N432 Labor & Delivery Care Plan

Lakeview College of Nursing

Kenny Johnson

Demographics (3 points)

Date & Time of Admission	Patient Initials	Age	Gender
10/4/21 0940	SS	30	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
African American	Not on file	Single	Shellfish
Code Status	**Height**	**Weight**	**Father of Baby Involved**
Full Code	149.9 cm (4 ft. 11 inch.)	52.2 kg (115 lbs.)	Yes

Medical History (5 Points)

Prenatal History: Gravida seven, G7P4T4A2L4**,** Oligohydramnios, preterm delivery, and anemia.

Past Medical History: Anemia and urinary tract infection.

Past Surgical History: No previous surgeries.

Family History: Grandmother has chronic hypertension.

Social History (tobacco/alcohol/drugs): Former smoker, quit 7/21/08. Reports no use of drugs or alcohol.

Living Situation: Not on file

Education Level: Associates degree

Admission Assessment

Chief Complaint (2 points): Abdominal pain with irregular contractions.

Presentation to Labor & Delivery (10 points):

SS is a 30-year-old patient that presented to the hospital at 0940 10/4/21 with abdominal pain, irregular contractions, and rupture of membranes. Upon examination, she had complete effacement of the cervix and was considered to be in labor. When told she is in labor, the patient asked for an epidural. She is 37 weeks and 1 day gestation and is a gravida seven, G7P4T4A2L4.

Diagnosis

Primary Diagnosis on Admission (2 points): Labor

Secondary Diagnosis (if applicable): N/A

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 first stage of labor is characterized by contractions causing effacement and dilation of the cervix which will open to 10 cm. This stage can take longer for patients that are primigravida. It can take as long as 12-13 hours for the labor to progress. There are three phases of the first stage of labor: early phase of labor, active phase of labor, and transition phase of labor (Ricci et al., 2021). Early labor is spent at home most of the time while active labor is the phase when it is time for a woman to go to the hospital. Contractions will occur 3-4 minutes in active labor. The transition phase of labor is reached when the cervix will become completely effaced and open from 8-10. This can be the most painful time of pregnancy for a patient (Ricci et al., 2021). The patient was considered to be in the active phase of the first stage upon admission after a provider assessed her cervix to be 6 cm dilated and 70% effacement. She requested and was given an epidural before progressing any further.

The end of the first stage of labor occurs when pushing during contractions begins (Greene, 2019). The second stage of labor is known as the pushing stage when the cervix becomes completely dilated and the patient is urged to push with the start of each contraction. The contractions push the baby down towards the birth canal (Ricci et al., 2021).

The third stage of labor occurs after the birth of the baby. This stage is when the uterus continues to contract in order to push the placenta out (Ricci et al., 2021). The placenta is usually delivered between 5-15 minutes after the baby is delivered. This stage is considered the quickest

and after the baby is born. The umbilical cord is cut after pulsations seize (Greene, 2021). Women lose blood after the placenta is pushed out. The provider checks to make sure the placenta is intact with no missing fragment that can could complications. After delivery of the placenta, the nurse will massage the fundus to determine location and firmness (Green, 2019). Pitocin is often given to prevent hemorrhage (Ricci et al., 2021).

The last stage of labor is 1-2 hours after delivery. If breastfeeding, this is the time since breastfeeding stimulates oxytocin. This is a time of rest and recovery where the mother is fatigued. Skin to skin contact should be taught and encouraged in order to increase oxytocin as well as keep the baby calm and comfortable (Ricci et al., 2021).

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

Greene, J. (2019, January 3). *The four stages of labor*. Kaiser Permanente Washington. https://wa.kaiserpermanente.org/healthAndWellness/index.jhtml?item=%2Fcommon%2FhealthAndWellness%2Fpregnancy%2Fbirth%2FlaborStages.html.

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

Lab	Normal Range	Prenatal Value	Admission Value	Today's Value	Reason for Abnormal Value
RBC	3.50-5.20	3.92	3.24	3.24	Past medical history of anemia along with stress of vaginal birth. Iron deficiency is a common cause of anemia in pregnancy (Ricci et al., 2021).

Hgb	11-16	12.4	10.1	10.1	Past medical history of anemia along with stress of vaginal birth. Iron deficiency is a common cause of anemia in pregnancy (Ricci et al., 2021).
Hct	34-47	35.5	29.4	29.4	Past medical history of anemia along with stress of vaginal birth. Iron deficiency is a common cause of anemia in pregnancy (Ricci et al., 2021).
Platelets	140-400	260	188	188	N/A
WBC	4-11	7.20	6.20	6.20	N/A
Neutrophils	5.8-13.2	12.6	12.9	12.9	N/A
Lymphocytes	1-49	13.3	15.2	15.2	N/A
Monocytes	2-8	4.1	4.9	4.9	N/A
Eosinophils	0-5	0.3	0.6	0.6	N/A
Bands	0-5	0	0	0	N/A

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

Lab Test	Normal Range	Prenatal Value	Value on Admission	Today's Value	Reason for Abnormal
Blood Type	A, B, O, AB	B	B	B	N/A
Rh Factor	Positive or Negative	Positive	Positive	Positive	N/A
Serology (RPR/VDRL)	Nonreactive	Nonreactive	N/A	N/A	N/A
Rubella Titer	>1.0	15.9	N/A	N/A	N/A
HIV	Negative	Negative	N/A	N/A	N/A
HbSAG	Nonreactive	Nonreactive	N/A	N/A	N/A
Group Beta Strep Swab	Negative	Negative	N/A	N/A	N/A
Glucose at 28 Weeks	<140	95	77	77	N/A
MSAFP (If	0.5-5.0	N/A	N/A	N/A	N/A

Applicable)					

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
N/A					

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)	0.60-1.80	N/A	N/A	N/A	Lab not taken

Lab Reference (1) (APA):

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

Philadelphia, PA: Wolters Kluwer.

Electronic Fetal Heart Monitoring (16 points)

Component of EFHM Tracing	**Your Assessment**
What is the Baseline (BPM) EFH? **Has it changed during your clinical day? If yes, how has it changed?**	140 BPM without change most of the day until delivery.
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 increase the rate by 15 beats per minute that last for 25 seconds. The variability is moderate between 6-25 BPM.
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 no decelerations to note.
Describe the contractions at the beginning of your	Regular contractions every 3-4 minutes, 45-60 seconds in duration.

clinical day: **Frequency:** 3-4 minutes **Length:** 45-60 seconds **Strength:** Strong **Patient's Response:** Calm and collected with o pain due to receiving an epidural.	
Describe the contractions at the end of your clinical day: **Frequency:** **Length:** **Strength:** Moderate **Patient's Response:** Feeling of fatigue	At the end of my clinical day, the mother was in the fourth stage of labor which includes contractions that will expel the last of the contents and the uterus will become reestablished (Ricci et al., 2021)

EFM reference (1 required) (APA format):

Ricci, S.S., Kyle, T., & Carman, S. (2021). *Maternity and pediatric nursing* **(***4th ed)***.** Philadelphia, PA: 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	Acetaminophen (Tylenol)	Diphenhydramine (Benadryl)			
Dose	650 mg	25 mg			
Frequency	Q4H PRN	Q4H PRN			
Route	PO	PO			
Classification	Antipyretic	Antihistamine and antiemetic			
Mechanism of Action	Blocks prostaglandin production and interferes with pain impulse	Binds to receptors and competes with histamine for the receptor sites.			

	generation in the peripheral nervous system.	Blocking histamine inhibits GI response.			
Reason Client Taking	Relieve mild pain from contractions.	Treatment for pruritis, nausea, and vomiting.			
Contraindications (2)	Severe hepatic impairment or severe active liver disease.	Breastfeeding and use in newborns or premature infants.			
Side Effects/Adverse Reactions (2)	Hypokalemia and abdominal pain.	Epigastric distress and thickened bronchial secretions.			
Nursing Considerations (2)	Use cautiously in patients with chronic malnutrition or patients with alcoholism.	Alcohol use can increase chances of CNS depression. PO route has onset of 15-60 minutes.			
Key Nursing Assessment(s)/Lab(s) Prior to Administration	AST and ALT labs.	Assess the patient for nausea and itching.			
Client Teaching needs (2)	Teach that tablets may be crushed or swallowed whole. Caution the patient not to take more than the recommended dose.	Avoid other over the counter medications that have diphenhydramine in them. Avoid hazardous activities until the CNS effects of the drug are known.			

Hospital Medications (5 required)

Brand/Generic	Dextrose 5% in Lactated Ringers (LR) solution	Naloxone (Narcan)	Oxytocin (Pitocin)	Ondansetron (Zofran)	Fentanyl Citrate (Fentora)
Dose	500 mL	0.5 mg	2 milliunits/ mL	4 mg	50 mcg
Frequency	125 mL/hour	Q3H PRN	333 mL/hour	Q6H PRN	Q6H PRN
Route	IV	IV	IV	IV	IV
Classification	Alkalinizing agent	Opioid Antidote	Oxytocic	Antiemetic	Opioid analgesic
Mechanism of Action	Replaces fluids and electrolytes lost during labor.	Antagonizes the CNS receptors reversing analgesia, hypotension, and respiratory effects of opioids.	Increases calcium concentration inside muscles to increase uterine contractions.	Blocks serotonin receptors reducing nausea and vomiting.	Binds to opioid receptor in the CNS and blocks the ascending pain pathway.
Reason Client Taking	Hydration and fluid replacement during labor.	Reverse opioid effects from epidural.	Prevention of post-delivery hemorrhage.	Relieve nausea and vomiting related to pregnancy.	Relieve severe acute pain from labor.
Contraindications (2)	Congestive heart failure or renal failure.	Hypersensitivity to naloxone. Allergy to known components of the drug.	Infection at injection site. Inflammation at injection site.	Congenital long QT syndrome or concomitant use of apomorphine.	Hypersensitivity to fentanyl. Opioid intolerance or intermittent pain.
Side Effects/Adverse Reactions (2)	Hypercalcemia and hyperkalemia.	Muscle spasms and hypertension.	Hirsutism and weight gain.	Hypotension and abdominal pain.	Bradycardia, hypotension, apnea, seizures, and asystole.
Nursing Considerations (2)	Monitor IV site for infiltration. Administer prior to delivery.	Keep resuscitation equipment available during administration. Give repeat doses as prescribed depending on the patient reaction to the dose.	Monitor the infants heart rate. Check glucose q2H.	Correct electrolyte imbalance before administering. Monitor the patient serotonin syndrome.	Achieve optimum pain control with the lowest possible dose. Use cautiously in patients with substance abuse disorder.

Key Nursing Assessment(s)/Lab(s) Prior to Administration	Assess vital signs and monitor electrolytes.	Monitor for respiratory depression, hypotension, and bradycardia.	Monitor contraction pattern. Monitor electrolytes.	Check for hypokalemia and hypomagnesemia before administering.	Monitor heart rate and blood pressure.
Client Teaching needs (2)	Explain to the patient that this drug will only be administered while they are here in the hospital. Let the patient know the reason they are receiving LR.	Inform patient that this drug reversed the effects of the opioid previously given to them. Urge substance use disorder patient to seek drug rehabilitation.	Teach the patient the reason she is receiving it. Explain high gravidity increases the likelihood of hemorrhaging after delivery.	Advise patient to report signs of allergic reaction such as rash. Place tablet on tongue after opening the package and let it dissolve before swallowing.	Increase fluid intake. Caution to avoid hazardous activities.

Medications Reference (1 required) (APA):

Loebl, S. (2020). *2020 Nurse's drug handbook*. Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL (0.5 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient is alert and oriented x3. She is in distress from normal labor. Patient is clean with matted hair.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds/Incision:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	Skin color is normal for ethnicity. Skin is dry and intact. Temperature of extremities is normal. Skin turgor is normal and elastic. Braden sore is 20. No wounds or rashes to note.

HEENT (0.5 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck are symmetrical with no palpable lymph nodes. Eyes are PERRLA bilaterally with white sclera and without exudate. No nose deviation to note. Nose is free of polyps and bleeding.
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:**	Clear S1 and S2 heart sounds with no rubs, murmurs, or gallops. Peripheral pulses are 3+ bilaterally. Capillary refill is less than 3 seconds. No edema or neck vein distention to note.
RESPIRATORY (1 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Clear lung sounds in all lobes. Respirations are symmetrical and nonlabored with a regular pattern. No use of accessory muscles while breathing.
GASTROINTESTINAL (4 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 4 foot 11 inches tall and 115 lbs. Patient was on a regular diet at home and was looking at the menu for something to eat after delivering her child. Last bowel movement was 10/3/21. Bowel sounds are normoactive with no pain or masses in all four quadrants. Abdomen shape is round and squishy besides the uterus which is located under the umbilicus. No incisions, scars, drains, wounds, or irregular distention to note.
GENITOURINARY (2 Points): **Bleeding:** Slight bleeding **Color:** Rubra **Character: Watery** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☒ N ☐** **Type:** Single lumen indwelling	The patient has slight bleeding that is rubra and watery. The patient has a 14 g single lumen indwelling urinary catheter. The quantity of urine was 120 mL and the urine was a clear yellow color. The patient denies pain with urination.

Size: 14 g	The genitals are free of tearing but are swollen from vaginal delivery.
MUSCULOSKELETAL (2 points): **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score:** 40 **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk**☐	The patient can perform her own ADLs. She is a low to moderate fall risk with a Morse fall scale score of 40. She is bedbound and immobile until the epidural wears off.
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:**	Oriented to person, place, situation, and time. Normal cognition with ability to follow commands. Memory intact when conversing. Patient is alert, awake, and answers questions when asked. DTRs are 3+
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's religion was not determined and she relies on her mother and the baby's father for emotional support.
Reproductive: (2 points) **Rupture of Membranes:** o **Time:** o **Color:** **Amount:** o **Odor:** **Pain medication or Epidural:** **Assistive delivery:** **Episiotomy/Lacerations:** **Immediate Postpartum:** o **Fundal Height & Position:** o **Bleeding amount:** o **Lochia Color:** o **Character:**	Rupture of membranes occurred at around 0800. Fluid was large in quantity and clear with no odor. The patient requested and received an epidural after admission. There was no assistive delivery and no episiotomy or lacerations. Fundal height and position are 2 cm below the umbilicus. The mother lost 50 mL of blood. Lochia is dark red and composed of shreds of

	fetal membranes.
DELIVERY INFO: (1 point) **Delivery Date:** 10/4/21 **Time:** 2:12 **Type (vaginal/cesarean):** Vaginal **Quantitative Blood Loss:** 50 mL **Male or Female:** Female **Apgars:** 8 **Weight:** 5 lbs. 3 oz. (2353 grams) **Feeding Method:** Bottle	The baby girl was born on 10/4/21 at 14:12 via vaginal delivery at 2353 grams (5 lbs. 3 oz.). The mother lost 50 mL of blood during delivery. Apgars of 8 and is being bottle fed.

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	82	103/66	19	98.3 F (36.8 C)	100% RA
Admission to Labor/Delivery	77	118/68	20	99.3 F (37.4 C)	100% RA
During your care	78	109/63	17	98.7 F (37.1 C)	100% RA

Vital Sign Trends and pertinence to client's condition in labor:

The patient has normal vital sign trends within expected range. The blood pressure ranges from 103/66 and 118/68. The respiratory rate ranges from 17-20 respirations per minute, pulse ranges from 77-82 beats per minute, the temperature ranges from 98.3 F (36.8 C) and 99.3 F (37.4 C), and the oxygen saturation trend is 100% on room air (RA).

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
13:30	Numeric	No pain	No pain	No pain	The epidural is blocking the pain.
15:30	Numeric	No pain	No pain	No pain	The epidural is blocking the pain.

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 g **Location of IV:** Peripheral left arm **Date on IV:** 10/4/21 **Patency of IV:** Patent and easily flushable **Signs of erythema, drainage, etc.:** No signs of erythema, drainage, extravasation, or infiltration. **IV dressing assessment:** Clear, dry, and intact	Lactated Ringer at a rate of 125 mL/hour.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
500 mL (IV)	170 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.
Fundal assessment (N)	Q15 minutes following labor and delivery (Ricci et al., 2021).	Assessing the fundal height and amount of lochia every 15 minutes is crucial in order to spot complications such as infection or hemorrhage (Ricci et al., 2021).

Epidural (T)	Epidural is placed once by the doctor.	The epidural was inserted to reduce or eliminate acute pain that the patient would normally feel during labor (Ricci et al., 2021).
Pitocin (T)	2 milliunits/mL running at 333 mL/hr	Pitocin is used to prevent post-delivery hemorrhaging. The patient is at risk for post-delivery hemorrhage since she is a gravida 7 (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 (2 pts 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 strong contractions as evidenced by progression of cervical effacement and dilation.	The patient was 70% effaced and 6 cm dilated upon admission assessment. She requested and received an epidural.	**1.** Record the time frequency and duration of contractions. **Rationale:** All are ways of monitoring labor progression (Martin, 2021). **2.** Assist in administering prescribed epidural **Rationale:** Giving the patient an epidural will eliminate or reduce the amount of acute pain felt during labor (Martin, 2021).	The epidural is given prior to the transition phase of labor. The patient reports no acute pain.

2. Risk for bleeding related normal labor as evidenced by anemia and the patient being gravida seven.	The patient is gravida seven and has a history of anemia. Later stages of labor are characterized by bleeding and these are both risk factors for hemorrhage.	**1.** Administer prescribed Pitocin **Rationale:** Pitocin is used to control bleeding after childbirth (Martin, 2021). **2.** Massage the uterus in order to stimulate contractions **Rationale:** Massaging the uterus increases contractions which in turn prevents hemorrhaging (Martin, 2021).	The patient does not hemorrhage. The placenta is delivered and the fundus begins to "drop".
3. Knowledge deficit related to breastfeeding as evidenced by breastfeeding after delivery to increase contractions while having taken diphenhydramine in the last 24 hours.	The patient was taught that breastfeeding increases contraction and prevents bleeding complications so she tried it. The patient is reported to have taken diphenhydramine within 24 hours of labor.	**1.** Assess the patient's knowledge about the effects of diphenhydramine on a newborn through breast milk. **Rationale:** Diphenhydramine is harmful to newborns and it can be passed through breast milk (Martin, 2021). **2.** Encourage bottle feeding and lots of skin-to-skin time until diphenhydramine is excreted from the mother's system. **Rationale:** Bottle feeding will keep the child fed and safe while the diphenhydramine is excreted from the mom's system. Skin to skin contact can increase oxytocin and stimulate contractions, preventing hemorrhage (Martin, 2021)	The mother takes advantage of skin-to-skin contact time with her daughter. The mother verbalizes understanding of diphenhydramine teaching.
4. Knowledge deficit related to skin-to-skin contact and	The patient went several hours without holding her child	**1.** Assess the patient's knowledge in order to phrase the teaching in a way that is individualized	The mother will spend as much skin-to-skin time with her daughter as she is

newborn care evidenced by not knowing that skin to skin contact keeps the baby warm and calm while also increasing contraction in the later stages of labor.	following delivery and expressed surprise when taught about early skin-to-skin time with the newborn.	to them. **Rationale:** Individualizing the teaching to the patient is important and increases the likelihood that the patient will understand and implement the teaching (Martin, 2021). **2.** Allow mother to have lots of skin-to-skin time after the teaching. **Rationale:** Providing the mother skin-to-skin time after the teaching will increase oxytocin and prevent hemorrhage (Martin, 2021).	allowed. The mother verbalizes an understanding of how important skin-to-skin time is for both of their well-being.

Other References (APA):

Martin, P. (2021, June 11). Nursing Guides, Care Plans, NCLEX Practice Questions. Nurselabs. https://nurselabs.com/.