

N432 Labor & Delivery Care Plan

Lakeview College of Nursing

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Demographics (3 points)

Date & Time of Admission 10/26/2020 @0840	Patient Initials KM	Age 32	Gender Female
Race/Ethnicity White	Occupation Illini Smiles Dental	Marital Status Married	Allergies NKA
Code Status Full	Height 5'1"	Weight 166lbs	Father of Baby Involved Yes

Medical History (5 Points)

Prenatal History: Compliant/consistent with doctors' orders

Past Medical History: Low back pain, laceration of scalp, subarachnoid hemorrhage with brief loss of consciousness, no open intracranial wound from MVA

Past Surgical History: Wisdom teeth extraction

Family History: Father-lung cancer

Social History (tobacco/alcohol/drugs): Pt denies use of tobacco. Pt denies use of illegal drugs. Pt consumed alcohol prior to pregnancy socially

Living Situation: Lives at home with husband, 2 dogs, stable environment

Education Level: Some college and no learning barriers

Admission Assessment

Chief Complaint (2 points):

Induction by doctors order due to IUGR(Intrauterine Growth Restriction) and Gestational thrombocytopenia from a Dx at 33 wks and ordered to have antenatal tests 2x/wk

Presentation to Labor & Delivery (10 points):

G1PO presents to the hospital for induction per doctor's orders due to complications of IUGR and Gestational Thrombocytopenia diagnosis. Pain is 2/10 in the abdomen, and labor checks show FHR and NST appear normal and stable. Cervical dilation presenting of 1 cm with 50% effaced.

Misoprostol was given vaginally to ripen the cervix at 0952 and started on Pitocin. Progression of dilation initiates a need for a foley bulb to be inserted into the womb to pressure the cervix. When inserted, a spontaneous rupture of membranes was clear, standard, and had no odor. The first stage of labor started at 1438 after the foley bulb was inserted and dilated to 1.5 cm and 60% effaced. Pt explains pain at 5/10, saying, "I am feeling tightening in my abdomen, and I'm feeling nauseous, is this normal?" She was given Fentanyl for pain through epidural, and pain declined down to a 2 with ease and relaxed. At 1600 the foley bulb came out, and dilation was at 4.5 cm and 60% effaced.

Diagnosis

Primary Diagnosis on Admission (2 points): Induction of labor due to IUGR

Secondary Diagnosis (if applicable): Induction of labor due to Gestational Thrombocytopenia

Stage of Labor

Stage of Labor Write Up, APA format (20 points) This should include the progression of cervical effacement & dilation as well as pain management techniques:

On 10/26/20 at 0952, mom is in the early first stage of labor and progresses well with effacement and dilation—information used from the Friedman Curve. Mother has been in the first stage for about 6 hours. Fetal station for each time checked is -3, and pain management techniques used were a distraction, positioning, relaxation, and breathing exercises. At 0925, mom is 1 cm dilated and 50% effaced. Misoprostol is used to ripen her cervix. Mom can have Tylenol for pain management. As pain progresses, the mother changes position to the side and uses relaxation techniques. At 1400 mom is dilated to a 1.5 and 60% effaced. At this time, the mother had a balloon foley inserted to dilate her cervix and increase effacement. Insertion caused her membranes to rupture, resulting in clear color and no odor, and she's also started on Pitocin. At 1438 mom is dilated to 1.5 and 60% effaced. At 1611 mom was dilated to 4.5 and 60% effaced when balloon foley came out, and epidural started with fentanyl pain medication.

Signs and symptoms included for early labor would be less intense contractions that can become mild, even strong starting to be irregular. Early labor is the most extended phase, and the cervix begins to thin and progresses to 3-4 cm of dilation. The duration of early labor which can be days, weeks, or just a few short hours. Some things to look for to assess that the woman is in early labor would be backaches, bloody mucus discharge, and cramping (Labor and Delivery, 2018). The expected vital signs will increase if no induction methods cause a decrease. Expected Lab values for labor: Cholesterol increases, Fibrinogen increases, Glucose decreases, Leukocytes increase, platelets slightly decrease over time (Pregnancy: Laboratory Measurements, n.d.).

The next phase-active assessment within the first stage of labor is for the cervix to become dilated to 7 cm. Contractions become more vigorous, backache severity increases, and bright red bloody show increases when the second stage of labor begins when the mother feels the need to bear down and feels the pressure of the baby (Labor and Delivery, 2018).

Stage of Labor References (1) (APA):

Labor and delivery: Signs, stages, and more. (2018, November 5). Healthline.

<https://www.healthline.com/health/pregnancy/labor-and-delivery>

Pregnancy: Laboratory measurements. (n.d.). Retrieved October 29, 2020, from

https://www.openanesthesia.org/pregnancy_laboratory_measurements/

Laboratory Data (15 points)

CBC Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Prenatal Value	Admission Value	Today's Value	Reason for Abnormal Value
RBC	3.80-5.30	3.84	3.64	3.64	A low RBC reading is "common during pregnancy due to low iron or vitamin levels" (Jones & Bartlett Learning, 2018).
Hgb	12.0-15.8%	11.6	11.1%	11.1	A low Hgb reading can

					"represent normal anemia during pregnancy" (Jones & Bartlett Learning, 2018).
Hct	36-47%	34.0	31.9%	31.9	A low Hct level can be seen in "pregnancies where the mother is experiencing iron-deficiency anemia" (Jones & Bartlett Learning, 2018).
Platelets	140-440	146	124	124	A low platelet reading can be seen as "Gestational thrombocytopenia as it is a common condition with most pregnant women" (Jones & Bartlett Learning, 2018).
WBC	4-12	9.74	7.50	7.50	
Neutrophils	47-73%	8.13	84.3%	84.3	An increase in these cells during pregnancy is typical, but it's not dangerous to the body or fetus. "It is indicated by the bone marrow's response to the increased production of red blood cells" (Jones & Bartlett Learning, 2018).
Lymphocytes	18-42%	0.94	9.3%	9.3	A lower level of this lab in pregnancy is "a natural result of conception and is a normal body process" (Jones & Bartlett Learning, 2018).
Monocytes	4-12%	6.2	5.8%	5.8	
Eosinophils	0-5%	0.3	0.3%	0.3	
Bands	45-74	N/A	N/A	N/A	

Other Tests **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Prenatal Value	Value on Admission	Today's Value	Reason for Abnormal
Blood Type	N/A	O	O	O	

Rh Factor	N/A	Positive	Positive	Positive	
Serology (RPR/VDRL)	Nonreactive	Nonreactive	Nonreactive	Nonreactive	
Rubella Titer	Immune	Immune	Immune	Immune	
HIV	Negative	Negative	Negative	Negative	
HbSAG	Nonreactive	Nonreactive	Nonreactive	Nonreactive	
Group Beta Strep Swab	Negative	Negative	Negative	Negative	
Glucose at 28 Weeks	<140	98	98	98	
MSAFP (If Applicable)	N/A	N/A	N/A	N/A	

Additional Admission labs **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Prenatal Value	Value on Admission	Today's Value	Reason for Abnormal
COVID-19	NOT DETECTED	Not detected	NOT DETECTED	Not detected	

Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Prenatal Value	Value on Admission	Today's Value	Explanation of Findings

Urine protein/creatinine ratio (if applicable)	N/A	N/A	N/A	N/A	N/A
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Lab Reference (APA):

Jones & Bartlett Learning. (2018). *2018 Manual of Diagnostic and Laboratory Tests* (19th ed.).

Jones & Bartlett Learning.

Electronic Fetal Heart Monitoring (16 points)

Component of EFHM Tracing	Your Assessment
What is the Baseline (BPM) EFH?	135 BPM
Are there accelerations? If so, describe them and explain what these mean (for example: how high do they go and how long do they last?)	Yes- need to be at least 15 BPM and shows oxygen supply to baby How high- 150 How long-90 sec Variability-6-25 BPM
What is the variability?	

<p>Are there decelerations? If so, describe them and explain the following: What do these mean?</p> <ul style="list-style-type: none"> ○ Did the nurse perform any interventions with these? ○ Did these interventions benefit the patient or fetus? 	<p>None</p>
<p>Describe the contractions: Frequency: Length: Strength: Patient's Response:</p>	<p>Irregular until turned onto side</p> <p>Contraction Frequency: 1-3 min</p> <p>Length: 60 sec</p> <p>Strength: moderate by palpation</p> <p>Pt response: discomfort/pain 3/10</p>

The pt's EFHM diagnosis was stable and normal for the diagnosis of IUGR and Gestational Thrombocytopenia.

EFM reference (APA format):

Barlow, M., Holman, H., Johnson, J., McMichael, M, Sommer, S., Wheless, L., Wilford, K., & Williams, D. (2019). ATI: RN *Maternal newborn nursing* (11.0 ed.). Assessment Technologies Institute, LLC.

Home Medications (2 required)

Brand/Generic	LACTOBACILLUS Bacid	Prenatal Vit-Fe Fumarate-FA NatureMade Brand
Dose	500mg	200mg
Frequency	Once a day.	Once a day.
Route	PO	PO
Classification	Probiotic	Antianemics Vitamin
Mechanism of Action	Non-pathogenic yeast used to colonize the gastrointestinal tract.	Necessary for formation of coenzymes in metabolic systems.
Reason Client Taking	Pregnancy	Pregnancy
Contraindications (2)	Hypersensitivity to yeast. Immunocompromised patients	Hypersensitive to preservatives. Hypersensitive to saccharin.
Side Effects/Adverse Reactions (2)	bloating, constipation	Discoloration of urine. Rash
Nursing Considerations (2)	Assess color, consistency, and amount of stool produced. Instruct patients to take as directed.	Assess pt for adverse reaction Teach to take no more than recommended.

Key Nursing Assessment(s)/Lab(s) Prior to Administration	<p>Monitor CBC periodically during therapy.</p> <p>Monitor for abnormal bowel movements.</p>	<p>Skin lesions, color; adventitious sounds; CBC, Hgb, Hct, serum folate levels, serum vitamin B12 levels, Schilling test.</p>
Client Teaching needs (2)	<p>Make sure your doctor is aware of all herbal medications you are taking.</p> <p>Store in a sealed container as directed on the product label, away from moisture, heat, and light.</p>	<p>Do not take more than it says on the bottle.</p> <p>Contact your physician if you develop a new rash.</p>

Hospital Medications (5 required)

Brand/Generic	Tylenol acetaminophen	Carboprost Hemabate	Tums calcium carbonate	Fentanyl Duragesic	Cytotec Misoprostol
Dose	975mg	250mcg	1000mg	50mcg	25mcg
Frequency	Q4 PRN	Every 15 minutes PRN	Q8 PRN	Q2 PRN	Q4
Route	PO	IM	PO	Epidural	Vaginal
Classification	antipyretics, nonopioid analgesics	abortifacients	Antacid	opioid analgesics	prostaglandins
Mechanism of Action	. The mechanism of action of acetaminophen in reducing pain is unknown but may be due to an inhibition of central	hormone-like substance that occurs naturally in the body. It helps to control functions in the body such as blood pressure and muscle contractions.	It works by lowering the amount of acid in the stomach.	Fentanyl binds to opioid receptors, especially the mu opioid receptor, which are coupled to G-	Acts as a prostaglandin analogue, decreasing gastric acid secretion and increasing

	<p>prostaglandin synthesis (specifically cyclooxygenase (COX)-2) and an elevation of the pain threshold. Acetaminophen reduces fever by inhibiting the formation and release of prostaglandins in the CNS and by inhibition of endogenous pyrogens at the hypothalamic thermoregulatory center</p>			<p>proteins. Activation of opioid receptors causes GTP to be exchanged for GDP on the G-proteins which in turn down regulates adenylate cyclase, reducing concentrations of cAMP.</p>	<p>the production of protective mucus. Causes uterine contractions.</p>
Reason Client Taking	Pain	Bleeding	Heartburn	Severe Pain	Induction
Contraindications (2)	<p>Hypersensitivity to acetaminophen or any other components of the product</p> <p>Severe hepatic impairment</p>	<p>Do not use it in pts with acute PID.</p> <p>Do not use it if you have active cardiac, pulmonary, renal or hepatic disease.</p>	<p>Calcium blocks absorption of tetracyclines. May affect absorption of other drugs. Absorption blocked by corticosteroids, foods such as rhubarb, spinach, bran.</p>	<p>Can interact w/MAO-I's.</p> <p>Can interact with grapefruit juice & other CNS depressants.</p>	<p>Hypersensitivity to prostaglandins; Pregnancy or lactation (when used to prevent NSAID-induced gastric injury).</p>
Side Effects/Adverse Reactions (2)	<p>rash, urticaria</p>	<p>uterine rupture, fever</p>	<p>Hypercalcemia, hypercalciuria</p>	<p>laryngospasm, itching</p>	<p>flatulence, nausea</p>
Nursing Considerations (2)	<p>Help patients explore other nonpharmacologic methods to reduce chronic pain. Implement appropriate manual therapy techniques.</p>	<p>Use w/caution in pts with a hx of asthma.</p> <p>Monitor BP, pulse, watch for hemorrhage.</p>	<p>Make sure the patient does not have a dairy allergy.</p> <p>Monitor for cardiac arrhythmias.</p>	<p>Screen for addiction.</p> <p>Monitor for respiratory depression.</p>	<p>Use caution in pts with coronary artery disease.</p> <p>Use caution in pts with dehydration.</p>

Key Nursing Assessment(s)/ Lab(s) Prior to Administration	<p>Monitor hepatic panel.</p> <p>Monitor signs of leukopenia and neutropenia</p>	<p>Examine for cervical trauma.</p> <p>Monitor for Hypotension.</p>	<p>Calcium levels need to be monitored with long term use.</p>	<p>Fentanyl interferes with respiratory function and pupil reaction.</p> <p>Watch for respiratory depression.</p>	<p>Monitor for normal lab values.</p> <p>Asses for headaches or blurry vision every 6 hours.</p>
Client Teaching needs (2)	<p>Instruct patients about the signs of liver toxicity and renal failure.</p> <p>Advise patients to reduce alcohol intake.</p>	<p>Do not consume alcohol while on this medication.</p> <p>Get emergency medical help if you have any of these signs of an allergic reaction: hives; difficult breathing; swelling of your face, lips, tongue, or throat.</p>	<p>Tell your doctor if your condition persists or worsens.</p> <p>Do not take the maximum dose of the medication for more than 2 weeks unless directed by your doctor.</p>	<p>Alcohol will enhance the drug's hypotensive and sedative effects.</p> <p>Avoid activities that require alertness</p>	<p>Instruct patients to report bothersome side effects.</p> <p>Advise patients to avoid alcohol and foods that may cause an increase in GI irritation.</p>

Medications Reference (APA):

Jones & Bartlett Learning. (2020). *2020 Nurse's drug handbook* (19th ed.). Jones & Bartlett Learning

Assessment

Physical Exam (18 points)

<p>GENERAL (0.5 point):</p> <p>Alertness:</p> <p>Orientation:</p> <p>Distress:</p> <p>Overall appearance:</p>	<p>A/O x 4, appearance is appropriate for age, appropriate/good grooming, normal speech, no distress, relaxed with some discomfort</p>
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<p>INTEGUMENTARY (2 points): Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds/Incision: . Braden Score: Drains present: Y <input type="checkbox"/> N <input type="checkbox"/> Type:</p>	<p>Skin color r/t ethnic background, skin intact/moist no abnormalities, no ecchymosis, temp normal 97.8 F, no tenting <3 sec cap refill, mucous membranes moist and intact, no drains present, braden score of 20</p>
<p>HEENT (0.5 point): Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Normocephalic, eyes symmetrical/ even, no drainage, sclera white, ears intact with pearly grey TM, 5 and 7 o clock cone of light, no deviated septum, patent nostrils bilaterally</p>
<p>CARDIOVASCULAR (1 point): Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input type="checkbox"/> Edema Y <input type="checkbox"/> N <input type="checkbox"/> Location of Edema:</p>	<p>.S1/S2 present w/out murmurs or gallops, regular heart rhythm, 3+ peripheral pulses, < 3 sec cap refill, no neck vein distention, no edema</p>
<p>RESPIRATORY (1 points): Accessory muscle use: Y <input type="checkbox"/> N <input type="checkbox"/> Breath Sounds: Location, character</p>	<p>Breath sounds auscultated clear, no wheezing or stridor noted, regular respirations, equal chest expansion, no use of expiratory muscles, no pursed lip breathing, no accessory muscle use</p>

<p>GASTROINTESTINAL (5 points): Diet at Home: Current Diet: Height: 5' 1" Weight:166 lbs Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds:</p>	<p>Fundus is firm, midline with fetal station at -3, blood show is bright red/ scant amount, no odor, and normal amount, normoactive bowel sounds noted, last BM on 10/26 AM regular/soft, no distension, no drains, no wounds to abdomen, diet is normal at home, ice chips only currently</p>
<p>GENITOURINARY (5 Points): Bleeding: Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input type="checkbox"/> Type: Size: Rupture of Membranes: Time: Color: Amount: Odor: Episiotomy/Lacerations:</p>	<p>No urinary issue, no dysuria, color in normal yellow, genitals normal in structure, no cath required currently, membrane rupture at 10/26 1438 spontaneously, color is clear/normal, no odor, medium amount, no episiotomy/laceration currently, no catheter</p>
<p>MUSCULOSKELETAL (2 points): ADL Assistance: Y <input type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input type="checkbox"/> Fall Score: Activity/Mobility Status: Independent (up ad lib) Needs assistance with equipment Needs support to stand and walk</p>	<p>Nail Bed r/t ethnic background, no cyanosis or clubbing, extremities are pink/normal, no diaphoresis, independent assistance, no fall risk, with epidural must stay in bed</p>

<p>NEUROLOGICAL (1 points): MAEW: Y <input type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC: Deep Tendon Reflexes:</p>	<p>A/Ox 4, normal cognition, able to follow commands, intact memory, PERRLA intact, upper and lower extremities bilaterally normal in strength, does MAEW, orientation, mental status, speech. Sensory, LOC, deep tendon reflexes are all normal</p>
<p>PSYCHOSOCIAL/CULTURAL (1 points): Coping method(s): Developmental level: Religion & what it means to pt.: Personal/Family Data (Think about home environment, family structure, and available family support):</p>	<p>Developmental level is normal for age, coping well with labor situation, does not have a set religion, married 1 year, home life is positive/stable with 2 dogs, several family support resources</p>
<p>DELIVERY INFO: (1 point) Delivery Date: Time: Type (vaginal/cesarean): Quantitative Blood Loss: Male or Female Apgars: Weight: Feeding Method:</p>	<p>None US shows Female</p>

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	96	120/81	16	97.3	100% RA
Admission to	101	124/73	18	97.9	95% RA

Labor/Delivery					
During your care	78	123/80	18	97.8	100% RA

Vital Sign Trends: Within normal limits and stable

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1100	Numeric	Abdominal	2	Some discomfort, irregular contractions	Relaxation/dim lights, turned pt onto one side
1600	Numeric	Abdominal	5	Contractions frequent at 1-3 min apart, 60 seconds duration,	Position to side/dim lights, epidural started

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 18 gauge placed/single lumen Location of IV: L. cephalic lateral side Date on IV: 10/26/20 Patency of IV: Present and verified/recorded Signs of erythema, drainage, etc.: No signs of erythema or drainage IV dressing assessment: Clean, dry, and intact	Lactated Ringers 125 ml/ hr continuous 0.9% NaCl 1000 ml IV Bolus over 1 hour to prepare for epidural Oxytocin in NS premix 30U /1500 ml 1-20ml/ hr

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
0	1000 ml urine

Nursing Interventions and Medical Treatments during Labor & Delivery (6 points)

Nursing Interventions and Medical Treatments (Identify nursing interventions with “N” after you list them, identify medical treatments with “T” after you list them.)	Frequency	Why was this intervention/ treatment provided to this patient? Please give a short rationale.
T: Administering Cytotec(Misoprostol)	T:As provider prescribes to dilate/efface cervix	T: This is administered to try to start dilation and effacement of the cervix in order to start/influence labor. -Misoprostol is a medication that dilates the cervix and causes mild cramping -Usually the first step in the induction process.
T: Administering Pitocin(Oxytocin)	T: As provider prescribes to continue induction	T: This is administered to continue the process of induction of labor to cause contractions. -Pitocin is a medication that induces labor and continue the labor and contractions to become stronger -Sometimes Pitocin may have the adverse effect of slowing down the heart rate of the baby and slow down

		<p>the contractions and frequency.</p> <p>-Usually the 2nd step in induction of labor.</p>
<p>N: Putting in foley bulb</p>	<p>N: Every hour check to ensure foley bulb has not fallen out/intact</p>	<p>N: This is done to continue the dilation/effacement of the cervix in conjunction with the Pitocin.</p> <p>-The insertion of the foley bulb could rupture the membranes.</p> <p>-If membranes are not intact then may not be as effective or viable.</p> <p>-Foley bulb is supposed to fall out when the cervix has dilated enough to be pushed out.</p> <p>-Is usually the step concurrent with the Pitocin to induce labor.</p>

Nursing Diagnosis (30 points)

Must be NANDA approved nursing diagnosis and listed in order of priority

Two of them **must be education related i.e. the interventions must be education for the client.”**

2 points for the correct priority

<p>Nursing Diagnosis (2 pt each)</p> <p>Identify problems that are specific to this patient. Include full nursing diagnosis with “related to” and “as evidenced by” components</p>	<p>Rationale (1 pt each)</p> <p>Explain why the nursing diagnosis was chosen</p>	<p>Intervention/Rationale(2 per dx) (1 pt each) Interventions should be specific and individualized for this patient. Be sure to include a time interval such as “Assess vital signs q 12 hours.” List a rationale for each intervention and using APA format, cite the source for your rationale.</p>	<p>Evaluation (1 pt each)</p> <ul style="list-style-type: none"> · How did the patient/family respond to the nurse’s actions? · Client response, status of goals and outcomes, modifications to plan.
<p>Risk for fetal injury R/t Diagnosis of IUGR AEB low fetal weight.</p>	<p>Mother was induced because of IUGR diagnosis.</p>	<p>Assess fetal and the mother’s HR and O2 Q15 minutes.</p> <p>“Assess for signs of malnutrition & Blood sugar</p>	<p>Both vitals are in normal range. Mother understands why it is necessary to check frequently.</p>

		levels” (Ricci et al., 2017).	Mother received education on proper nutrition and intake of foods.
Anxiety R/t mother’s diagnosis AEB both husband & wife expressing their nerves.	This is the couples first baby. They have verbalized they are very nervous.	Explain the procedures, nursing interventions, and treatment regimen. Keep communication open to help calm the patient.	Patient will verbalize understanding of individual situation and possible outcomes.
Deficient knowledge R/t complex medical diagnosis AEB mother and father not understanding it.	The mother & father asking for more education and answers to questions.	Assess the pt.’s readiness to learn. Identify signs and/or symptoms that should be reported immediately to their nurse or provider.	A nurses Prompt evaluation and interventions can improve the outcome of the pregnancy & avoid complications.
Acute Pain R/t Intensified contractile pattern AEB Pt rating pain a 5.	Pt verbalized she was in pain and rated it a 5.	Frequent Pain assessments Q15 minutes. Making sure the patient has their pain under control. Provide comfort measures. Provide medications when appropriate. Also try nonpharmacological techniques.	Pt will verbalize reduction of pain. Pt will use appropriate techniques to maintain control. Pt will rest between contractions.

Other References (APA)

Ricci, S. S., Carman, S., & Kyle, T. (2017). *Maternity and pediatric nursing* (3rd ed.). Wolters Kluwer.