged in the unit and is admitted for further observation.

Healthcare provider's orders (Standing orders):

-Admit to Labor & Delivery

-Vital Signs Q15 minutes

-Bedrest with bathroom privileges

-Urine analysis with drug screen

-Continuous fetal monitoring

-No vaginal exams

-IV of Lactated Ringers at 125ml/hr. on a pump

-No pain medication at this time

-NPO

-Oxygen 10L via non-rebreather PRN

-Urinary catheter to bedside drainage

-GBS swab

-Amnisure

-CBC with differential, platelets, H&H, D-Dimer, Fibrinogen, Type &Screen

-Accucheck

1. What would be the nurse's priority action in this scenario?

2. What would the nurse think might be happening in this scenario?

3. Why does the provider order the continuous fetal monitoring but with no vaginal exams?

4. Why is oxygen ordered in this scenario instead of positioning the woman on her side?

5. Are there any risk factors for placenta previa or placenta abruption seen in this scenario?

6. What assessment findings, if seen, would indicate fetal hypoxia or fetal distress?

7. How would you document the amount of blood loss for this client?

8 . Why were the -CBC with differential, platelets, H&H, D-Dimer, Fibrinogen, Type &Screen ordered for this client?

2. **Emily, a 26-year old G3P2, has been in labor for 5 hours and is 7 cm, 90% effaced, and +2 station. She has external fetal monitoring in place, which reveals a baseline fetal heart rate of 120 bpm, minimal variability, and occasional variable decelerations. Suddenly , as a contraction is beginning to subside, the fetal heart rate drops to a low of 80 bpm and has a slow return to the baseline 1 minute after the contraction has ended.**

A. What is happening to Emily's baby at this point in time? What does this mean?

B. What role do you, as the nurse, play regarding fetal assessment and what interventions do you need to implement/recommend at this point in time?

3. **Sara , G1 T0 P0 A0 L0, is 16 weeks gestation with hyperemesis gravidarium and is being admitted to the hospital**.

A. What lab values would you anticipate

B. What orders would you anticipate the provider prescribing for this client?

4. **Diane, age 40, is a G3 P1 AB1 L1. She has been in labor at the hospital for 10 hours. Diane is 5'2" tall and weighs 235 lbs at 39 4/7 weeks gestation. Her cervical examination reveals she is 3 cm, 30% effaced, and -1 station. The amniotic sack is still intact. Her contractions are every 4-5 minutes lasting 45 seconds. The FHR baseline is 125 and there is moderate variability. Diane is tired and wants an epidural, but the Obstetrician says she is not contacting well enough nor has made enough progress in terms of cervical dilation to get and epidural yet. Diane has been feeling most of her pain in her lower back.**

A. Given your understanding of the 5 P's and the cardinal movements of labor, discuss why Diane is having back labor and why her progress is slow. What is this called?

B. List 7 strategies that the nurse might implement to assist Diane in progressing in her labor. These are things that the nurse can do independent of a physician's order.

C. What orders would the nurse anticipate receiving from the Obstetrician if the labor continues in this manner?

5. **Laura is a 26-year old G2P1 who had a caesarean delivery for fetal distress with her first pregnancy. Laura is now struggling with deciding between a repeat cesarean delivery or attempting a VBAC.**

A. In order to ensure that Laura has the facts to assist her in her decision, explain the risks of a repeat caesarean delivery.

B. What are the selection criteria for a VBAC?

C. Describe the management of care for a woman attempting a VBAC delivery.

6. **Rachel is a G 2 P1 who is in the first stage of labor. She is 100% effaced and 7 cm dilated with the amniotic sack intact. The FHR is at a baseline of 140-145 accelerations up to 20 lasting 10 seconds. Rachel had her epidural block administered an hour ago and you have been monitoring her vitals signs every 15 minutes. She is laying in a semi fowler's position. She has an IV of Lactated Ringers infusing at 50ml/hour. The automatic blood pressure cuff goes off and the nurse notices that Rachel's blood pressure is 80/54.**

A. What should be the nurse's first response be?

B. What should he nurse do next?

Rachel's blood pressure has returned to normal and, but Rachel is now starting to feel some pressure in her perineum. The EFM now shows a sudden deceleration in the FHR to 100 bpm which returns to baseline within 30 seconds. Rachel now says that she feels like she is wet so the nurse decides to do a vaginal exam. When the nurse lifts the sheet, she observes the umbilical cord protruding from the vagina.

A. What would be the first action that the nurse would perform?

B. List other actions the nurse would take in this situation.

7. **Amira is a 33-year-old G4 P1 PT 1 AB1. She is now 30 weeks gestation but has been feeling a lot of what she thinks are Braxton Hicks contractions. When she goes to the bathroom, she notices some pink tinged mucous on her tissue and she begins to be concerned. She calls her Obstetrician and is told to go to Labor and Delivery at the hospital to be checked. She is place on a EFM and tocotransducer for a non-stress test and it show that she is contracting every 5-6 minutes and the contractions are lasting 30-40 seconds. The obstetrician arrives and does a speculum vaginal exam finding that Amira is dilated 1 cm.**

The physician then admits Amira to the hospital labor and delivery unit:

The orders given are:

1. Start an IV of Lactated ringers to fun at 100ml/hr.
2. Initiate Terbutaline at 2.5-5 mcg/min IV
   Increase gradually as tolerated at 20-30-minute intervals until the contractions stop or up to a maximum of 30 mcg/min IV. Continue infusion for 12 hr following cessation of uterine contractions; not to exceed 48-72 hr.
3. Strict intake and output
4. NPO until contractions stop.
5. Bedrest with bathroom privileges.

A. What category of drug is Terbutaline considered to be in this situation?

B. How does it work to suppress contractions?

C. List 3 nursing considerations in the use of this drug.

D. What client education should be given to Amira?

8. **Olivia Jones, a 30 year old primigravida, is 33 weeks gestation. During her prenatal visit today, she says she has been having headaches. Her vital signs indicate that she her blood**

pressure is 148/92 which is a significant rise since her last prenatal visit 3 weeks ago when it was 135/85; a 15 pound weight gain; a swelling in her ankles to the point that she can't put on her shoes; and she feels like her face has suddenly gotten fat. A urine specimen is obtained and tests positive fore "+2 protein. The physician diagnoses her with mild preeclampsia and tells her that she wants her to go to the hospital and be admitted to labor any delivery for observation.

A. When she arrives at the unit, what actions would the nurse do first?
B. What orders would the nurse anticipate for this patient?

C. What lab values would you anticipate being abnormal ?

Olivia asks the nurse if a few days on bedrest will "cure" the preeclampsia so that she can go back to work until the baby is born. What would be the best response?

Olivia stays in the hospital on bed rest with bathroom privileges for 4 days. She has a NST done every 8 hours. The nurse doing Olivia's morning assessment obtains vitals of T 99, R 16, HR 91; B/P of 154/93; O2 sat 98%; patellar reflexes at +3. Olivia asks to take a walk on the unit because she is tired of laying in the bed.

A. Would be the nurse's response?
B. What would be the nursing actions in response to these vital signs?

Later that morning, Olivia complains of a throbbing headache and discomfort in her upper right side. She has an order for Tylenol 650mg po q 4 hours prn for discomfort.

A. Would the nurse give the prescribed Tylenol?

B. Is there anything else the nurse would do?

C. What risks occur with this scenario?

The provider gives orders that an IV needs to be started and IV magnesium sulfate given at a low rate.

A. What interventions would the nurse anticipate now?

The NST done at 1100 this day shows minimal variability in the FHR with a baseline of 110; no accelerations; occasional contractions with decelerations which start at the acme of the contraction and return to baseline after the contraction stops. Olivia says she now has a severe headache. She says she just doesn't feel good and vitals signs are R 10; P100; B/P 160/94, O2 Sat 98.

A. What would your nursing interventions be at this time?

B. What would you anticipate the physician ordering?