N432 Labor & Delivery Care Plan

Lakeview College of Nursing

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Demographics (3 points)

Date & Time of Admission 1/20/2021 1330	**Patient Initials** NM	**Age** 24	**Gender** Female
Race/Ethnicity Caucasian	**Occupation** NA	**Marital Status** Married	**Allergies** Penicillins
Code Status Full code	**Height** 5'4" (162.6 cm)	**Weight** 179 lbs (81.2 kg)	**Father of Baby Involved** Yes

Medical History (5 Points)

Prenatal History: G1 T0 P0 A0 L0

Past Medical History: Patient denies past medical history

Past Surgical History: Nose surgery (2012), wisdom teeth (2018)

Family History: Patient denies family history

Social History (tobacco/alcohol/drugs): Patient denies tobacco, alcohol, or drug use

Living Situation: Patient lives at home with husband.

Education Level: Patient has a 4-year college degree.

Admission Assessment

Chief Complaint (2 points): Water broke

Presentation to Labor & Delivery (10 points): Patient presented to the hospital because her "water broke." She had been leaking water for an hour with light brown discharge. She stated that the leaking had wet her panty liner. She was in contact with her doctor's office and they instructed her to come to the hospital to get checked out. Patient denied pain but stated she felt some tightening in her lower abdomen. The tightening has been going on since the morning and the pain will come and go. Moving increases the tightening and rest helps to relieve it. Patient stated that the leaking has slowed down since coming to the hospital.

Diagnosis

Primary Diagnosis on Admission (2 points): Pregnancy induced hypertension

Secondary Diagnosis (if applicable): Double footling breech presentation

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:
Stage of Labor References (2) (APA):

The patient presented to the hospital in the latent or early phase of the first stage of labor. During this phase, the mother will start to feel the beginning of regular contractions as the cervix begins dilating (Ricci, et al., 2021). During this phase, the cervix dilates from 0 to 3 cm (Ricci, et al., 2021). This specific patient was found to be 3 cm dilated at the time of admission.

Contractions occur every 5 to 10 minutes and can last up to 45 seconds long (Ricci et al., 2021). This particular patient was complaining of tightening in her lower abdomen, which was possibly a result of contractions, however, they did not show up on the monitor. One way to determine the strength of a contraction is to press down on the fundus during a contraction. If the fundus is dented by the nurse's finger, this indicated a mild contraction (Ricci, et al., 2021).

In the latent phase of labor, effacement of the cervix reaches 40% (Ricci et al., 2021). Many women feel mild pain during this phase and are able to hold a conversation (Ricci, et al., 2021). Contractions may be comparable to menstrual cramps (Ricci et al., 2021). Some providers encourage their patients to stay at home during this phase of labor.

For a mother who has never delivered before, the latent phase lasts around 9 hours (Ricci et al., 2021). With women who have delivered before, it lasts an average of 6 hours (Ricci, et al., 2021). Pregnancy at times can feel and this stage of labor is exciting for some women. Other

women, similar to the patient today, are very apprehensive about labor beginning (Ricci et al., 2021).

Pain relief during the latent phase of labor involves many different methods. Managing breathing during contractions is one of the first recommendations. Deep, slow, and steady breaths at the start of each contraction helps to focus and stay calm (Clough & Bircher, 2021). Some women prefer distractions like listening to music, watching tv, or taking a walk (Clough & Bircher, 2021). Another great source of pain relief is taking a hot bath or shower. The warm water helps to soothe uncomfortable pains during the frst stage of labor (Clough & Bircher, 2021). Depending on the mother preference, massage is another great method of pain relief during this time (Clough & Bircher, 2021).

References

Clough, H., & Bircher, C. (2021). *The latent phase of labour, how to recognize what is happening and how to cope*. Norfolk, England: PIF

Ricci, S. S., Kyle, T., & Carman, S. (2021). *Maternity and pediatric nursing* (4th 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	Today's Value	Reason for Abnormal Value
RBC	3.5-5.2	NA	4.70	4.70	
Hgb	11-16	NA	12.6	12.6	
Hct	37 – 47	NA	37.8	37.8	
Platelets	140 -400	NA	176	176	

WBC	4-11	NA	9.20	9.20	
Neutrophils	36 – 88	NA	77.5	77.5	
Lymphocytes	11.8 – 45.9%	NA	13.3	13.3	
Monocytes	0.0 – 12.0%	NA	8.0	8.0	
Eosinophils	0.0 – 6.3%	NA	0.9	0.9	
Bands	0 – 5.0%	NA	0	0	

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	A, B, AB, O	NA	O	O	
Rh Factor	+/-	NA	+	+	
Serology (RPR/VDRL)	Non reactive	Non reactive	Non reactive	Non reactive	
Rubella Titer	>10/Immune	Immune	Immune	Immune	
HIV	Not detected	Not detected	Not detected	Not detected	
HbSAG	Not detected	Not detected	Not detected	Not detected	
Group Beta Strep Swab	Negative	Negative	Negative	Negative	
Glucose at 28 Weeks	<140	NA	NA	NA	
MSAFP (If Applicable)	0.5 – 2.0	NA	NA	NA	

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
There were no additional admission labs noted	NA	NA	NA	NA	NA

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)	<3.5	N/A	N/A	N/A	

Lab Reference (1) (APA):

Jane Vincent Corbett, & Angela Denise Banks. *Laboratory Tests and Diagnostic Procedures: With Nursing Diagnoses.* Ny, NY. Pearson, 2019.

Ricci, S. S., Kyle, T., & Carman, S. (2021). *Maternity and pediatric nursing* (4th ed.). Wolters Kluwer.

Electronic Fetal Heart Monitoring (16 points)

Component of EFHM Tracing	Your Assessment
What is the Baseline (BPM) EFH?	Fetal baseline hear rate was 140 – 150 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?)** **What is the variability?**	There were accelerations noted at a mild variability (6-25 bpm). The accelerations are an expected and normal finding (Ricci et al., 2021). The accelerations are likely caused by movement from the baby.

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?**	No decelerations noted
Describe the contractions: **Frequency:** **Length:** **Strength:** **Patient's Response:**	The EFHM did not display any contractions

EFM reference (1) (APA format):

Ricci, S. S., Kyle, T., & Carman, S. (2021). *Maternity and pediatric nursing* (4th 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	Prenatal Vitamin	Nature's Bounty Probiotic/ probiotic			
Dose	1 tablet	1 tablet			
Frequency	Once daily	Once daily			
Route	Oral	Oral			
Classification	Vitamin	Probiotic			

Mechanism of Action	Combination of vitamins used to provide additional vitamins that are needed during pregnancy	Friendly bacteria used to help maintain a healthy digestive tract in the stomach and intestines.			
Reason Client Taking	Pregnancy	Healthy gut			
Contraindications (2)	Hypercalcemia, Hyperkalemia	Over the counter medications such as herbal products and some vitamins			
Side Effects/Adverse Reactions (2)	Black, tarry, or bloody stools Nausea or vomiting	Stomach bloating, stomach discomfort			
Nursing Considerations (2)	Symptoms of overdose include stomach pain, diarrhea, constipation, hair loss, peeling skin, tingly feeling around the mouth, changes in the menstrual period, weight loss, or headache	Medication should be stored away from moisture, heat, and light. Do not mix oral powder with hot liquids or food.			
Key Nursing Assessment(s)/Lab(s) Prior to Administration	NA	NA			
Client Teaching needs (2)	Avoid taking any other	Avoid taking			

	multivitamins 2 hours before or after taking prenatal. Avoid taking this medication with calcium or dairy products	probiotic if you have a milk allergy or lactose intolerance. Consult with physician before taking if pregnant.			

Hospital Medications (5 required)

Brand/Generic	Pitocin/ oxytocin	Reglan/ metoclopramide hydrochloride	Zofran/ ondansetron hydrochloride	Tylenol/ acetaminophen	Bicitra/ citric acid, sodium citrate
Dose	0.5 mU/min – 1 mU/min	10 mg	4 mg	325 mg	5 mL
Frequency	increased 1-2 mU/min every 30 – 60 min.	Once	Once	Once	Once
Route	IV	Oral	Oral	Oral	Oral
Classification	Obstetrical Drug	Chemical: Benzamide Therapeutic: Upper GI stimulant	Chemical: Carbazole Therapeutic: Antiemetic	Chemical: Nonsalicylate, paraminophenol derivative Therapeutic: antipyretic, nonopioid analgesic	Alalizing agent

Mechanism of Action	Induces labor by strengthening uterine contractions. Also helps to control excess bleeding after childbirth.	Provokes the inhibitory effects of dopamine on the GI smooth muscle. It also blocks dopaminergic receptors preventing nausea and vomiting.	Reduces nausea and vomiting by preventing the release of serotonin in the small intestine. It also blocks signals to the CNS.	Interferes with pain impulse generators in the PNS. It also helps with temperature regulation with by preventing the synthesis of prostaglandin E.	Citric acid and sodium citrate are combined to make urine less acidic
Reason Client Taking	Induction of labor	Nausea and vomiting	Nausea and vomiting	Pain	Gout
Contraindications (2)	Drinking too much fluids.	Hypersensitivity reactions, seizure disorders	Use of apomorphine, congenital long QT syndrome	Hypersensitivity reactions, severe hepatic impairment	Kidney failure, sever heart disease
Side Effects/Adverse Reactions (2)	Fast, slow, or uneven heart rate, severe headache	Bronchospasm, confusion	Arrhythmias, constipation	Jaundice, anaphylaxis	Swelling, muscle spasms
Nursing Considerations (2)	Consult with physician if patient is breastfeeding. Signs of an allergic reaction	Use cautiously in patients with hypertension because it can increase catecholamine levels Store in a light resistant container and discard if it is discolored.	Place disintegrating tablet on patients tongue immediately after opening the package.	Use cautiously in patients with hepatic impairment. Store suppositories under 80 degrees F.	Should be taken after meals to help prevent stomach or intestinal side effects Store at room temperature
Key Nursing Assessment(s)/Lab(s) Prior to	Vital signs and contractions	NA	Check for hypomagnesemia or	Liver function tests (AST, ALT,	Blood and urine to determine

Administration	should be monitored.		hypokalemia due to risk of elongate QT segment.	bilirubin, and creatinine) for long term use.	effectiveness of drug therapy
Client Teaching needs (2)		Instruct patient to immediately report involuntary movements of the face, eyes, tongue, or hand. The drug is not advised for breastfeeding women because it can cause adverse effects on the infant.	Talk with the doctor about the risks of using Pitocin. Benefits usually outweigh the risks. More intense and frequent contractions is an expectation of this medicine.	Tablets may be crushed or swallowed whole. Do not exceed recommended dosage or take other drugs containing acetaminophen.	Avoid taking antacids with this medication Avoid eating foods that are high in salt

Medications Reference (1) (APA):

https://www.drugs.com. (2011). *Drugs.com | Prescription Drug Information, Interactions & Side Effects*. Drugs.com; Drugs.com. https://www.drugs.com

Jones & Bartlett Learning. (2019). *2019 Nurses drug handbook* (18th ed.). Burlington, MA.

Assessment

Physical Exam (18 points)

GENERAL (0.5 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient was ANO x 4. She responded appropriately to the questions asked. She appeared good overall and had a happy demeanor. She was easy to talk to and communicated well.
INTEGUMENTARY (2 points):	Braden: 23 (Not at risk)

Skin color: **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds/Incision:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	Patients skin was warm, dry, intact, and appropriate for race. There were no rashes, bruises, or wounds noted. No drains were present.
HEENT (0.5 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck are normocephalic. Pupils are equal, round, reactive to light, and accommodate. No deviated septum noted. Oral mucosa is moist and there are no signs of dental carries. .
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 present with normal rate and rhythm. Strong peripheral pulses at a rate of 111 beats per minute. Capillary refill was noted at less than 3 seconds. No signs of JVD or edema present.
RESPIRATORY (1 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	No noted accessory muscle use. Both anterior and posterior breath sounds were clear to auscultation.
GASTROINTESTINAL (5 points): **Diet at Home:** **Current Diet:** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:**	Patient is on a regular diet at home. She was placed on a NPO diet for upcoming c-section. She is 64” and 179 lbs. No noted pain or mass upon palpation other than what is normal for pregnancy. Inspection showed no distention, incision, scars, or wounds. There were no noted ostomy or feeding tubes present. The patients last bowel movement was the morning of 1/20/21.
GENITOURINARY (5 Points): **Bleeding:**	Urine was yellow and was clear in character. Patient denied pain with urination. No dialysis or

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:**	catheter noted. Genitals were normal and without signs of inflammation or rash. ROM test was performed a 1400 and was negative.
MUSCULOSKELETAL (2 points): **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score: 0** **Activity/Mobility Status:** **Independent (up ad lib) ☒** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	Fall score: 0 (No at risk) The patient was able to perform active range of motion in both the upper and lower extremities. Equal strength noted bilaterally in all four extremities. That patient is independent and requires no assistive devices.
NEUROLOGICAL (1 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:** **Deep Tendon Reflexes:**	The patient moves all extremities well and her pupils were equal, round, reactive to light, and accommodate. Her strength was equal bilaterally in all extremities. English was her primary language and she was ANO x 4. Her mental statues is appropriate for her ate. There was not change in LOC noted and her deep tendon reflexes were intact.
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):**	Patient was admittedly nervous but was cooperative. Her husband was in the room as the support person. Her developmental level was appropriate for her age. Patient stated that she was Christian and prayed with the midwife for the safety of her baby. She has family support from both her and her husband's family.
DELIVERY INFO: (1 point) **Delivery Date:** **Time:** **Type (vaginal/cesarean):**	Patient did not deliver during my care

Quantitative Blood Loss: **Male or Female** **Apgars:** **Weight:** **Feeding Method:**	

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	NA	NA	NA	NA	NA
Admission to Labor/Delivery	111	154/77	18	98.3	98%
During your care	103	131/79	18	98.1	98%

Vital Sign Trends: Patients vital signs were slightly increased at the time of assessment. At admission her pulse and blood pressure were both elevated. During care her vitals improved but were still at an increased level.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1322	Number (1-10)	Lower abdomen	2	Dull ache	Rest
1700	Number (1-10)	Patient denies pain	0	NA	NA

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:**	Patient did not have an IV instated during my care.

Date on IV: **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
Was not measured	Was not measured

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.**
Fetal Monitoring (N)	Full stay	They were monitoring both the mother for contractions as well as the babies heart rate and movement to determine if the baby was in any sort of distress (Ricc et al, 2021).
Cervical Exam ((T)	1 time	The patient's cervix was checked to determine progress of labor (Ricci et al., 2021).
Ultrasound (T)	1 time	

Nursing Diagnosis (30 points)
Must be NANDA approved nursing diagnosis and listed in order of priority
Two of the Nursing diagnoses 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 fetal injury as evidence by double footling breech presentation	During the cervical exam and ultrasound, it was discovered that the baby was in a double footling breech position, putting both the mother and baby at risk of injury if waters break.	**1.**Prepare for surgical intervention as indicated **Rationale:** To avoid fetal compromise, a cesarean birth is recommended for footling breach presentations (Ricc et al., 2021) **2.**Elevate patient's hips **Rationale:** If patients water breaks, she was instructed to elevate her hips to prevent progression of the baby into the birth canal in order to prevent cord prolapse or other problems associated with footling breech presentation (Ricci et al., 2021).	Patient was educated on need for caesarean and declined. She is planning on talking with her doctor tomorrow and making a plan from there. She was informed of what to do if her water broke while at home and she understood the process.
2. Decreased cardiac output and risk for ineffective renal tissue perfusion as evidence by hypertension during admission	During admission and after looking at past appointment history it was determined the patient has had increased blood pressures.	**1.** Assess and document BP and pulse as indicated **Rationale:** Rising blood pressure values indicate progression of preeclampsia (Swearingen & Wright, 2019). **2.**Measure urine volume and proteinuria as well as trick intake and output **Rationale:** Protein molecules pass into the if preeclampsia becomes severe. Hypovolemia decreases circulation to the kidneys (Swearingen &	Need for monitoring was discussed with patient. She agreed to the monitoring and understood its importance.

		Wright, 2019).	
3. Deficient knowledge related to unfamiliarity with the effects of preeclampsia on the mother, fetus, and delivery.	It was recommended that the mother induce labor due to increased blood pressure	**1.** Develop an educational plan that uses several modes of instruction tailored to the patient and family **Rationale:** Comprehension is improved when material is given to the patient's level of understanding. Using a variety of modes helps the patient to better understand and retain the learning (Swearingen & Wright, 2019) **2.** Teach self-assessment of blood pressure as well as the signs and symptoms of preeclampsia. Inform the patient the importance of reporting any signs to her healthcare provider **Rationale:** Self-care instruction provides close surveillance of the disease and improves health care providers ability to respond if preeclampsia worsens (Swearingen & Wright, 2019)	Patient responded well to the education. She understood the importance of monitoring her blood pressure at home as well as the need to report any signs and symptoms of preeclampsia to her health care provider.
4. Risk for anxiety as evidence by mother stating multiple times that she was nervous.	While talking with the mother, she stated many times that she was very nervous. She didn't have everything ready and wasn't prepared for the baby to come this early.	**1.** Monitor BP and pulse as indicated **Rationale:** Anxiety and stress can cause an elevation to the mother blood pressure (Ricci et al., 2021) **2.** Orient the patient to the environment and provide information about care and changes to the labor process **Rationale:** Education helps to reduce stress and anxiety in the mother (Ricci et al., 2021)	Each step of the process was discussed with the mother. She agreed that being well informed helped to ease her anxiety.

Other References (APA)

Swearingen, P. L., & Wright, J. D. (2019). *All-in-one nursing care planning resource: medical-surgical, pediatric, maternity, and psychiatric-mental health*. Elsevier.

Ricci, S. S., Kyle, T., & Carman, S. (2021). *Maternity and pediatric nursing* (4th ed.). Wolters Kluwer.