N432 Labor & Delivery Care Plan

Lakeview College of Nursing

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Demographics (3 points)

Date & Time of Admission	Patient Initials	Age	Gender
2-28-21 at 7:45pm	L.B.	33 Years old	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Pediatric PA at Carle	Married	NKA
Code Status	**Height**	**Weight**	**Father of Baby Involved**
Full code	5'6"	166 pounds	Father is involved and is at bedside.

Medical History (5 Points)

Prenatal History: G1P0. This is the patient's first pregnancy.

Past Medical History: The patient has no past medical history and is a healthy 33 year old.

Past Surgical History: The patient had a colonoscopy in 2016 because there is a history of colon cancer in her family.

Family History: Father and grandfather had colon cancer. No other family medical history.

Social History (tobacco/alcohol/drugs): The patient does not drink, use drugs, or smoke tobacco.

Living Situation: The patient lives with her husband Scott in Urbana.

Education Level: The patient is a Physician's assistant (so she has a master's degree).

Admission Assessment

Chief Complaint (2 points): Labor.

Presentation to Labor & Delivery (10 points): Onset: The patient came into the labor and delivery unit on 2-28-21 at 7:45pm because her membranes ruptured at her home (SROM). Location: Located around the entire body (patient is in labor). Duration: The membranes ruptured right before the patient called the doctor (about 5:00pm). Characteristics: the membranes "gushed out". Associated manifestations: the spontaneous rupture of

membranes (SROM) is accompanied with slight cramping in the abdominal area. Relieving factors: The patient took acetaminophen but did not need anything else at that time.

Treatment: The patient has not sought out any treatment prior to 2-28-21.

Diagnosis

Primary Diagnosis on Admission (2 points): SROM (spontaneous rupture of membranes).

Secondary Diagnosis (if applicable): Not applicable.

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:
At 7:20 am on 3-1-21, the patient was 1cm dilated and 70% effaced. The patient at this time was in the first stage of labor (specifically the latent phase). During the latent phase of labor, the patient can be dilated from 0-6cm, and contractions occur about every 5-10 minutes (Ricci et al., 2021). In the first stage (latent), the patient is typically talkative and optimistic (Ricci et al., 2021). The patient was 70% effaced which is usually a sign of the active phase (Ricci et al., 2021). During this phase, the patient took acetaminophen for mild pain relief and bouncing on a birthing ball. At 12:05 pm, the patient was 4cm dilated and 70% effaced. At this time, the patient was still in the latent phase of the first stage of labor. The patient felt more anxious than before and felt more pain, so she decided to receive the epidural for pain. At 14:33, the patient was 10cm dilated and 100% effaced. The patient was still in the first stage of labor and the active phase. During the active phase of labor, the patient is 6-10cm dilated and 40-100% effaced (Mayo Clinic, 2020). During this labor phase, the patient experiences more pain because the contractions are closer together, and the intensity increases (Mayo Clinic, 2020). The patient's intensity of pain increased, so the lights were dimmed, and she was moved onto her side.
Fentanyl and ketorolac were also given for pain. Once the patient was at 10cm and 100% effacement, she was ready to begin pushing. This put her in the second stage of labor. The second stage is when the mother is at 10cm, and she starts pushing, and it ends with the baby being born (Ricci et al., 2021). In the second phase, the contractions occur about every 2-3 minutes, and the intensity is strong (Ricci et al., 2021). The patient began pushing and was experiencing pain that was described as "intense pressure." The only intervention for pain that was done was breathing exercises and a cold rag on her forehead. The third stage of labor occurs when the baby is born, and the placenta is expelled from the mother (Ricci et al., 2021). We did get to see the baby being born but did not see the placenta come out.
Stage of Labor References (2) (APA):

Mayo Clinic. (2020, February 6). ***Stages of labor and birth: Baby, it's time!***

https://www.mayoclinic.org/healthy-lifestyle/labor-and-delivery/in-depth/stages-of-labor/art-20046545.

Ricci, S. S., Kyle, T., & Carman, S. (2021). ***Maternity and pediatric nursing*****. 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. *normal lab values per epic system at Carle*

Lab	Normal Range	Prenatal Value	Admission Value	Today's Value	Reason for Abnormal Value
RBC	3.50-5.20	3.96	3.58	NA	NA
Hgb	11-16	11.8	10.6		During pregnancy, the patients' blood volume is increased to accommodate the growing fetus. This can decrease the body's hemoglobin concentration (Capriotti and Frizzell, 2016).
Hct	34-47%	33.3%	31.1%	NA	During pregnancy, the patients' blood volume is increased to accommodate the growing fetus. This can decrease the body's hematocrit concentration (Capriotti and Frizzell, 2016).
Platelets	140-400	269	204	NA	NA
WBC	4-11.0	6.77	9.05	NA	NA
Neutrophils	1.60-7.70	4.06	5.81	NA	NA
Lymphocytes	1.00-4.90	1.82	1.97	NA	NA
Monocytes	0-1.10	0.63	0.94	NA	NA
Eosinophils	0-0.50	0.24	0.24	NA	NA
Bands	NA	NA	NA	NA	NA

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	NA	O	O	O	
Rh Factor	NA	POS	POS	POS	
Serology (RPR/VDRL)	Non-reactive	Non-reactive	NA	NA	
Rubella Titer	10.00 or above	28.30	NA	NA	
HIV	Non-reactive	Non-reactive	NA	NA	
HbSAG	Non-reactive	Non-reactive	NA	NA	
Group Beta Strep Swab	Negative	Positive	NA	NA	The patient's group beta strep test came back positive, she has positive bacteria in her body (Capriotti and Frizzell, 2016).
Glucose at 28 Weeks	<140	129	NA	NA	
MSAFP (If Applicable)	NA	NA	NA	NA	

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

The patient did not have any other labs ordered

Lab Test	Normal Range	Prenatal Value	Value on Admission	Today's Value	Reason for Abnormal
NA					
NA					
NA					

NA					
NA					
NA					
NA					
NA					
NA					

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

This test was not done

Test	Normal Range	Prenatal Value	Value on Admission	Today's Value	Explanation of Findings
Urine protein/creatinine ratio (if applicable)	**NA**				

Lab Reference (1) (APA):

Capriotti, T., & Frizzell, J. P. (2016). ***Pathophysiology: introductory concepts and clinical perspectives*****. Philadelphia: F.A. Davis Company.**

Electronic Fetal Heart Monitoring (16 points)

Component of EFHM Tracing	Your Assessment
What is the Baseline (BPM) EFH?	**The normal baseline fetal heart rate is between 110-160 BPM (Ricci et al., 2021).**

	The baby's baseline was 155 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 are accelerations that are 15 beats by 15 seconds.** **The accelerations are moderate variability.**
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?**	**There are variable decelerations. The patient was turned onto her side to help these and they benefited the fetus. The decelerations improved once this intervention was performed.**
Describe the contractions: **Frequency:** **Length:** **Strength:** **Patient's Response:**	**The contractions occurred about every 2-3 minutes.** **The contractions lasted about 1 minute. The strength was 30-40mmhg. The patient was describing the contractions as "intense pressure". The patient stated "I just want this baby out!" The patient had facial grimacing and was squeezing her husband's hand during and in between contractions.**

EFM reference (1) (APA format):

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

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

Home Medications (2 required)

Brand/Generic	**Tylenol / acetaminophen**	**Tums / Calcium carbonate**	**Prenatal vitamin**		
Dose	**650 mg**	**200 mg**	**200mg**		
Frequency	**Every 4 hours PRN**	**PRN**	**1X daily**		
Route	**Orally**	**orally**	**orally**		
Classification	**Antipyretic / nonopioid analgesic**	**Antacid**	**Multivitamin supplement**		
Mechanism of Action	**Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system.**	**Increases level of intracellular and extracellular calcium, which is needed to maintain homeostasis, especially in the nervous and musculoskeletal system.**	**Increases essential nutrient's like folic acid, iron, and other vitamins.**		
Reason Client Taking	**The patient is taking for pain.**	**The patient is taking for heartburn.**	**The patient is taking a prenatal vitamin to ensure that she is getting enough**		

			nutrients and vitamins for herself and her growing fetus.		
Contraindications (2)	**Hypersensitivity to acetaminophen or its components, or severe hepatic impairment.**	**Hypercalcemia, hypersensitivity to calcium salts or its components.**	**Iron overload, stomach ulcer from too much acid.**		
Side Effects/Adverse Reactions (2)	**Hypotension, hepatoxicity.**	**Hypotension, Hypercalcemia.**	**Dizziness, allergic reaction—rash, itching.**		
Nursing Considerations (2)	**Use acetaminophen cautiously in patients with hepatic impairment or active hepatic disease, ensure that the daily dose of acetaminophen from all sources does not exceed maximum daily limits.**	**Store at room temperature, and protect from heat, moisture, and direct light. Don't freeze. Warm solution to warm temperature before administration.**	**Be aware of blood conditions that could be contraindicated with a prenatal vitamin. Keep an eye out for any allergies and screen the supplements for containing ingredients.**		
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Monitor liver function tests (AST, ALT, bilirubin, and creatinine). These must be monitored to ensure liver hepatoxicity has not occurred. Monitoring renal function is also important.**	**Assess serum calcium.**	**Assess for blood conditions, iron level, and blood levels (Hgb, Hct).**		
Client Teaching needs (2)	**Tell patient that tablets may be crushed or**	**Urge patient to chew chewable tablets**	**This medication is best taken on**		

	swallowed whole, teach patient to recognize signs of hepatoxicity such as bleeding, easy bruising, and malaise.	**thoroughly before swallowing and to drink a glass of water afterwards. Tell patient to dissolve calcium citrate tablets in water and drink immediately.**	**an empty stomach 1 hour before or 2 hours after a meal. Take with a full glass of water to prevent stomach upset.**		

Hospital Medications (5 required)

Brand/Generic	**Toradol / Ketorolac**	**Pentazine / Promethazine.**	**Naropin / ropivacaine**	**Pitocin / Oxytocin**	**Akovaz / Ephedrine Sulfate**
Dose	**30mg**	**12.5 mg**	**24 mg/hr.**	**30 Units**	**5mg**
Frequency	**Once**	**Every 4 hours PRN**	**continuous**	**continuous**	**Every 1 minute PRN**
Route	**IV push**	**IV push piggyback**	**Epidural**	**IV**	**IV push**
Classification	**NSAID, analgesic**	**Antiemetic**	**anesthetic**	**Oxytocic / stimulates contractions .**	**Beta Adrenergic Agonists.**
Mechanism of Action	**Blocks cyclooxygenase, an enzyme needed to synthesize prostaglandins.**	**Competes with histamine for H1 receptor sites, thereby antagonizing many histamine effects and**	**Local anesthetics block the generation and the conduction of nerve impulses.**	**Pitocin causes the uterus to contract and induces labor.**	**Adregeneric A and B receptors are activated and inhibits norepinephrine reuptake and increases the release**

		reducing allergy signs and symptoms. Also prevents motion sickness, nausea, and vertigo.			**of norepinephrine in the vesicles of cells.**
Reason Client Taking	**The patient is taking for pain.**	**The patient is taking for nausea.**	**The patient is taking for pain.**	**The client is taking to stimulate contractions and strengthen them.**	**The client is taking to treat hypotension causes by anesthesia.**
Contraindications (2)	**Advanced renal impairment, cerebrovascular bleeding.**	**Bone marrow suppression, use of CNS depressants.**	**Hypersensitivity to Ropivacaine or its components. *only has one contraindication***	**Fetal distress, Hypersensitivity to Pitocin or its components.**	**Hypersensitivity to Ephedrine or its components. Heart disease or other heart conditions.**
Side Effects/Adverse Reactions (2)	**Acute pancreatitis, Sepsis.**	**Bradycardia, angioedema.**	**Restlessness, anxiety.**	**Nausea, vomiting, hemorrhaging.**	**Tachycardia, Dizziness.**
Nursing Considerations (2)	**Give IV injection over at least 15 seconds. Be aware that NSAIDS like ketorolac should be avoided in patients with a recent MI because of**	**Give IV injection at no more than 25 mg/min. inject IM form deep into large muscle mass, and rotate sites.**	**Be aware that pain medications can cause respiratory and CNS depression. Know the sings of toxicity.**	**Pitocin should be inspected for discoloration and cloudiness. The level given to the patient is specific to the contractions and mother.**	**Inspect for discoloration or cloudiness. Protect this medication from light.**

	risk of reinfarction .				
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Monitor BUN and creatinine, monitor patients with heart or renal failure, and monitor CBC for decreased hemoglobin and hematocrit.**	**Monitor blood pressure, respiratory system, and assess for mental changes.**	**Assess respiratory status and CNS. Pain medications can depress these symptoms.**	**Monitor the fetal heart rate, monitor the mother's oxygen and fetal distress.**	**Assess blood pressure and respiratory status.**
Client Teaching needs (2)	**Caution patient to avoid hazadourus activities until drugs CNS effects are known. Instruct patient to report blood in urine, easy bruising, and itching, rash, swelling, or yellow eyes.**	**Advise patient to avoid OTC drugs unless approved by prescriber. Instruct patient to notify prescriber if she has involuntary movements and restlessness.**	**Teach the patient that they will feel numb and will have a temporary loss of sensation. Advise patients to inform the provider if they experience any abnormal symptoms.**	**Inform the patient that the strength of the contraction is going to increase. Inform the patient that Pitocin will stimulate contractions and speed up labor.**	**Teach the patient to report any signs and symptoms of an allergic reaction. Inform the patient of the reason for this medication and to report any dizziness or signs of hypotension .**

Medications Reference (1) (APA):

Jones & Bartless Learning. (2020). 2020 Nurse's drug handbook (19th ed.). Burlington, MA.

RxList. (2020, August 10). ***Ephedrine (Ephedrine): Uses, Dosage, Side Effects, Interactions, Warning*****. RxList. https://www.rxlist.com/ephedrine-drug.htm#description.**

RxList. (2021, February 22). ***Pitocin (Oxytocin Injection): Uses, Dosage, Side Effects, Interactions, Warning*****. RxList. https://www.rxlist.com/pitocin-drug.htm#description.**

Assessment

Physical Exam (18 points)

GENERAL (0.5 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**The patient is alert and oriented X4.** **The patient does not appear to be in distress.** **The patient's appearance is normal (well groomed, hair combed, and looks well).**
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds/Incision:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	 **The patient's skin was dry and intact.** **The skin is white, warm, and slightly pale.** **Normal turgor: 2+** **The patient does not have any rashes, bruises, or wounds.** **Braden score: 17** **No drains present.**
HEENT (0.5 point):	**The patients head is symmetrical (midline**

Head/Neck: **Ears:** **Eyes:** **Nose:** **Teeth:**	**with no deviations).** **The patient has strawberry blonde hair with no patches or balding.** **The patient's ears are clear and pink with no drainage.** **The tympanic membrane is visible and is pearly grey.** **PEERLA is present.** **The patient does not have nasal deviation.** **The oral mucosa is pink and moist.** **The patient's teeth are clean and in good condition.**
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:**	**The patient was in normal sinus rhythm.** **S1 and S2 present.** **The patient's radial and pedal pulses are palpable.** **There is no peripheral edema.** **Normal capillary refill: less than 3 seconds.** **The patient has no neck vein distension.**
RESPIRATORY (1 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**The patients breath sounds are normoactive bilaterally. The breath sounds are clear and normal.**
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:**	**The patient is on a regular diet at home.** **They are currently NPO but will be on a regular diet once the baby is born.** **Height: 5'6"** **Weight: 166 pounds** **Normoactive bowel sounds heard in all four quadrants.** **Last BM: 3-1-21 while she was pushing.** **There is no distension, incisions, scars, drains, or wounds.**
GENITOURINARY (5 Points): **Bleeding:** **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒**	**The patient's urine is clear and yellow.** **The patient is voiding regularly.** **The patient reports no pain or trouble with urination.** **The patient's genitals are clean and intact.** **The patient had a non-latex catheter.**

Inspection of genitals: **Catheter: Y ☒ N ☐** **Type: Non-latex** **Size: 10ml** **Rupture of Membranes:** **Time: 5:00pm 2-28-21** **Color:** **Amount:** **Odor:** **Episiotomy/Lacerations:**	**Size: 10ml** **ROM: occurred at 5:00pm on 2-28-21 at the patient's home.** **Color: clear.** **Amount: "a decent amount"** **Odor: no odor.** **No episiotomy/laceration.**
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☐**	**The patient has active ROM bilaterally.** **The patient ambulates to the bathroom and around the room independently without the use of assistive devices (prior to the birth of the baby).** **Fall score: 2. The patient is a low fall risk. Fall risk during the time of epidural only.**
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 patients grip strength is equal bilaterally in the upper and lower extremities. Until the patient received epidural. This made her lower extremities numb.** **PERLA is present.** **The patient is oriented and mental status is normal.** **The patient's speech is clear and normal (makes sense).** **No LOC.** **Deep tendon reflexes present.**
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):**	**The patient is Christian and attends church weekly.** **The patient is a long distance runner (actually was running up to 35 weeks of her pregnancy!!) and this helps her cope with stress or anxiety. The patient is fully developed. The patient has a husband and is very close with her family. Her mother and father are super excited to see their grandbaby!! ☺**
DELIVERY INFO: (1 point) **Delivery Date:** **Time:** **Type (vaginal/cesarean):** **Quantitative Blood Loss:** **Male or Female**	**Delivered: 3-1-21** **Time: 5:48 pm** **Vaginal birth.** **Blood loss: this was not calculated in the system yet.**

Apgars: **Weight:** **Feeding Method:**	**Apgar's: 6 and 9.** **Female.** **The baby was not weighed yet.**

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	**73**	**122/80**	**16**	**98.5F** **Orally**	**98% RA**
Admission to Labor/Delivery	**73**	**114/81**	**16**	**98.3** **Orally**	**98%RA**
During your care	**92**	**113/73**	**22**	**97.5** **Orally**	**98% RA**

Vital Sign Trends: The patient's vital signs remained around the same until she was in an intense amount of pain. During this, her pulse was faster and she was breathing faster (because she had begun to push).

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
12:30	**0-10**	**stomach**	**3**	**"I wouldn't say it is pain, I would say it is more like a pressure or discomfort around my abdomen".**	**Acetaminophen and using a birthing ball.**
14:30	**0-10**	**Stomach**	**8**	**"The pain is**	**At this time,**

				more intense and the pressure is stronger".	**the patient was pushing so there was not pain meds given.**

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:**	18 gauge. Anterior, lower right forearm. Dated 2-28-21 Patency: IV is patent and there is no signs of erythema or drainage. IV dressing is intact and no sign of infiltration. Patient is receiving Lactated ringers and oxytocin. Lactated ringers 125 ml/hr. Oxytocin 25 mg/hr.

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
1725.5 mg IV fluids	**500 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.**
Ensuring the patient (expectant mother) is using the proper breathing techniques. N	**Continuously and specifically during pushing and rest periods.**	**This intervention was chosen because the patient started pushing. The correct breathing techniques promotes adequate oxygen to the brain, keeps the patient calm, and gives the mother a sense of control (Ricci et al., 2021).**
Administering pain	**PRN for pain.**	**Throughout labor, the patient will be in pain and needed pain medication**

medications. T		**periodically. Opioid medication (Fentanyl) was administered as well as an epidural was placed. The patient also needed antiemetic's because of nausea.**
Applying heat / cold to certain areas. N	**Between each contraction.**	**A warm rag was placed on the patient's vagina to relax the muscle and help with pain. A cold wash cloth was also placed behind the patient's neck and on her forehead to cool her down (Ricci et al., 2021).**

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. Acute pain related to labor as evidence by facial grimacing, deep breathing, and a fast respiratory rate.	**The patient is in labor and expressed she was in an intense amount of pain.**	**1.Administer pain medication PRN. Rationale: pain medication will help reduce the patient's pain. 2.Move the patient and encourage movement. Rationale: turning the patient could help with the patient's pain and encouraging movement**	**Outcomes: Ketorolac was given to the patient and it seemed to help until labor progressed. The patient was using a birthing ball which she said distracted her a little bit from the pain. After that, she was placed on her side**

		can do the same (Ricci et al., 2021).	**which she said gave her some relief.** **Goal: decrease the patient's pain as much as possible.**
2. Risks of anxiety related to labor as evidence by situational crisis.	**The patient was experiencing anxiety to the point where she was shaking. She also stated she was "very anxious and nervous". She seemed uneasy.**	**1. Encourage breathing techniques.** **Rationale: Breathing techniques help calm the patient and make them feel in control (Ricci et al., 2021).** **2.Initiating comfort measures.** **Rationale: comfort measures can include dimming the lights, placing a cold rag on the patient, and moving positions. This can help the patient feel calm (Ricci et al., 2021).**	**Outcomes: the patient worked on her breathing and this helped calm her down. Her respiratory rate and demeanor slowed and calmed. The lights were dimmed and a cold rag was placed on the patient's forehead and behind her neck. These measures were therapeutic and helped reduce the patient's anxiety.** **Goal: decrease the patient's anxiety as much as possible.**
3. Lack of knowledge related to becoming parents as evidence by this being their first baby.	**This is the couple's first baby so they are beginners for everything like bathing, feeding, etc.**	**1. Inform the parents of the baby's feeding schedule. The mother plans to breastfeed, so help show how to do it in person.** **Rationale: If the parents know how to breastfeed and do it successfully where there are resources, it will be easier to do it once they arrive home. Providing them with adequate knowledge on the feeding schedule will help them be prepared.** **2. Go over a bath with the parents and baby.** **Rationale: When the mother sees how a bath is given to a baby, she will be more confident to do it on her own. It will also be**	**The parents were willing to learn how to give their baby a bath and breastfeed.** **Goal: provide the parents with adequate knowledge before heading home.**

		guaranteed that they will do it correctly.	
4. Risk for altered family process related to gaining a family member as evidence by the birth of a baby.	**This married couple just had a baby and their family dynamic is changed.**	**1. Let the mother and father hold the baby once they are cleaned off. Rationale: providing that contact helps bonding (Ricci et al., 2021).** **2. Encourage the mother and father to participate in all activities performed in the hospital like bath giving and feeding. Rationale: If the parents participate and learn how to do these activities in the hospital it will promote bonding and prepare them for when they arrive home. They will not be as afraid to do it, so it will be easier (Ricci et al., 2021).**	**Outcomes: the patient and her husband were more than willing to hold the baby once she was born. Skin to skin between mother and baby was initiated and the father was at the bedside with them. They were willing to do every activity they can in the hospital. Goal: help the family dynamic change become easier and promote bonding.**

Other References (APA)

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

Swearingen, P. L., & Wright, J. D. (2020). ***All-in-one nursing care planning resource: medical-surgical, pediatric, maternity, and psychiatric-mental health*****. St. Louis, MO: Elsevier.**