N432 Labor & Delivery Care Plan

Lakeview College of Nursing

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Demographics (3 points)

Date & Time of Admission	Patient Initials	Age	Gender
10/4/21	**D.M.**	**20**	F
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White/Caucasian	**Waters of Covington**	**Significant other**	**NKA**
Code Status	**Height**	**Weight**	**Father of Baby Involved**
Full	**5'4"**	**106.6 kg. /235 lbs.**	**Lives with mother but not present due to illness.**

Medical History (5 Points)

Prenatal History: G,1,T,1,P,0,A,0,L,0

Past Medical History: ADHA, Depression, Genital herpes, Major Depressive Disorder, Poly Cystic Ovary Syndrome.

Past Surgical History: Tonsillectomy

Family History: Family Hx not on file.

Social History (tobacco/alcohol/drugs): Daily smoker, E Vapor with nicotine, chewing tobacco.

Living Situation: Lives with significant other.

Education Level: 9th grade education.

Admission Assessment

Chief Complaint (2 points): Leaking of fluids from vagina.

Presentation to Labor & Delivery (10 points): 20-year-old patient that is 37 weeks pregnant with estimated date of delivery is 10/24/21 presents to hospital. O At 0600 this morning the patient presents to the hospital with complaint of leaking of fluids from vagina. L Vaginal discharge of fluids. D Since 0600. C Clear fluid with little to no smell with "about a cup

full" for amount. A Nothing seems to make it leak more just "steadily leaking". R Nothing seems to stop the leaking of fluids. T Patient is still currently leaking fluids. After patient was admitted

Diagnosis

Primary Diagnosis on Admission (2 points): Patient in labor with Pre rupture of membranes.

Secondary Diagnosis (if applicable): NONE

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:

Labor involves four stages that progress due to contractions. First stage of labor. Starts when labor begins and ends when there is full dilation and effacement. The start of labor is when the contractions are becoming closer in frequency and longer in duration. Latent stage of labor. This stage of labor includes the first steps of the dilation of the cervix. The dilation of this stage can be from 0 to 3 centimeters (Caprotti, 2020). The expected frequency of contractions is 5 to 30 minutes, with the duration lasting 30 to 40 seconds. Contractions at this phase can be irregular and mild.

Active stage of labor is when the progression of the cervical dilation begins to increase to 4 to 7 centimeters. The contractions at this phase are typically 3-5 minutes long, the duration lasting 40 to 70 seconds (Caprotti, 2020). Contractions at this stage are more regular.

Transition stage of labor is when the cervical dilation is at the limit with dilation being at 8 to 10 centimeters dilated. The frequency of contractions will be 2 to 3 min, with the duration lasting 45 to 90 seconds long (Caprotti, 2020).

During the first three parts of the first stage of labor some nursing assessments and interventions may include the Leopold maneuver, a vaginal exam if indicated, maternal vital signs, monitoring of the fetal heart rate, Preparation for labor, palpation of the bladder, and giving medications. Vital signs must be monitored to help understand the variations due to labor. This may include low blood pressure and increased heart rate. These interventions are all done to help transition into the second stage of labor.

Second stage of labor. This stage of labor starts after full dilation of the cervix. This stage ends at the birth of the baby. The uterine contractions are every 1 to 2 minutes with the duration lasting 45 to 0 seconds. This is the pushing stage that results in birth of fetus. Includes pain that is somatic and occurs from fetal decent and expulsion of the baby. The bleeding may cause lower blood pressure, and heart rate may be increased due to pain of labor. Nursing interventions during this phase include vital signs, fetal heart rate every 15 minutes, and peritoneal lacerations.

Third stage of labor includes the delivery of the neonate. Includes the placental separation and expulsion. This allows for two presentations of either Shultz or Duncan. Vitals need to be taken every 15 minutes at this stage. Apgar's need to be taken at 1 and 5 minutes (Caprotti, 2020). Monitor for signs of placental separation.

Fourth stage of labor. This stage of labor is the one to two after the delivery of the neonate. Expelling any contents after the tone of the uterus is reestablished. At this stage monitor for maternal homeostasis. Monitor for maternal urinary output. You may also provide baby-friendly activities such as skin to skin contact.

In all these stages vitals must be monitored for extreme variations, labs must be monitored for variations such as increase of Bun due to bleeding. Patient had a C-section

this means the patient was only in the first stage of labor but due to complications including decelerations the baby needed to be delivered via C-section.

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

Hinkle, J. L., & Cheever, K. H. (2018). Brunner & Suddarth's textbook of medical-surgical nursing (14th ed.). Wolters Kluwer.

Caprotti, T. (2020) Davis advantage for pathophysiology: introductory concepts and clinical perspectives. Philadelphia: F.A. Davis. Company

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	3.8-5.3	4.94	4.38	4.38	
Hgb	12-15.8	13.7	11.9	11.9	
Hct	36-47	40.3	35	35	
Platelets	140-440	239	251	251	
WBC	4-12	10.8	12.6	12.6	
Neutrophils	47-73	65.2	74	74	
Lymphocytes	18-42	24.1	18.1	18.1	
Monocytes	4-12	9	7	7	
Eosinophils	0-5	1.3	0.6	0.6	
Bands	0.0-3.0%	Not charted	NC	NC	

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

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

	Range	Value	Admission	Value	
Blood Type	**A,B,AB,O**	**NA**	**AB**	**AB**	
Rh Factor	**Positive, Negative**	**Negative**	**Invalid**	**Positive**	
Serology (RPR/VDRL)	**Reactive, Non-reactive**	**N/A**	**Non-reactive**	**Non-reactive**	
Rubella Titer	**Immune, not immune**	**N/A**	**Immune**	**Immune**	
HIV	**Positive, Negative**	**N/A**	**Negative**	**Negative**	
HbSAG	**Detected, Not detected**	**N/A**	**Not detected**	**Not detected**	
Group Beta Strep Swab	**Positive, Negative**	**N/A**	**Negative**	**Negative**	
Glucose at 28 Weeks	**60-140**	**81**	**57**	**57**	
MSAFP (If Applicable)	**N/A**	**N/A**	**N/A**	**N/A**	

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

Lab Test	Normal Range	Prenatal Value	Value on Admission	Today's Value	Reason for Abnormal
Glucose	**60-140**	**N/A**	**57**	**57**	
Covid Test	**Positive, Negative**	**N/A**	**Negative**	**Negative**	

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)	**<200 mg/g**	**N/A**	**N/A**	**N/A**	

Lab Reference (1) (APA):

Caprotti, T. (2020) Davis advantage for 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? **Has it changed during your clinical day? If yes, how has it changed?**	
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?**	
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?**	
Describe the contractions at the beginning of your clinical day: **Frequency:** **Length:** **Strength:** **Patient's Response:**	
Describe the contractions at the end of your clinical day: **Frequency:** **Length:** **Strength:** **Patient's Response:**	

EFM reference (1 required) (APA format):

Caprotti, T. (2020) Davis advantage for pathophysiology: introductory concepts and clinical perspectives. Philadelphia: F.A. Davis. Company

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

Hospital Medications (2 required)

Brand/Generic	**Oxytocin Pitocin**	**Benadryl Diphenhydramine**	**Ephedrine sulfate solution, Emerphed**	**Fentanyl Ropivacaine**	**Nubain Nalbuphine**
Dose	**1-20 milliunits/ min**	**25 mg**	**0-5 mg**	**2-0.2 mcg/mil**	**5-10 mg**
Frequency	**Continuous**	**Every 4 hours**	**Every 5 min PRN**	**Continuous**	**Once**
Route	**IV**	**IV**	**IV**	**Epidural**	**IV**
Classification	**Oxytocic hormone**	**Antihistamine**	**Alpha/Beta Adrenergic Agonist**	**Narcotic analgesic**	**Synthetic opioid agonist -antagonist**
Mechanism of Action	**Increases the concentration of calcium inside muscle cells**	**Inverse agonist at the H1 receptor**	**Indirect stimulation of the adrenergic receptor system by increasing the activity of norepinephrine at the postsynaptic receptors**	**Binds to opioid receptors**	**Competitive opioid antagonist**
Reason Client Taking	**Pain**	**Itching**	**Sever hypotension**	**Pain/ Labor**	**Pain**
Contraindications (2)	**Fetal distress, fetal prematurity**	**Overactive thyroid gland, enlarged prostate**	**Glaucoma, Cardiac disease**	**Alcohol intoxication, drug abuse**	**Respiratory depression, bronchial asthma**
Side Effects/Adverse Reactions (2)	**Excessive bleeding long after childbirth, confusion**	**Drowsiness, Blurred vision**	**Nervousness, insomnia**	**Relaxation, euphoria**	**Nausea, vomiting**
Nursing Considerations (2)	**Report signs or seizures, Monitor signs for fetal**	**Monitor respiratory function, monitor for decrease in**	**Do not use in nursing mothers, can cause**	**Decreases respiratory function, Assess**	**Use with caution with head trauma, Notify the**

	distress	**blood pressure**	**Metabolic acidosis in infants**	**therapeutic response**	**doctor if the patient is difficult to arouse**
Key Nursing Assessment(s)/Lab(s) Prior or After Administration	**Assess fetal heart rate before and after administration, Assess contractions before and after administration.**	**Assess for drowsiness after administration, Report balance problems**	**Verify formulation prior to administration, make sure solution is completely dissolved**	**Assess for pain relief, Monitor respirations before administration s**	**Assess level of consciousness, assess respiratory rate**
Client Teaching needs (2)	**Inform the client that oxytocin induces labor, may cause bleeding after birth**	**This medication is used to treat allergy symptoms, may not be safe to drive after administration.**	**Used for clinically important hypotension, can be given IV, IM, and sub-Q**	**Use directly as instructed, may cause dependence of pain medication.**	**Use directly as instructed, may cause dependence of pain medication.**

Home Medications (5 required)

Brand/Generic	**Prospireone Ethiyl Estrodol Yasmin**	**Escitalopram Lexapro**	**Fluoxetine Prozac**	**Metformin Glucophage XR**	**Tizanidine Zanaflex**
Dose	**3-0.03 mg**	**10 mg**	**20 mg**	**500 mg**	**4 mg**
Frequency	**Daily**	**Daily**	**Daily**	**Daily**	**3 x Daily**
Route	**Oral**	**Oral**	**Oral**	**Oral**	**Oral**
Classification	**Acne agents**	**SSRI**	**SSRI**	**Biguanides**	**Central alpha-2-adrenergic agonist**
Mechanism of	**Prevents**	**Increases**	**Inhibiting the**	**Inhibition**	**Reduces**

Action	**pregnancy**	**intrasynaptic levels of the neurotransmitter serotonin by blocking the reuptake of the neurotransmitter into presynaptic neuron**	**presynaptic reuptake of the neurotransmitter serotonin**	**of mitochondrial respirations**	**spasticity**
Reason Client Taking	**Birth control**	**Depression**	**Depression**	**Low blood glucose**	**Treating muscle spasms**
Contraindications (2)	**Diabetes, porphyria**	**Low sodium, manic behavior**	**Diabetes, manic behavior**	**Chronic heart failure, severe renal disease**	**Low BP, severe liver disease**
Side Effects/Adverse Reactions (2)	**Nausea, vomiting**	**Sleep changes, tiredness**	**Nausea, drowsiness**	**Nausea, vomiting**	**Anxiety, tremors**
Nursing Considerations (2)	**May reduce milk production, Preform monthly breast exams**	**Avoid alcohol, GI problems may occur**	**Name confusion physician needs to be notified, Be alert for suicidal thoughts**	**Take with meals to avoid GI upset, notify healthcare staff of lactic acidosis symptoms**	**Adjust drug dosage slowly, Monitor for liver toxicity**
Key Nursing Assessment(s)/Lab(s) Prior or After Administration	**Make sure patient is not pregnant before use, check blood pressure**	**Assess mental status before administration, assess for manic behavior**	**Assess mental status before administration, assess for manic behavior**	**Monitor AST and ALT, Monitor GFR**	**Assess ROM, assess for level of consciousness**
Client Teaching needs (2)	**Do not take while**	**Take at the same time every day,**	**Take at the same time every day,**	**Take with meals, take with a full**	**Do not take more than 3**

	pregnant, take as directed	**Measure liquid carefully**	**take as directed**	**glass of water**	**doses in 24 hours, taking too much medication can cause liver damage.**

Medications Reference (1 required) (APA):

Ricci, S. S., Kyle, T., & Carman, S. (2020). ***Maternity and pediatric nursing*** **(4th ed.).**

Wolters Kluwer.

Assessment

Physical Exam (18 points)

GENERAL (0.5 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Patient is alert and oriented times 4 with no distress noted. Patient looked disheveled.**
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds/Incision:** . **Braden Score:** **Drains present: Y☒ N ☐** **Type:**	**Patient's skin was white moist with normal coloration and character. Temperature was warm with good turgor of skin. No rashes or bruises present. No wounds or incisions present. Braden score of 11.**
HEENT (0.5 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Patient's head and neck are midline, ears are normal and proportionate, eyes normal with no deviation, nose is midline with no deviation, teeth were dirty and yellowed.** .
CARDIOVASCULAR (1 point): **Heart sounds:** **S1, S2, S3, S4, murmur etc.**	**Patients heart sounds were normal with S1 and S2 present with no signs of gallop or murmur. Rhythm normal with variation due**

Cardiac rhythm (if applicable): **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☐** **Edema Y ☐ N ☐** **Location of Edema:**	**to contractions, peripheral pulses 3 plus, capillary refill less than 3 seconds. No neck vein distension or edema present.**
RESPIRATORY (1 points): **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	**Respiratory sounds clear bilaterally with no signs of crackles wheezing or stridor. Breath sounds clear with no use or accessory muscles.**
GASTROINTESTINAL (4 points): **Diet at Home:** **Current Diet:** **Height: 5'4"** **Weight: 235** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains: foley** **Wounds:**	**Patients diet at home is normal with no special restrictions, current diet of NPO is being tolerated. Bowel sounds present in all four quadrants with hypoactive sounds. Last BM 10/2/21, no pain with palpation, inspection revealed pregnant belly. No distention, incisions, scars, or wounds, with a foley catheter present.**
GENITOURINARY (2 Points): **Bleeding:** **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☒ N ☐** **Type: French** **Size: 16**	**Patient was bleeding from vagina but no blood in urine. Yellow with strong smell. No pain with urination, inspection of genitals appears normal. Foley catheter present.**
MUSCULOSKELETAL (2 points): **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score: 20** **Activity/Mobility Status: Bedrest** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	**Patient is on bedrest. No ADL assistance needed, fall score of 20. Patient not independent due to bedrest, does not need equipment, does not have the need to stand up or walk.**
NEUROLOGICAL (1 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -**	**Patient had positive MAEW and PERLA, equal strength in both arms and feet. Oriented with normal mental status, speech and sensory was diminished in feet due to epidural. No**

Legs ☐ Arms ☐ Both ☒ **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:** **Deep Tendon Reflexes:**	**LOC deep tendon reflexes present other than in legs due to epidural.**
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 uses T.V. and talking to mother as coping mechanisms. Has a 9th grade education level, practices Christianity, and has good family support. Mother is in room with patient.**
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:**	**ROM at 0700, clear, roughly 300 ml, and no odor. Patient had an epidural that was changed to a spinal for C Section.**
DELIVERY INFO: (1 point) **Delivery Date:** **Time:** **Type (vaginal/cesarean):** **Quantitative Blood Loss:** **Male or Female** **Apgars:** **Weight:** **Feeding Method:**	**End of shift baby girl.**

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen

Prenatal	**Patient had no prenatal care**	**N/A**	**N/A**	**N/A**	**N/A**
Admission to Labor/Delivery	**80 BPM**	**119/62 normal cuff**	**18 BPM**	**98.0 F Oral**	**97% room air**
During your care	**116 BPM**	**120/76 normal cuff**	**20 BPM**	**97.6 F Oral**	**100% Partial rebreather**

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

Vital signs are stable, slightly elevated due to progression of labor.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
12:12	**1-10**	**Abdomen, back**	**10**	**Intermittent**	**Pain management therapy**
4:49	**1-10**	**NA**	**0**	**N/A**	**N/A**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 Gauge **Location of IV: right side top of hand** **Date on IV: 10/4/21** **Patency of IV: Flushes easily** **Signs of erythema, drainage, etc.: None present**	1500 ml lactated ringers

IV dressing assessment: Clear, intact, clean, and secure	

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
1750 ml	**200 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.**
Breast feeding teaching. N	**Continuous**	**This is the parents first baby and feeding instruction is needed to prevent risk of aspiration.**
Warm blanket to swaddle baby. N	**Once**	**First time mother needs to be able to**

		quickly and efficiently swaddle a baby to prevent heat loss.
Vitamin K administration. T	**Once**	**This is a normal administration of vitamins to help with the baby's ability to clot blood.**
Hepatitis B vaccination. T	**Once**	**The hep B vaccine was administered to this client to provide immunization against hepatitis virus.**

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. Risk for infection related to break in skin as evidence by opening in abdomen.	**C-section was used to deliver baby.**	**1.Monitor labs for increased white blood cells. (Ricci, 2020) Rationale 2.Use a proper cleaning and changing of bandage using sterile technique. (Ricci, 2020) Rationale**	**The patient is willing to try the interventions and can follow instructions well. Desired outcomes are to be infection free, and good wound healing.**
2. Risk for acute pain related to	**Patient vital signs were**	**1. Monitor vital signs Every Hour after birth.**	**The patient is willing to try the**

physiological reactions as evidence by emergency operation.	**bouncing around during C-section.**	**(Ricci, 2020) Rationale 2.Monitor pain level every hour for improvement. (Ricci, 2020) Rationale**	**interventions and can follow instructions well. Goals include verbalizing decrease in pain.**
3. Risk for maternal injury related to decreased sensation as evidence by fall risk.	**Patient is not able to feel legs due to epidural.**	**1. Monitor for sensation in the legs every hour. (Ricci, 2020) Rationale 2. Preform deep tendon reflexes to reveal sensation level. (Ricci, 2020) Rationale**	**The patient is willing to try the interventions and can follow instructions well. Goals include patient is free of injury and sensation of legs return.**
4. Deficient knowledge related to lack of information as evidence by narrative misconceptions.	**Patient did not know why she would need a C-section.**	**1. Inform the client about what will take place during a C-section. (Ricci, 2020) Rationale 2. Have the client repeat back information to show understanding of information. (Ricci, 2020) Rationale**	**The patient is willing to try the interventions and can follow instructions well. Goals are that the patient understands procedure and understands indications for C-section.**

Other References (APA)

Ricci, S. S., Kyle, T., & Carman, S. (2020). ***Maternity and pediatric nursing*** **(4th ed.). Wolters Kluwer.**

(Ricci, 2020)