N432 Labor & Delivery Care Plan

Lakeview College of Nursing

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Demographics (3 points)

Date & Time of Admission **4/1/2017**	**Patient Initials** **LS**	**Age** **28 years old**	**Gender** **Female**
Race/Ethnicity **Caucasian**	**Occupation** **Waitress**	**Marital Status** **Not married, in a relationship**	**Allergies** **Diltiazem** **Penicillin**
Code Status **Full**	**Height** **172.7 cm**	**Weight** **130 kg**	**Father of Baby Involved** **Yes**

Medical History (5 Points)

Prenatal History: LS was diagnosed with gestational diabetes at 28 weeks gestation evident by a 3- hour glucose tolerance test result of 190. She also developed cholelithiasis around 26 weeks gestation.

Past Medical History: LS has a history of cholelithiasis that began at 26 weeks' gestation. She also has a history of asthma.

Past Surgical History: LS had a surgical repair of her shoulder and knee in 2013.

Family History: LS's mother passed away from heart disease. No other family history is available.

Social History (tobacco/alcohol/drugs): LS does not have a history of drug use and denies drinking alcohol. She admits to smoking cigarettes casually

Living Situation: LS lives with her boyfriend, the father of the infant boy.

Education Level: LS is a high school graduate

Admission Assessment

Chief Complaint (2 points): "I think I'm going into labor"

Presentation to Labor & Delivery (10 points):

LS presented to the hospital 4/1/17 for preterm labor. She stated she "started to feel contractions a few hours ago but thought that they were just Braxton Hicks contractions". She was placed on fetal monitoring and moved to the labor and delivery department shortly after. She is 28 years old and G1P0. After vaginal exam, her cervix is 2 cm dilated, 80% effaced, with membranes intact. Her station is +2. LS experienced SROM 12 hours after admission while in the bathroom. After rupture, her cervix was 5 cm dilated and 100% effaced, presenting at +1 station. LS delivered a baby boy on 4/4/17 at 0828. She requested an epidural for increasing pain and pressure rated 10/10. Contractions increased in frequency and strength and no epidural was given. The neonate was placed in the neonatal intensive care unit for closer observation.

Diagnosis

Primary Diagnosis on Admission (2 points): Preterm, active labor

Secondary Diagnosis (if applicable): Gestational diabetes

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:

LS was admitted to the hospital on 4/1/17 for preterm labor. She presented at 28 weeks' gestation. Her vaginal examination revealed she was 2 cm dilated, 80% effaced, and an intact membrane was at +2 station. LS was transferred to the labor and delivery unit after twelve hours. There she had a spontaneous rupture of membranes at 0510, and her contractions increased in strength and frequency. After the membranes rupture, a vaginal exam was done where LS's cervix was 5cm and 100% effaced. Her fetal presentation station was 1+. At 0828 on 4/4, LS gave birth to a boy that weighed 2013 grams. She pushed four times. At 0835, she delivered the

placenta with an estimated blood loss of 350 ml. LS remains in the labor and delivery department for monitoring. The baby boy was transferred to the neonatal intensive care unit for monitoring.

LS is currently in the fourth stage of labor, which begins after the placenta is delivered and usually lasts four hours after birth. This is the period also referred to as the taking-in phase. This phase is characterized by dependent behavior. The nurse plays an active role in providing basic needs for the new mom. Mom is focused on her new baby and recounting the labor and delivery experience. This behavior typically lasts for 24-48 hours (Ricci et al., 2017).

Recovery begins during this time, and frequent assessments of vital signs, fundus, lochia, and bladder are done. The mother's blood pressure should remain stable, and her pulse is typically slower (around 60-70 beats per minute). Elevated pulse can be an early indicator of blood loss. In this stage, the lochia should be scant to moderate rubra (Barlow et al., 2019). The fundus should be firm and remain midline below the umbilicus. If the fundus is boggy, it should be massaged until it is firm (Ricci et al., 2017). LS's blood pressure was 120/70 mmHg one hour after delivery. Her pulse was elevated at a rate of 100 beats per minute. Her recovery after delivery continued when she was transferred to the mother-baby unit. Minimal fundal massage was required, and there were no large gushes of blood after the initial discharge following the delivery of the placenta.

Nursing interventions for a mother in the fourth stage of labor could include pain management, fundal massage, and applying an ice pack to the perineum to improve comfort. The nurse should also encourage the mother to ambulate to the restroom. Pain management for LS included 1000 mg acetaminophen every four hours, as needed (Ricci et al., 2017). She requested an epidural before delivery, but her labor progressed quickly, and no epidural was administered. The initiation of breastfeeding is essential not only for the baby but for the mother as well.

Attempting to breastfeed after delivery reduces the amount of vaginal blood loss and involution (Al Sabati & Mousa, 2019).

Stage of Labor References (2) (APA):

Al Sabati, S. Y., & Mousa, O. (2019). Effect of early initiation of breastfeeding on the uterine consistency and the amount of vaginal blood loss during early postpartum period. *Nursing & Primary Care*, *3*(3). https://doi.org/10.33425/2639-9474.1108

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.

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

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 (4/2)	Today's Value (4/3)	Reason for Abnormal Value
RBC	3.8-5.41	N/A	4.16	N/A	Normal
Hgb	11.3-15.2	N/A	12.9	N/A	Normal
Hct	33.2-45.3%	N/A	34.47%	N/A	Normal
MCV	80-100	N/A	91.1	N/A	Normal
MCH	26-33	N/A	31	N/A	Normal
MCHC	31-35	N/A	34	N/A	Normal
RDW	12-15	N/A	13.4	N/A	Normal
Platelets	149-493	N/A	178	N/A	Normal

	K				
WBC	4-11.7 K	N/A	9.08	N/A	Normal
Neutrophils	45.3-79	N/A	N/A	N/A	Normal
Lymphocytes	11.8-45.9	N/A	N/A	N/A	Normal
MPV	9-12	N/A	11.1	N/A	Normal
Monocytes	4.4-12	N/A	4.8	N/A	Normal
Basophils		N/A	0.2	N/A	Normal
Eosinophils	0-6.3	N/A	0.2	N/A	Normal
Bands	N/A	N/A	N/A	N/A	Normal

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	O	O	O	O	Normal
Rh Factor	+	+	+	+	Normal
Serology (RPR/VDRL)	Negative	Negative	N/A	N/A	Normal
Rubella Titer	+	>500	N/A	N/A	A rubella titer of greater than 10 indicates immunity to the disease (Van Leeuwen & Bladh, 2017).
HIV	Negative	Negative	Negative	Negative	Normal
HbSAG	Negative	Negative	Negative	Negative	Normal
Group Beta Strep Swab	Negative	+	+	+	A positive culture of GBS indicates that the patient has an increased colonization of group b strep bacteria. This is not harmful to the mother but can be harmful to the infant (Ricci et al., 2017).
Glucose at 28 Weeks	70-100	190	110	99	A diagnosis of gestational diabetes explains LS's elevate blood glucose. Placental hormones cause

					insulin resistance during pregnancy (Ricci et al., 2017, p. 734).
MSAFP (If Applicable)	Negative	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 (2/20)**	**Value on Admission (4/2)**	**Today's Value (4/3)**	**Reason for Abnormal**
Calcium	**8.6- 10.4**	N/A	8.7	N/A	**Normal**
Glucose	70-100	190	120	100	A diagnosis of gestational diabetes explains LS's elevate blood glucose. Placental hormones cause insulin resistance during pregnancy (Ricci et al., 2017, p. 734).
BUN	**6-20**	N/A	7	N/A	Normal
Creatine	**0.5-0.9**	N/A	0.64	N/A	Normal
TP	**<20**	N/A	6.7	N/A	Normal
ALB	**3.5-5.2**	N/A	2.6	N/A	Albumin is often decreased during pregnancy due to increased circulatory volume from the placenta and the fetus (Van Leeuwen & Bladh, 2017, p. 26).
AST	**0-32**	N/A	15	N/A	Normal
ALT	**10-36**	N/A	11	N/A	Normal
Sodium	**135-145**	N/A	137	N/A	Normal
Potassium	**3.5-5.1**	N/A	3.5	N/A	Normal

Chloride	**98-107**	N/A	105	N/A	Normal
CO2	**22-29%**	N/A	21.6	N/A	Normal
Magnesium	**1.6-2.4**	N/A	1.8	N/A	Normal
GFR	**60-120**	N/A	>60	N/A	Normal
Uric Acid	**2.5-7**	N/A	3.3 mg/dL	N/A	Normal

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)	37-250 mg/dL	N/A	N/A	N/A	N/A

Lab Reference (APA):

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

Van Leeuwen, A. M., & Bladh, M. L. (2017). *Davis's comprehensive handbook of laboratory and diagnostic tests with nursing implications* (7 ed.). F.A. Davis Company.

Electronic Fetal Heart Monitoring (16 points)

Component of EFHM Tracing	Your Assessment
What is the Baseline (BPM) EFH?	The fetal heart rate baseline is 150 bpm. Normal fetal heart rate can fall between 110-160 bpm (Ricci et al., 2017). This infant's fetal

	heart rate is within normal limits.
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?)** **What is the variability?**	Fetal heart rate accelerations are variable and are minimal to mild. Minimal accelerations range from 0-6 beats per minute above the baseline. Mild accelerations range from 6-25 beats per minute above the baseline. These findings indicate that the baby has adequate oxygen perfusion. These findings are within normal limits (Ricci et al., 2017).
Are there decelerations? If so, describe them and explain the following: What do these mean? o **Did the nurse perform any interventions with these?** o **Did these interventions benefit the patient or fetus?**	Some late decelerations with minimal to mild variation are evident on strips 3 and 4. Decelerations are an indicator of inadequate oxygen perfusion to the fetus. Decelerations are not normal. LS was repositioned to her side and supplemental oxygen was administered at a rate of 3 LPM. These interventions were done in an attempt to improve oxygen perfusion to the fetus. Repositioning the mother on her side also helps stabilize her blood pressure by relieving pressure on the inferior vena cava (Ricci et al., 2017).
Describe the contractions: **Frequency:** **Length:** **Strength:** **Patient's Response:**	1st strip- Frequency: roughly 2-4 minutes Length: 50- 60 seconds Strength: 25-30 mm Hg Patient's response: "I'm having Braxton Hicks contractions" 2nd strip- Frequency: roughly 3 minutes Length: 60-70 seconds Strength: 60-75 mmHg Patient's response: Increasing discomfort and anxiety between contractions. 3rd strip- Frequency: 1-1.5 minutes Length: 60-90 seconds Strength: 40-55 mmHg Patient's response: Increased pressure and pain. She requested an

	epidural.

EFM reference (APA format):

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

Current Medications (7 points, 1 point per completed med)
7 <u>different</u> medications must be completed

Home Medications (2 required)

Brand/Generic	Zenate/ prenatal vitamin (drugs.com, 2020).	TUMS/ calcium carbonate (Shields et al., 2019).			
Dose	1 tablet	1000 mg			
Frequency	Q day at bedtime	Q8 hours PRN			
Route	PO	PO			
Classification	Prenatal vitamin	Antacid			
Mechanism of Action	Prenatal vitamins work to boost nutrients in the mom's system such as folate, calcium, and iron. These nutrients aid in fetal development (drugs.com, 2020).	This medication decreases gastric acidity, thereby inhibiting proteolytic action of pepsin on gastric mucosa (Shields et al., 2019).			
Reason Client Taking	LS takes this medication to boost nutrients for enhanced fetal development.	LS takes this medication to manage indigestion.			
Contraindications (2)	- Hemolytic anemia - Ulcerative colitis	- Hypercalcemia - GI obstruction			
Side Effects/Adverse	- Constipation	- Constipation			

Reactions (2)	-stomach upset/ nausea	- Hypercalcemia with alkalosis			
Nursing Considerations (2)	- Monitor for constipation and bowel obstruction -- Do not give this medication with milk or other dairy products	- Note the number and frequency of stools. - Alternate with a magnesium antacid if constipation persists.			
Key Nursing Assessment(s)/Lab(s) Prior to Administration	- Monitor hemoglobin -Monitor Folic acid and calcium levels	- Monitor serum calcium			
Client Teaching needs (2)	-Avoid salt substitutes if the vitamin contains potassium. - Dark or tarry stools are expected when taking this medication.	- Do not take this medication for more than 2 weeks consecutively. - Do not breastfeed while on this medication without the permission of your provider.			

Hospital Medications (5 required)

Brand/ Generic	Pitocin/ oxytocin (Frandsen & Pennington, 2018).	Tylenol/ acetaminophen (Frandsen & Pennington, 2018).	Hemabate/ carboprost (Shields et al., 2019).	Methergine/ methylergonovine (Shields et al., 2019).	Cytotec/ misoprostol (Shields et al., 2019).
Dose	40 units/1000 ml LR	1000 mg	250 mcg	200 mcg	1000 mcg
Frequency	125 ml/hour	Q6 hours or PRN	Q15 min PRN	Q2 hour PRN	1X PRN
Route	IV	PO	IM	IM	PO
Classification	Oxytocic	Non- narcotic analgesic	Prostaglandin	Oxytocic	Prostaglandin
Mechanism of Action	This medication induces labor or augments weak,	Acetaminophen's mechanism of action for pain	This medication stimulates myometrial	This medication is an ergot alkaloid that	This medication has both antisecretory and

	irregular uterine contractions during labor (Frandsen & Pennington, 2018).	reduction is unknown (Frandsen & Pennington, 2018).	contractions of gravid uterus; contractions are qualitatively similar to those occurring at term labor (Shields et al., 2019).	induces rapid, sustained tetanic uterine contraction that shortens third stage of labor and reduces blood loss (Shields et al., 2019).	mucosal protective properties. It increases bicarbonate and mucosal protective properties (Shields et al., 2019).
Reason Client Taking	LS takes this medication to assist with uterine contractions during labor.	LS takes this medication for mild pain.	LS takes this medication to prevent bleeding.	LS takes this medication for management postpartum and to minimize bleeding.	LS takes this medication to prevent post-partum hemorrhage.
Contraindications (2)	- Severe preeclampsia - Preterm labor	-impaired hepatic or renal function -hypersensitivity to medication	- Cardiac disease - Pregnancy/ lactation	- Hypersensitivity to medication - Hypertension	- Pregnancy/ lactation - allergies to prostaglandins
Side Effects/ Adverse Reactions (2)	- Cardiac dysrhythmias - uterine rupture	-Hepatotoxicity -Myocardial damage with excessive use	- Fever - Breast tenderness	- Nausea/ vomiting - hypertension/ bradycardia	- Abdominal pain - cramps/ constipation or diarrhea
Nursing Considerations (2)	- Monitor fetal response with uterine activity. - Monitor for over stimulation of the uterus	-Know all herbal medications the patient is taking to prevent interactions -Assess for jaundice when monitoring therapeutic effect and preventing hepatic damage. (Frandsen & Pennington, 2018).	- Check vital signs at regular intervals. - Save all clots and tissue for the provider to inspect.	- Monitor vital signs appropriately. - Notify the provider if there is a sharp rise in blood pressure.	- Monitor for excessive bleeding. - Assess abdomen and bowels.
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	- Monitor fetal response with uterine activity.	-Monitor liver enzymes prior to administration. -Assess pain level before and after administration of medication.	- Monitor uterine contractions and observe and report excessive vaginal bleeding.	- Monitor labs that show blood loss (Hct, Hgb).	- Monitor for diarrhea and monitor for excessive bleeding

Client Teaching needs (2)	- Educate the patient that oxytocin is a hormone that helps with uterine contractions. - Medication will be discontinued if hypertension develops.	-Do not exceed the recommended dosage -Inform health care provider of the development of rash or fever.	- Promptly report bleeding and foul-smelling discharge. - Do not breastfeed while taking this medication.	- Report severe cramping or increased bleeding. - Report numbness in fingers and or toes.	- Do not breastfeed while on this medication. - Avoid using magnesium containing antacids due to increased diarrhea.

Medications Reference (APA):

Drugs.com (2020). *Prenatal vitamins*. https://www.drugs.com/mtm/prenatal-multivitamins.html

Frandsen, G., & Pennington, S. (2018). *Abrams' clinical drug therapy: Rationales for nursing practice*. Wolters Kluwer Health.

Shields, K. M., Fox, K. L., & Liebrecht, C. (2019). *Pearson nurse's drug guide 2019*. Pearson

Assessment

Physical Exam (18 points)

GENERAL (0.5 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Upon assessment after delivery, LS is A&O X4. She is well oriented to herself and surroundings. She is fatigued from the labor and appears content. She is resting.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds/Incision:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	LS's skin is warm, dry and pink. Color is appropriate for age and race. Turgor reveals adequate hydration and is also appropriate for her age. No rashes, bruises, or wounds are noted. She has stretch marks on her abdomen from uterine enlargement. Surgical scars are visible on her left knee and right shoulder from surgical repair. Braden Score: 23 → no risk for skin breakdown
HEENT (0.5 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	LS's head is normocephalic with normal hair distribution that is brown in color. Facial features are symmetrical with no abnormalities noted. Her neck is midline and no tracheal deviation is noted. Ears are symmetrical with no drainage noted. PERRLA is noted with expected EOM. Her nose is midline with no drainage or erythema noted. Turbinates are normal bilaterally. Oral mucosa is pink and moist. Her teeth are whitish yellow and mostly intact. A few molar crowns are noted.
CARDIOVASCULAR (1 point): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	S1 and S2 heart sounds are heard. No murmur or any other adventitious sounds are noted. LS is not connected to telemetry though normal sinus rhythm is expected. Radial and pedal pulses are 2+ in all extremities bilaterally. Capillary refill is less than 3 seconds in all extremities bilaterally. No JVD or edema is noted.
RESPIRATORY (1 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Lung sounds are clear to auscultation in all lobes bilaterally. No adventitious sounds are noted. No accessory muscle use is noted. saO2 was 98% on room air upon last assessment.
GASTROINTESTINAL (5 points): **Diet at Home:**	LS consumes a normal diet at home normally. She was diagnosed with gestational diabetes at 28

Current Diet: **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:**	weeks and was placed on a diabetic diet with a 2200 calorie limit per day. Currently, she is on a diabetic diet. Height: 172.7 cm Weight: 130kg Bowel sounds are hypoactive in all quadrants. Her last bowel movement was during delivery. No pain, masses, distension, incisions, scars, drains, or wounds are noted upon assessment of the abdomen.
GENITOURINARY (5 Points): **Bleeding:** **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:** **Rupture of Membranes:** **Time:** **Color:** **Amount:** **Odor:** **Episiotomy/Lacerations:**	Upon last assessment, LS has moderate amounts of lochia rubra. She delivered 2 hours ago. Her urine is yellow, and she is producing an estimated 60 ml/ hour. She has no pain with urination. No genital abnormalities are noted. No vaginal tearing occurred during delivery. ROM occurred at 0510 on 4/4. The fluid is clear with no evidence of meconium. An estimated fluid volume of 600 mL was expelled. The odor is neutral. No episiotomy or lacerations occurred.
MUSCULOSKELETAL (2 points): **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk**☐	LS needs no assistance with daily living activities. She has no muscle weakness and her range of motion is not limited. Fall Score: 0 → No risk for a fall.
NEUROLOGICAL (1 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no - Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:**	LS moves all extremities well. PERRLA is noted. Strength is equal in all extremities bilaterally. She is A&O X4. Patellar DTRs are 2+ bilaterally. Speech is clear and appropriate for the patient's development. No sensory deprivation or abnormalities are noted.

LOC: **Deep Tendon Reflexes:**	
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):**	LS is having some family issues currently. She is going through a divorce and her husband is on meth. Her boyfriend and the father of the baby is in the room with LS. He seems supportive and he is all LS has for support at the moment. LS confides in her boyfriend and he is helping her cope with the whole situation. LS is not religious. Her developmental level is age appropriate.
DELIVERY INFO: (1 point) **Delivery Date:** **Time:** **Type (vaginal/cesarean):** **Quantitative Blood Loss:** **Male or Female** **Apgars:** **Weight:** **Feeding Method:**	LS delivered a baby boy on 4/4 at 0828. She delivered vaginally Placenta was delivered at 0835 with an estimated blood loss of 350 ml. Apgar scores were 6 at 1 minute and 8 at 5 minutes. The baby boy weighed 2013 grams at birth. LS plans to breastfeed.

Vital Signs, 3 sets (5 points)

	Time	**Pulse**	**B/P**	**Resp Rate**	**Temp**	**Oxygen**
Prenatal	N/A	N/A	N/A	N/A	N/A	N/A
Admission to Labor/Delivery	1600 4/3/17	98 BPM	132/85 mm/Hg	16 respirations per minute	98.4 F oral	100% RA
During your care	0835 4/4/17	110 BPM	110/65 mm/Hg	18 respirations per minute	97.6 F oral	95% RA

Vital Sign Trends: Vital sign trends are stable. LS's systolic blood pressure was slightly elevated upon admission but is now within normal limits.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1600 4/3	numeric	No pain	0/10	No pain	No interventions applied.
0845 4/4	numeric	Uterine/ pelvic/ vagina	3/10	Sharp, stretching, cramping like pressure	LS was given 975 mg acetaminophen in an attempt to lower pain.

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	LS has a 20 gauge IV in her left wrist. The IV is dated 4/1. There are no signs of infiltration, leaking, or erythema. The dressing is clean and dry. She is currently receiving LR at a rate of 125 ml/hour. The IV is patent.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Roughly 1020 ml water consumed during my rotation. 125 ml/ hour LR → 400 ml during my rotation. Total fluid intake= 1420 ml	1050 ml urine 350 ml blood loss Total fluid output= 1350 ml

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.
Lower the lights, close the door, and limit other environmental stimuli. (N)	During labor	Limiting environmental stimuli helps the patient conserve energy and focus on contractions (Ricci et al., 2017, p.807).

Place a cool, moist washcloth to the patient's forehead and ice chips (N)	During labor	This is done to keep the patient cool and to moisten the oral mucosa during labor (Ricci et al., 2017).
Turn the patient to her left side (N)	During labor	Turning the patient to her left side relives pressure on the inferior vena cava which increases circulation to the fetus and improves comfort (Ricci et al., 2017).

APA references:

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

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

Nursing Diagnosis (2 pt each) Identify problems that are specific to this patient. Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rationale (1 pt each)** Explain why the nursing diagnosis was chosen	**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.	**Evaluation (1 pt each)** • How did the patient/ family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1 Risk for infection related to the delivery of an infant as evidenced by	LS has a temperature of 99 F one hour after delivery.	1.Demonstrate and maintain proper aseptic technique for LS, staff, and visitors.	**Goal:** LS will remain stable and her vital signs will return to baseline with no further

elevated postpartum temperature (Martin, 2019).	Her temperature has risen 1.5 degrees since delivery and could be indicative of an infection.	Rationale: Proper aseptic technique helps to reduce the spread of infection through cross-Contamination (Martin, 2019). 2.Monitor temperature, pulse, and respirations while noting presence of chills or malaise. Rationale: Elevations in vital signs accompany infection. Fluctuations can indicate a change in the patient's status (Martin, 2019).	indications of infection. LS is being monitored closely. Vital signs are taken 30 minutes during this time. Aseptic technique is being followed. LS understands the rationale of the care provided.
2. Risk for fluctuating blood glucose related to gestational diabetes as evidenced by prenatal glucose readings of 190 (Martin, 2019).	Following a 3-hour glucose test done at 28 weeks, LS's blood glucose level was 190. This level is indicative of gestational diabetes.	**1**. Maintain low carb diabetic diet while monitoring blood glucose. Rationale: Reducing carbohydrates to less than 40% of calories eaten helps to reduce the degree of a postprandial peak of hyperglycemia (Martin, 2019). **2.**Provide information regarding the signs and symptoms of hyperglycemia. Rationale: Knowing symptoms of hyperglycemia can help the patient correct blood glucose earlier.	**Goal:** LS will monitor and control her blood glucose levels. LS is currently controlling her blood glucose levels between an acceptable range. Continual monitoring will be done to limit her risk of developing type 2 diabetes.
3 Need for parental health teaching related to the care of a newborn as evidenced by verbal concern for the	LS and her boyfriend, BG, have a lack of knowledge about care for an infant that is	1. Educate on how to identify signs and symptoms that would require medical attention. Rationale: Prompt	Goal: LS and BG will verbalize awareness of implications and possible outcomes of preterm labor,

baby's well-being (Vera, 2019).	born premature. They requested some additional information.	evaluation and intervention helps to avoid serious complications (Vera, 2019). 2. Demonstrate basic needs care for the newborn. Rationale: LS and BG are 1st time parents and need to be shown how to swaddle, bathe, feed, and diaper their newborn.	identify signs and symptoms requiring evaluation, and demonstrate an understanding of self-care needs. After education interventions, LS and BG are less stressed about caring for their baby and feel they are equipped with the knowledge to take their baby home when the time comes.
4 Potential for caregiver burden and stress related to care for the newborn as evidenced by parental inexperience and unavailability of family support (Swearingen & Wright, 2019).	The mother and father's parents both live more than an hour away. LS and BG both work during the day. They will need some assistance both physically and emotionally.	1. Educate the parents with coping strategies for when parenting gets to be too stressful. Rationale: Developing heathy methods of coping will reduce stress and aid in overall care for the newborn (Swearingen & Wright, 2019). 2. Provide referral sources for support groups, written material, internet chat groups, or home help to reduce caregiver stress. Rationale: Communicating with or learning about others who have experienced similar circumstances may help develop positive coping mechanisms (Swearingen & Wright, 2019).	Goal: LS and BG will recognize and verbalize their strengths and identify some coping mechanisms that bay be beneficial for them when they go home. LS and BG are interested in talking with others about how they cope with the new lifestyle of being a parent. They have some methods in place to help them cope when things get difficult. They feel better prepared to take on the challenge of parenthood.

Other References (APA)

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