

N432 Labor & Delivery Care Plan

Lakeview College of Nursing

Brandi Huson

**Demographics (3 points)**

<b>Date &amp; Time of Admission</b> 9-13-2021 1025	<b>Patient Initials</b> LS	<b>Age</b> 29	<b>Gender</b> Female
<b>Race/Ethnicity</b> White	<b>Occupation</b> Unemployed	<b>Marital Status</b> Married	<b>Allergies</b> None
<b>Code Status</b> Full Code	<b>Height</b> 5'2	<b>Weight</b> 328lbs	<b>Father of Baby Involved</b> Yes

**Medical History (5 Points)**

**Prenatal History:** Gravida 3, Term 2 (2011.2013), Preterm 0, Abortion 0, Living births 2.

Gestational Diabetes 2011, Nausea, and Vomiting

**Past Medical History:** Methicillin-resistant Staphylococcus Aureus (MRSA) History, Breast Disorder, Bipolar, Anemia, Asthma

**Past Surgical History:** None

**Family History:** Maternal Grandmother had cancer. Paternal Grandfather had lung cancer

**Social History (tobacco/alcohol/drugs):** Patient denies tobacco and alcohol use. Patient confirmed "occasional" marijuana use throughout the pregnancy.

**Living Situation:** The patient lives at home with her husband and two children.

**Education Level:** High School Education

**Admission Assessment**

**Chief Complaint (2 points):** Abdominal Pain

**Presentation to Labor & Delivery (10 points):** Onset: The patient is a 29-year-old female at 39 weeks 2 days gestation. She is gravida 3, preterm 0, with 2 living children. The patient reported being on her feet the whole day prior. When she woke up on 9-13-2021 she was experiencing

abdominal pain and minimal fetal movement. Duration: The abdominal pain started when she woke up that morning and had not subsided. She reported that “the baby was not moving”.

Characteristics: The patient stated “the pain was in her abdomen. It felt like it went from her abdomen into her pelvis.” The patient stated, “she could not feel the baby moving.” Associated and Aggravating Factors: The pain was constant in her abdomen. She stated, “I was on my feet the entire day prior to feeling this way.” Relieving: The patient tried to reposition in bed with no relief. She stated, “I tried walking around the house but that did not help either.” Treatment and Timing: The patient could not get the pain to go away. She became scared later in the morning when she could not feel the baby move. She was then advised to come to the hospital for monitoring and an exam. Severity: The patient reported the pain at a 2 out of 10. She stated, “I was scared when I could not feel the baby moving.”

### **Diagnosis**

**Primary Diagnosis on Admission (2 points):** The patient was examined and monitored for contractions and fetal movement. The patient had an induction date set for 9-15-21 but doctor agreed to move forward with the labor induction.

**Secondary Diagnosis (if 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:**

The process of labor is divided into 4 stages. (Ricci et al., 2017) The first stage of labor begins with the first true contraction until full dilation of the cervix. (Ricci et al., 2017) The first stage of labor is the longest stage and is divided into three phases. (Ricci et al., 2017)

The first phase is the latent phase. Latent phase is characterized by cervical dilation from 0-6 cm, cervical effacement from 0-40%, and contraction frequency every 5-10 minutes. Contractions in this phase are mild intensity and last 30-45 seconds. (Ricci et al., 2017)

The patient was in the first stage of labor and in the Latent Phase. She was having contractions that were 5 minutes apart lasting 25-30 seconds. The patient’s cervix was dilated 2.5 cm. The

patient was tolerating the contractions well and rated her pain at a 3 out of 10. She repositioned in bed and was eating ice chips to help relieve her labor pain. She also requested a fan to help cool her down. The doctor had artificially ruptured the patient's membranes and ordered the patient to start Pitocin. The patient had not received the Pitocin yet and was still in this phase at the conclusion of the clinical rotation.

The second phase of first stage labor is the Active Phase. The Active Phase is characterized by an increased rate of dilation until full dilation of the cervix at 10cm. Contractions will increase in intensity during this phase. Contractions can occur every 2-5 minutes and last 45-65 seconds. The fetus will also descend farther in the pelvis. (Ricci et al, 2017)

The third phase of first stage labor is the transition phase. This can be the toughest and most painful part of labor. It can last 15 minutes to an hour. During the transition contractions come closer together and can last 60 to 90 seconds. You may feel like you want to bear down. You may feel a lot of pressure in your lower back and rectum. (March of Dimes, 2019)

The second stage of labor usually lasts up to three hours and begins with complete dilation of 10cm to birth of the newborn. This stage involves the fetus being pushed through the birth canal and out of the body. Contractions will occur every 2-3 minutes and last 60-90 seconds. The contractions during this phase are described as strong. (Ricci et al.,2017)

The Pelvic Phase of the second stage is the period of fetal descent. The Perineal phase of the second stage consists of strong frequent contractions and a strong urge to push. (Ricci et al.,2017)

The third stage of labor consists of two phases: Placental Separation and Placental Expulsion. In the Placental Separation phase the placenta detaches from the uterine wall. In the Placental Expulsion phase the placenta is pushed out of the vaginal opening. (Ricci et al., 2017)

The fourth and final stage of labor consists of maternal adjustment to all the physiological changes that have occurred in her body. This stage usually last from 1-4 hours. Mother is wide awake and talkative. This is a time for mother and newborn to bond. (March of Dimes, 2019)

### **Stage of Labor References (2 required) (APA):**

March of Dimes. (2019, March). *Stages of labor*. March of Dimes.org.

<https://www.marchofdimes.org/pregnancy/stages-of-labor.aspx>

Ricci, S.S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing (3<sup>rd</sup> ed.)*.

Philadelphia, PA: 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.

<b>Lab</b>	<b>Normal Range</b>	<b>Prenatal Value</b>	<b>Admission Value</b>	<b>Today's Value</b>	<b>Reason for Abnormal Value</b>
<b>RBC</b>	F 4-5.5million M 4.5-6 million	4.30 million	4.34 million	4.34 million	N/A
<b>Hgb</b>	11.5-14	12.6 g/dL	12.2 g/dL	12.2 g/dL	N/A
<b>Hct</b>	32-42%	35.7%	35.6%	35.6%	N/A
<b>Platelets</b>	150,000-400,000 cells/ mm <sup>3</sup>	272 cell/ mm <sup>3</sup>	218 cells/ mm <sup>3</sup>	218 cells/ mm <sup>3</sup>	N/A
<b>WBC</b>	5000-15,000 cells/mm <sup>3</sup>	9.8 cells/ mm <sup>3</sup>	8.2 cells/mm <sup>3</sup>	8.2 cells/ mm <sup>3</sup>	N/A
<b>Neutrophils</b>	45%-75%	Not Charted	75%	75%	N/A
<b>Lymphocytes</b>	15%-40%	Not Charted	18.4%	18.4%	N/A
<b>Monocytes</b>	4%-6%	Not Charted	5.5%	5.5%	N/A
<b>Eosinophils</b>	<7%	Not Charted	0.5%	0.5%	N/A
<b>Bands</b>	0.0-3.0%	Not Charted	Not Charted	Not Charted	N/A

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

<b>Lab Test</b>	<b>Normal Range</b>	<b>Prenatal Value</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Reason for Abnormal</b>
<b>Blood Type</b>	A, B, O, AB	A+	A+	A+	N/A
<b>Rh Factor</b>	Positive Negative	Positive	Positive	Positive	N/A
<b>Serology (RPR/VDRL)</b>	Negative	Negative	Negative	Negative	N/A
<b>Rubella Titer</b>	Immune	Immune	Immune	Immune	N/A

<b>HIV</b>	Negative	Negative	Negative	Negative	N/A
<b>HbSAG</b>	Negative	Negative	Negative	Negative	N/A
<b>Group Beta Strep Swab</b>	Negative	Positive	Positive	Positive	The patient had group B streptococcus which is a bacterium that can cause a serious infection in babies. (Ricci et al., 2017)
<b>Glucose at 28 Weeks</b>	>140	101	Not Charted	Not Charted	N/A
<b>MSAFP (If Applicable)</b>	N/A	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.

<b>Lab Test</b>	<b>Normal Range</b>	<b>Prenatal Value</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Reason for Abnormal</b>
<b>Sars-Cov-2</b>	Not detected	Not detected	Not detected	Not detected	N/A
<b>Drug screen</b>	Not detected	Detected	Detected	Detected	The patient had used marijuana throughout the entire pregnancy. Marijuana contains chemicals that can pass through mom's system to baby. (Ricci et al., 2017)

**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)	Not detected	Not detected	Trace	Trace	N/A

**Lab Reference (1) (APA):**

Ricci, S.S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing (3<sup>rd</sup> ed.)*.

Philadelphia, PA: Wolters Kluwer.

**Electronic Fetal Heart Monitoring (16 points)**

Component of EFHM Tracing	Your Assessment
<p><b>What is the Baseline (BPM) EFH?</b></p> <p><b>Has it changed during your clinical day? If yes, how has it changed?</b></p>	<p>Baseline at 1400 was 140.</p> <p>Baseline at 1700 was 125. The patient had an IUPC Fetal Scalp Monitor inserted to get better readings on the EFH. This allowed for more accurate reading of fetal heart rate and better monitoring.</p> <p>The doctor also ruptured the patient's membranes and noted meconium-stained discharge.</p>
<p><b>Are there accelerations?</b></p>	<p>There are accelerations that go up for 15 seconds and last for 15</p>

<ul style="list-style-type: none"> <li>• <b>If so, describe them and explain what these mean (for example: how high do they go and how long do they last?)</b></li> </ul> <p><b>What is the variability?</b></p>	<p>seconds. The variability was moderate.</p>
<p><b>Are there decelerations? If so, describe them and explain the following: What do these mean?</b></p> <ul style="list-style-type: none"> <li>○ <b>Did the nurse perform any interventions with these?</b></li> <li>○ <b>Did these interventions benefit the patient or fetus?</b></li> </ul>	<p>There were no decelerations.</p>
<p><b>Describe the contractions at the beginning of your clinical day:</b>  <b>Frequency:</b>  <b>Length:</b>  <b>Strength:</b>  <b>Patient’s Response:</b></p>	<p>The contractions were being monitored externally. The contractions were five minutes apart lasting 20 seconds. Strength could not be determined. The patient stated the pain of the contractions were a 2 out of 10. She stated, “I’m not in a lot of pain, I just feel uncomfortable.”</p>
<p><b>Describe the contractions at the end of your clinical day:</b>  <b>Frequency:</b>  <b>Length:</b>  <b>Strength:</b>  <b>Patient’s Response:</b></p>	<p>The contractions were being monitor internally by the end of the clinical day. The contractions were 5 minutes apart lasting 30-40 seconds with a strength of 60. The patient stated her pain level was a 3 out of 10. She stated, “she was really starting to feel the contractions, and the pain was in her abdomen and pelvis.” The</p>

	patient was sitting up in bed and talking to her husband. The patient was very tolerant to the contraction pain.
--	--

**EFM reference (1 required) (APA format):**

Ricci, S.S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing (3<sup>rd</sup> ed.)*.

Philadelphia, PA: Wolters Kluwer.

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

**Home Medications (2 required)**

<b>Brand/Generic</b>	Prenatal Vitamin	Acetaminophen/ Tylenol			
<b>Dose</b>	27mg	500mg			
<b>Frequency</b>	Daily	PRN every 6 hours for pain			
<b>Route</b>	Oral	Oral			
<b>Classification</b>	Vitamin/Mineral	Non salicylate/ Antipyretic			
<b>Mechanism of Action</b>	Provides patient body with necessary vitamins and minerals to support fetal and maternal needs.	Blocks prostaglandin production and interferes with pain impulses			
<b>Reason Client Taking</b>	Prenatal care	Aches and pains			
<b>Contraindications (2)</b>	Hyperparathyroidism and Hypercalcemia	Liver Disease Hepatic Impairment			
<b>Side Effects/Adverse</b>	Constipation	Constipation			

<b>Reactions (2)</b>	Stomach cramping	Fatigue			
<b>Nursing Considerations (2)</b>	Well-balanced diet. Make sure the vitamin is taken daily.	Obtain any over the counter medications the client is taking. Do not exceed the daily maximum dose.			
<b>Key Nursing Assessment(s)/Lab(s) Prior to Administration</b>	Iron levels should be checked. Calcium levels should be checked.	Liver function should be assessed prior to administration.			
<b>Client Teaching needs (2)</b>	The patient should be educated on the importance of taking the vitamin daily. Educate the client to add fiber in their diet to avoid constipation.	Educate the importance of not taking other over the counter medications as these could contain acetaminophen as well. Educate the patient on the importance of taking acetaminophen exactly as prescribed.			

**Hospital Medications (5 required)**

<b>Brand/Generic</b>	Lactated Ringers Solution	Methyletergona vine/ Methergine	Misoprostol/ Cytotec	Penicillin G potassium	Hemabate / Carboprost
<b>Dose</b>	125mL/hr	200mcg	.25 mcg	5 million units	250mg
<b>Frequency</b>	Continuous	PRN	Every 4 hours	200mL/hr	PRN
<b>Route</b>	IV	IM	Cervical	IV	IM
<b>Classification</b>	Alkalinizing Agent	Uterotonic Agent	Prostaglandin E analogue	Antibiotic	Uterotonic agent
<b>Mechanism of Action</b>	Allows water to flow freely	Affects the smooth muscle of a	Contracts smooth muscle fibers in the	Binds to protein in the cell	Form of Prostaglandin to help

	at a cellular level without causing cells to swell or shrink.	woman's uterus. Improving the muscle tone as well as the strength and timing of uterine contractions.	myometrium and causes relaxation of the cervix this facilitates cervical opening.	walls causing cell wall lysis	control functions in the body such as muscle contractions
<b>Reason Client Taking</b>	To stay hydrated during delivery.	Used to help control bleeding and improve muscle tone of the Uterus.	To ripen the cervix to induce labor.	The patient tested positive for Group Beta Strep. This is administered during labor to keep the baby from getting an infection.	As needed to prevent severe bleeding after childbirth.
<b>Contraindications (2)</b>	Severe metabolic acidosis or alkalosis. Severe liver disease.	High blood pressure Toxemia of pregnancy	Pelvic Infection Bleeding Disorder	Hypersensitivity to Penicillin. Fruit Juices.	Active Pelvic Inflammatory Disease. Liver Disease
<b>Side Effects/Adverse Reactions (2)</b>	Agitation Difficulty breathing	Sweating Vision problems	Uterine rupture Uterine tachysystole	Electrolyte imbalances. Vaginal Candidiasis	Vaginal Bleeding Cramping
<b>Nursing Considerations (2)</b>	Monitor electrolytes and vital signs. Assess the patient for confusion or signs of fluid volume overload.	Use only after childbirth. Do breastfeed for 12 hours after taking.	Make sure the risk of inducing labor outweighs the benefits of not inducing labor.  Assess the patient's and fetal heart rates.	Serum sodium levels should be monitored.  Assess vital signs.	Monitor frequency, rate, and duration of contractions. Monitor vaginal discharge.
<b>Key Nursing Assessment(s)/L</b>	Monitor blood	Monitor blood pressure.	The patient should be	The patient should be	Assess the patient's

<b>ab(s) Prior to Administration</b>	glucose levels prior to administration.		examined prior to administration to ensure vaginal delivery is the best option.	tested for group beta strep. If the patient is negative, they will not need this treatment.	contractions and vital signs. Assess fetal heart rate.
<b>Client Teaching needs (2)</b>	Educate the client to remain NPO during labor and delivery. Tell patient to report any itching or burning at the IV site.	Educate the patient that they will receive this after delivery if needed. Educate the patient about breastfeeding while taking this medication.	Receiving this medication will help ripen the cervix and induce labor. This medication does not prevent a mother from having to undergo a Cesarean Section if complications arise.	Report any previous allergy to Penicillin to the provider immediately . If diarrhea occurs this should be reported.	Educate that this can help reducing bleeding after delivery. Educate that this can cause cramping.

**Medications Reference (1 required) (APA):**

Jones & Bartlett Learning. (2020). *2020 Nurse’s Drug Handbook*. Burlington, MA

**Assessment**

**Physical Exam (18 points)**

<p><b>GENERAL (0.5 point):</b>  <b>Alertness:</b>  <b>Orientation:</b>  <b>Distress:</b>  <b>Overall appearance:</b></p>	<p>The patient was alert and oriented to person, place, time, and situation.                  She was well groomed.                  The patient was in mild pain but not in distress.</p>
<p><b>INTEGUMENTARY (2 points):</b>  <b>Skin color:</b>  <b>Character:</b>  <b>Temperature:</b>  <b>Turgor:</b>  <b>Rashes:</b>  <b>Bruises:</b>  <b>Wounds/Incision:</b> .  <b>Braden Score:</b>  <b>Drains present:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Type:</b></p>	<p>Skin was white and normal for ethnicity.                  Skin was dry and intact.                  Temperature is normal on upper and lower extremities.                  Skin turgor is within normal limits                  Braden score is 20.                  No wounds or rashes upon inspection.                  Patient did not have a catheter placed by the time the student left the floor.</p>
<p><b>HEENT (0.5 point):</b>  <b>Head/Neck:</b>  <b>Ears:</b>  <b>Eyes:</b>  <b>Nose:</b>  <b>Teeth:</b></p>	<p>Head and Neck are symmetrical. Trachea is midline without deviation.                  Bilateral auricles pink and moist with no lesions noted.                  Bilateral PEERLA. Bilateral EOM's intact.                  Bilateral conjunctiva white, bilateral sclera pink.                  Septum is midline.                  The patient was missing her bottom teeth.</p>
<p><b>CARDIOVASCULAR (1 point):</b>  <b>Heart sounds:</b>  <b>S1, S2, S3, S4, murmur etc.</b>  <b>Cardiac rhythm (if applicable):</b>  <b>Peripheral Pulses:</b> 2+ throughout bilaterally  <b>Capillary refill:</b> Less than 3 seconds  <b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Edema</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Location of Edema:</b> The patient had nonpitting bilateral leg edema.</p>	<p>Clear S1 and S2 sounds with no murmurs, gallops, or rubs noted. Normal rate and rhythm.</p>
<p><b>RESPIRATORY (1 points):</b>  <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Breath Sounds: Location, character</b></p>	<p>Normal rate and rhythm. Respirations regular, nonlabored, and symmetrical bilaterally.                  Lung sounds clear with no crackles, wheezes, or ronchi noted throughout bilaterally.</p>

<p><b>GASTROINTESTINAL (4 points):</b>  <b>Diet at Home:</b>  <b>Current Diet:</b>  <b>Height:</b> 5'2  <b>Weight:</b>328 lbs  <b>Auscultation Bowel sounds:</b>  <b>Last BM:</b> 9-12-21  <b>Palpation: Pain, Mass etc.:</b>  <b>Inspection:</b>              <b>Distention:</b>              <b>Incisions:</b>              <b>Scars:</b>              <b>Drains:</b>              <b>Wounds:</b></p>	<p>The patient stated she had a regular diet. The patient was NPO during labor and delivery. She was able to eat ice chips.</p> <p>Bowel sounds normoactive upon auscultation of all 4 quadrants. Abdomen shape is round due to pregnancy with no distension noted.</p> <p>No visible wounds or scars noted. No catheter or drain was inserted.</p>
<p><b>GENITOURINARY (2 Points):</b>  <b>Bleeding:</b>  <b>Color:</b>  <b>Character:</b>  <b>Quantity of urine:</b>  <b>Pain with urination:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Inspection of genitals:</b>  <b>Catheter:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>              <b>Type:</b>              <b>Size:</b></p>	<p>The patient had no bleeding. The doctor did rupture her membranes and noted the fluid was meconium stained.</p> <p>Genitals are normal.</p>
<p><b>MUSCULOSKELETAL (2 points):</b>  <b>ADL Assistance:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Fall Risk:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Fall Score:</b> 20  <b>Activity/Mobility Status:</b>  <b>Independent (up ad lib)</b> <input type="checkbox"/>  <b>Needs assistance with equipment</b> <input type="checkbox"/>  <b>Needs support to stand and walk</b> <input type="checkbox"/></p>	<p>The patient was able to get up and use the restroom independently. She had full range of motion of all extremities throughout bilaterally.</p> <p>I rated her fall score at a twenty because she did have an IV.</p>
<p><b>NEUROLOGICAL (1 points):</b>  <b>MAEW:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>PERLA:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Strength Equal:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no -  <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/>  <b>Orientation:</b> Alert  <b>Mental Status:</b> Alert and Oriented  <b>Speech:</b> Clear and appropriate for her age.  <b>Sensory:</b> She had full awareness of what was going on around her with no deficits.  <b>LOC:</b> A&amp;O X 4</p>	<p>.</p>

<p><b>Deep Tendon Reflexes: 3+</b></p>	
<p><b>PSYCHOSOCIAL/CULTURAL (1 points):</b>  <b>Coping method(s):</b>  <b>Developmental level:</b>  <b>Religion &amp; what it means to pt.:</b>  <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b></p>	<p>The patient did have a history of bipolar disorder but was maintaining and happy at the present time. She lived at home with her husband and 2 children. The husband was present and was providing her good support. She also has a sister that she is very close to as well.</p>
<p><b>Reproductive: (2 points)</b>  <b>Rupture of Membranes:</b>Artificial Rupture of Membranes  <ul style="list-style-type: none"> <li>o <b>Time:</b>1700</li> <li>o <b>Color:</b> Meconium-stained fluid</li> <li>o <b>Amount:</b> Not measured</li> <li>o <b>Odor:</b> No odor noted</li> </ul> <b>Pain medication or Epidural:</b> The patient had not requested pain medication at this time. She did state that she wanted an epidural.  <b>Assistive delivery:</b>  <b>Episiotomy/Lacerations:</b>  <b>Immediate Postpartum:</b>  <ul style="list-style-type: none"> <li>o <b>Fundal Height &amp; Position:</b></li> <li>o <b>Bleeding amount:</b></li> <li>o <b>Lochia Color:</b></li> <li>o <b>Character:</b></li> </ul> </p>	<p>The patient had not progressed from the first stage latent phase of labor.</p>
<p><b>DELIVERY INFO: (1 point)</b>  <b>Delivery Date:</b>  <b>Time:</b>  <b>Type (vaginal/cesarean):</b>  <b>Quantitative Blood Loss:</b>  <b>Male or Female</b>  <b>Apgars:</b>  <b>Weight:</b>  <b>Feeding Method:</b></p>	<p>The patient had not delivered the baby.</p>

**Vital Signs, 3 sets (5 points)**

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	96	128/63	18	98.0	98% Room

					Air
<b>Admission to Labor/Delivery</b>	102	134/68	18	98.0	98% Room Air
<b>During your care</b>	100	140/64	20	97.7	97% Room Air

**Vital Sign Trends and pertinence to client’s condition in labor:** Patient vital signs are within the expected ranges.

**Pain Assessment, 2 sets (2 points)**

<b>Time</b>	<b>Scale</b>	<b>Location</b>	<b>Severity</b>	<b>Characteristics</b>	<b>Interventions</b>
1430	0-10	Back and Pelvic Area	2	Contraction	The patient put a cool washcloth on her head to help cool her down.
1635	0-10	Back and Pelvic Area	3	Contraction	The patient repositioned in bed and requested a fan which also helped to cool her down.

**IV Assessment (2 Points)**

<b>IV Assessment</b>	<b>Fluid Type/Rate or Saline Lock</b>
<b>Size of IV:</b> 20 Gauge <b>Location of IV:</b> Left Hand <b>Date on IV:</b> 9-13-2021 <b>Patency of IV:</b> Patent <b>Signs of erythema, drainage, etc.:</b> No signs of redness or drainage noted <b>IV dressing assessment:</b> Clean, dry, and	

intact.	
---------	--

**Intake and Output (2 points)**

Intake (in mL)	Output (in mL)
Not measured	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.
Ice Chips, N	PRN	The patient was NPO during labor. She was thirsty but could not have water. The ice chips were a way to help with her thirst.
EFM Monitoring, T	Continuous	The patient and baby were on continuous monitoring so that their condition could be monitored and ensure everything is normal.
Fan, N	PRN	The patient was hot during labor and needed something to help cool her down and make her more comfortable.

**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	Rationale	Intervention/Rationale(2	Evaluation
-------------------	-----------	--------------------------	------------

<p><b>(2 pt each)</b> Identify problems that are specific to this patient. Include full nursing diagnosis with “related to” and “as evidenced by” components</p>	<p><b>(1 pt each)</b> Explain why the nursing diagnosis was chosen</p>	<p><b>per dx) (1 pt each)</b> 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><b>(2 pts each)</b></p> <ul style="list-style-type: none"> <li>• How did the patient/family respond to the nurse’s actions?</li> <li>• Client response, status of goals and outcomes, modifications to plan.</li> </ul>
<p>1. Acute pain related contractions as evidenced by progression of labor.</p>	<p>The patient will progress into a more active stage of labor that is more painful.</p>	<p>1. Record the time, frequency, intensity, and duration of contractions. <b>Rationale</b> This allows the nurse to monitor labor progression and keep the patient educated on what to expect. 2. Assess degree of discomfort through verbal and nonverbal cues. <b>Rationale</b> Patients are not always good at verbalizing pain. The nurse can assess the patient’s tone of voice, facial expressions, and other cues that the patient is in pain.</p>	<p>The patient started out at a pain level of 2 and at the end of the day she was reporting a pain level of 3. After inserting the IUPC, contractions and fetal heart rate were more accurate. The patient was then able to reposition in bed. This made her more comfortable. The patient was also given ice chips and a fan which really helped her maintain comfort.</p>
<p>2. Knowledge deficit related to labor induction as evidenced by previous spontaneous labor.</p>	<p>The patient had two previous children which came naturally at 38 weeks. She had never been induced.</p>	<p>1. Assess the patient’s knowledge on induced labor <b>Rationale</b> The patient had never been induced and was worried about the differences between being induced and naturally occurring labor. 2. Educate the patient on what to expect during the induction. <b>Rationale:</b> Educate the mother that she will receive medicine to help start labor and the doctor will rupture her membranes. Ensure the patient know what will</p>	<p>The patient was nervous about being induced since she had never experienced this before. The patient and her husband were educated on what the doctor would do to rupture the membranes and the medicine she would receive. The patient felt more at ease after knowing what exactly was going to happen.</p>

		happen.	
3. Knowledge deficit related to breastfeeding as evidence by first time breastfeeding.	The patient had never tried to breastfeed her other children, so breastfeeding was new to her.	<p><b>1.</b> Assess patient knowledge of breastfeeding  <b>Rationale:</b> Educate mother and husband about breastfeeding techniques to improve chance of success.</p> <p><b>2.</b> Educate mother and husband about breastfeeding techniques to improve chance of success.  <b>Rationale:</b> Correct positioning and getting the infant to latch on is critical for breastfeeding to get off to a good start and contributes to breastfeeding success.</p>	The patient will show correct positioning and have the infant latch on correctly after birth to ensure successful breastfeeding. She will also receive education to take home with her and resources she can utilize if she has difficulty when she gets home.
4. Risk for ineffective coping as evidenced by periods of depression related to bipolar disorder.	The patient had a diagnosis of bipolar disorder which can cause severe depression. A traumatic event like labor can trigger depression and worse postpartum depression.	<p><b>1. Assess the patients for depression.</b>  <b>Rationale:</b> Make sure the patient is not currently in a state of depression or wanting to self-harm</p> <p><b>2.</b> Educate on the signs and symptoms of postpartum depression  <b>Rationale:</b> Knowledge on postpartum can give the patient and her husband availability to resources to keep the family safe.</p>	The patient will complete the depression questionnaire. The patient will know when and how to seek help if she starts to suffer from postpartum depression.

**Other References (APA)**

Martin, P. (2019, June 1). *36 Labor Stages, Induced and Augmented Labor Nursing Care Plans*.  
nurselabs.com. <https://nurseslabs.com/labor-stages-labor-induced-nursing-care-plan/#a5>