

N432 Labor & Delivery Care Plan

Lakeview College of Nursing

Conor Deering

Demographics (3 points)

Date & Time of Admission 10/10/21 @ 1300	Patient Initials AS	Age 36	Gender Female
Race/Ethnicity Filipino	Occupation Bank Clerk	Marital Status Married	Allergies Shellfish
Code Status Full	Height 157cm	Weight 83kg	Father of Baby Involved Yes

Medical History (5 Points)

Prenatal History: No known complications were noted.

Past Medical History: Gestational diabetes

Past Surgical History: No known past surgical history was noted.

Family History: No significant family history was noted.

Social History (tobacco/alcohol/drugs): The patient denies any tobacco, alcohol, or drug use.

Living Situation: The patient lives with her husband.

Education Level: The patient has completed high school.

Admission Assessment

Chief Complaint (2 points): Induction of labor

Presentation to Labor & Delivery (10 points): The patient presented to labor and delivery at 1300 for labor induction. The mother is 2cm dilated with 80% effacement. The baby is at -1 station and in vertex presentation. The mother is a G2P1L1 with no significant prenatal history. The rupture of membranes was at 1300 with clear color and no odor.

Diagnosis

Primary Diagnosis on Admission (2 points): Gestational diabetes

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 second stage of labor is defined by the mother fully dilated to 10cm and fully effaced; this stage ends when the baby is fully delivered from the vaginal canal (Ricci et al., 2017). Typically, in the second stage of labor, the mother must endure strong to powerful contractions every minute to every two minutes (Ricci et al., 2017). Symptoms usually present in the second stage of labor are irritability, sweating, increased bloody show, rupture of membranes, moaning, inability to control bearing down, and pressure on the rectum and genital area (Ricci et al., 2017). A group B streptococcus culture, urinalysis, CBC, and blood typing are obtained before the second stage of labor (Lab Tests Online, 2021). It is normal for respiration, heart rate, and blood pressure to elevate due to stress during this time (Ricci et al., 2017). Elevated temperature is not standard while in labor (Ricci et al., 2017). The fetal heart rate and contractions will be continually assessed during this time, with vital signs being gathered every 5-15 minutes (Ricci et al., 2017). In a normal pregnancy, the role of the nurse in the second stage of labor is primarily to assist the mother into whichever positions are comfortable for her to give birth; the nurse should give the mother support and respect the decisions of her and the husband (Ricci et al., 2017). The nurse should only encourage the mother to push when she has a strong feeling for pushing; best practice involves letting the mother choose her method of pushing (Ricci et al., 2017). At 1700, the patient was fully dilated and started pushing. The fetal heart rate was 120/min with moderate variability and early decelerations, signaling the fetal head being compressed (Ricci et al., 2017). Toward the end of the shift, the baby was crowning, and the provider was called to assist with the birthing process. The client was placed in the McRoberts position for better positioning of the birth; the provider called for this position

due to shoulder dystocia; macrosomia (big baby size) may apply to this patient, a risk factor for this condition is gestational diabetes (Ricci et al., 2017).

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

Lab Tests Online. (2021). *Patient education on blood, urine, and other lab tests*. Retrieved October 3, 2021, from <https://labtestsonline.org/>

Ricci, S. S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing* (3rd ed.). Wolters Kluwer.

Laboratory Data (15 points)

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

Lab	Normal Range	Prenatal Value	Admission Value	Today's Value	Reason for Abnormal Value
RBC	2.72-4.43	3	4	4	N/A
Hgb	9.5-15	14	13	13	N/A
Hct	28-40	40	36	36	N/A
Platelets	146-429	225	200	200	N/A
WBC	5.6-19.9	7	11	11	N/A
Neutrophils	N/A	N/A	N/A	N/A	N/A
Lymphocytes	N/A	N/A	N/A	N/A	N/A
Monocytes	N/A	N/A	N/A	N/A	N/A
Eosinophils	N/A	N/A	N/A	N/A	N/A
Bands	N/A	N/A	N/A	N/A	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
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Blood Type	A – O	O	O	O	N/A
Rh Factor	POS – NEG	POS	POS	POS	N/A
Serology (RPR/VDRL)	Non- reactive to reactive	Non- reactive	Non- reactive	Non- reactive	N/A
Rubella Titer	Immune – Not immune	Immune	Immune	Immune	N/A
HIV	POS- NEG	NEG	NEG	NEG	N/A
HbsAG	Not detected – detected	Not detected	Not detected	Not detected	N/A
Group Beta Strep Swab	POS - NEG	NEG	NEG	NEG	N/A
Glucose at 28 Weeks	< 140	N/A	N/A	N/A	N/A
MSAFP (If Applicable)	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	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.

Lab Test	Normal Range	Prenatal Value	Value on Admission	Today’s Value	Reason for Abnormal
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A

N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	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)	N/A	N/A	N/A	N/A	N/A

Lab Reference (1) (APA):

Patient Education on Blood, Urine, and Other Lab Tests| *Lab Tests Online*. (2021). Lab Test Online. <https://labtestsonline.org/>

Electronic Fetal Heart Monitoring (16 points)

Component of EFHM Tracing	Your Assessment
<p>What is the Baseline (BPM) EFH?</p> <p>Has it changed during your clinical day? If yes, how has it changed?</p>	<p>The baseline in the fetal heart rate is 120 without change.</p>
<p>Are there accelerations?</p> <ul style="list-style-type: none"> If so, describe them and explain what these mean (for example: how high do they go) 	<p>Accelerations are present and varied from 15 beats for 15 seconds to 20 beats for 40 seconds. Multiple accelerations are noted with moderate variability (Ricci et al., 2017).</p>

<p>and how long do they last?)</p> <p>What is the variability?</p>	
<p>Are there decelerations? If so, describe them and explain the following: What do these mean?</p> <ul style="list-style-type: none"> o Did the nurse perform any interventions with these? o Did these interventions benefit the patient or fetus? 	<p>Early decelerations are present due to head compression. The mother was moved into the McAllen position for better delivery which benefitted the patient and fetus in progressing the delivery (Ricci et al., 2017).</p>
<p>Describe the contractions at the beginning of your clinical day:</p> <p>Frequency:</p> <p>Length:</p> <p>Strength:</p> <p>Patient’s Response:</p>	<p>Contractions at 1300 were every 5 – 30 min, each lasting 30-45 seconds. The patient could talk through weak, regular contractions (Ricci et al., 2017).</p>
<p>Describe the contractions at the end of your clinical day:</p> <p>Frequency:</p> <p>Length:</p> <p>Strength:</p> <p>Patient’s Response:</p>	<p>Contractions at 1700 were strong with a frequency of 1.5 – 2 minutes, lasting 70 – 80 seconds duration. The patient was moaning and incapable of answering questions (Ricci et al., 2017).</p>

EFM reference (1 required) (APA format):

Ricci, S. S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing* (3rd ed.). Wolters Kluwer.

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

Home Medications (2 required)

Brand/Generic	(Vynatal F.A.) Prenatal multivitamin (Drugs.com, 2021).	(Tums) Calcium carbonate (Drugs.com, 2021).	N/A	N/A	N/A
Dose	1 capsule (Drugs.com, 2021).	1 500mg tablet (Drugs.com, 2021).	N/A	N/A	N/A
Frequency	Daily	BID (Drugs.com, 2021).	N/A	N/A	N/A
Route	Oral (Drugs.com, 2021).	Oral (Drugs.com, 2021).	N/A	N/A	N/A
Classification	Vitamins (Drugs.com, 2021).	Calcium salt/ antacid (Jones & Bartlett Learning, 2021).	N/A	N/A	N/A
Mechanism of Action	Prenatal vitamins help develop the central nervous system, organs, and brain by facilitating the movement of carbons and allowing for fetal adaption and growth (Drugs.com, 2021).	This medication increases overall calcium levels to help maintain bone, muscle, and nervous system function. This medication also can be used to neutralize stomach acid (Jones & Bartlett Learning, 2021).	N/A	N/A	N/A
Reason Client Taking	This supplement is for support of a healthy pregnancy (Drugs.com, 2021).	This medication is used as an antacid (Jones & Bartlett Learning, 2021).	N/A	N/A	N/A
Contraindications	Hemolytic	Hypercalcemia	N/A	N/A	N/A

(2)	anemia and stomach ulcers are contraindicated (Drugs.com, 2021).	and concurrent calcium supplement use are contraindicated (Jones & Bartlett Learning, 2021).			
Side Effects/Adverse Reactions (2)	Stomach cramps and headaches are possible side effects (Drugs.com, 2021).	Hypotension and hypercalcemia are side effects of this medication (Jones & Bartlett Learning, 2021).	N/A	N/A	N/A
Nursing Considerations (2)	Prenatal vitamins should be given daily; vitamins may also be obtained through foods rather than supplementation if the mother desires (Drugs.com, 2021).	Store at room temperature and protect from moisture, heat, direct light, and do not freeze; check for Trousseau's and Chvostek's signs (Jones & Bartlett Learning, 2021).	N/A	N/A	N/A
Key Nursing Assessment(s)/Lab(s) Prior to Administration	It is prudent to take iron levels before administering this multivitamin (Drugs.com, 2021).	Check serum calcium levels before administration of this medication (Jones & Bartlett Learning, 2021).	N/A	N/A	N/A
Client Teaching needs (2)	Never take more than the recommended dose; avoid taking other multivitamins with this medication (Drugs.com, 2021).	Chew chewable tablets thoroughly and drink with a glass of water upon administration. Take calcium carbonate 1-2 hours after meals (Jones & Bartlett Learning, 2021).	N/A	N/A	N/A

Hospital Medications (5 required)

Brand/Generic	Pitocin/ Oxytocin (Drugs.com, 2021).	Lactated Ringer solution/ sodium chloride, potassium chloride, sodium lactate, and calcium chloride (Drugs.com, 2021).	Zofran ODT/ Ondansetron (Jones & Bartlett Learning, 2021).	Sublimaze /Fentanyl (Jones & Bartlett Learning, 2021).	Ancef/ Cefazolin (Jones & Bartlett Learning, 2021).
Dose	30-units (Drugs.com, 2021).	500ml (Drugs.com, 2021).	4mg tablet (Jones & Bartlett Learning, 2021).	0.05 mg (Jones & Bartlett Learning, 2021).	2g (Jones & Bartlett Learning, 2021).
Frequency	This medication is taken one time (Drugs.com, 2021).	This medication is taken one time (Drugs.com, 2021).	Take one tab every 8 hours. (Jones & Bartlett Learning, 2021).	This medication was taken one time (Jones & Bartlett Learning, 2021).	This medication is taken one before surgery (Jones & Bartlett Learning, 2021).
Route	IV (Drugs.com, 2021).	IV (Drugs.com, 2021).	Oral (Jones & Bartlett Learning, 2021).	Intrathecal (Jones & Bartlett Learning, 2021).	IV (Jones & Bartlett Learning, 2021).
Classification	Oxytocic hormone (Drugs.com, 2021).	Alkalizing agents (Drugs.com, 2021).	Selective serotonin receptor antagonist/ antiemetic (Jones & Bartlett Learning, 2021).	Opioid; Opioid analgesic. (Jones & Bartlett Learning, 2021).	First-generation cephalosporin antibiotic (Jones & Bartlett Learning, 2021).
Mechanism of Action	Oxytocin increases	This solution expands	This medication	This medication	Disrupts bacterial cell

	calcium content inside muscle cells that help the uterus contract (Drugs.com, 2021).	vascular volume without causing cells to expand or shrink, increasing perfusion and providing sodium lactate, decreasing cellular death from ischemia (Drugs.com, 2021).	blocks serotonin reception at vagal nerve terminals located in the intestinal tract and the chemoreceptor trigger zone; this reduces nausea and vomiting (Jones & Bartlett Learning, 2021).	affixes to opioid receptor sites, inhibiting pain in the afferent nerves; fentanyl also acts on the respiratory centers, depressing respirations (Jones & Bartlett Learning, 2021).	wall manufactory by disrupting peptidoglycan stands (Jones & Bartlett Learning, 2021).
Reason Client Taking	The client is taking oxytocin to induce labor and make contractions stronger (Drugs.com, 2021).	This medication is used to replenish electrolytes and vascular volume. (Drugs.com, 2021).	The client was taking this medication for nausea and vomiting during pregnancy (Jones & Bartlett Learning, 2021).	Pain management before labor (Jones & Bartlett Learning, 2021).	This medication can be taken for prophylaxis before a C-section (Jones & Bartlett Learning, 2021).
Contraindications (2)	Do not use this medication in cases of fetal distress and placenta previa (Drugs.com, 2021).	This solution is contraindicated when administering potassium and should not be given in severe metabolic alkalosis (Drugs.com, 2021).	Do not use this medication when giving apomorphine at the same time or if the patient has a hypersensitivity (Jones & Bartlett Learning, 2021).	Respiratory depression and hypersensitivity to fentanyl contraindicate the use of this medication (Jones & Bartlett Learning, 2021).	Hypersensitivity to this medication and its components are contraindications (Jones & Bartlett Learning, 2021).
Side Effects/Adverse Reactions (2)	Side effects of this medication are nausea and vomiting or confusion (Drugs.com,	This solution may cause back pain or decreased heart rate (Drugs.com,	Hypotension and bronchospasm are potential side effects of this medication	Side effects of this medication are headaches and hypotension (Jones &	Hepatic and renal failure are possible side effects of this medication (Jones & Bartlett

	2021).	2021).	(Jones & Bartlett Learning, 2021).	Bartlett Learning, 2021).	Learning, 2021).
Nursing Considerations (2)	The patient should be monitored frequently while receiving this medication; monitor fetal heart rate with uterine contractions before inducing labor (Drugs.com, 2021).	This solution should be used in high-acuity situations. This medication should be avoided in patients with diabetic ketoacidosis (Drugs.com, 2021).	This medication is to be given on top of the tongue directly after opening; Monitor the patient for signs of hypersensitivity like bronchospasm or anaphylaxis (Jones & Bartlett Learning, 2021).	Be aware that 100mcg of fentanyl is equal to 10mg of morphine; If the patient has bradycardia, expect respiratory depressant effects to last longer than pain-relieving effects (Jones & Bartlett Learning, 2021).	Shake reconstituted drug well until dissolved. Assess for signs of a superinfection: cough, diarrhea, fever, weakness, and pain (Jones & Bartlett Learning, 2021).
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Fetal heart rate should be assessed before administration (Drugs.com, 2021).	Electrolytes should be monitored, and hydration levels assessed (Drugs.com, 2021).	Before giving this medication, know the patient's blood pressure and heart rate. (Jones & Bartlett Learning, 2021).	Respiratory and pulse rates should be monitored, and blood pressure (Jones & Bartlett Learning, 2021).	Determine patient BUN and creatinine levels before giving this medication (Jones & Bartlett Learning, 2021).
Client Teaching needs (2)	The patient should be taught that she is being given this medication to induce labor; in some cases, fluids may be restricted with oxytocin (Drugs.com, 2021).	Patients should alert the nurse in case of back pain to stop the infusion. The patient should notify the nurse if she feels burning at the injection site (Drugs.com, 2021).	Teach the patient to report signs of an allergic reaction immediately, and transient blindness is possible; it can take 48 hours to correct. (Jones & Bartlett Learning,	Give caution to the patient that she may not be able to walk after administration. Educate patients to verbalize if they have hives or experience itching (Jones & Bartlett Learning,	Tell the patient to report watery stools immediately. Educate the patient that this antibiotic may be infused over 30 minutes (Jones & Bartlett Learning, 2021).

			2021).	2021).	
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Medications Reference (1 required) (APA):

Drugs.com. (2021). *Drugs.com | prescription drug information, interactions & side effects.*

<https://www.drugs.com/>

Jones & Bartlett Learning. (2021) 2021 Nurse’s Drug Handbook. Burlington, MA

Assessment

Physical Exam (18 points)

<p>GENERAL (0.5 point): Alertness: Orientation: Distress: Overall appearance:</p>	<p>The patient is alert and oriented to person, place, and time. The patient is in active labor.</p>
<p>INTEGUMENTARY (2 points): Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds/Incision: . Braden Score: Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>Patient skin is dark brown and warm to touch. Turgor is intact without rashes, bruising, or wounds.</p> <p>Braden score is 11</p>

<p>HEENT (0.5 point): Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Head and neck are midline and intact. Ears, nose, and eyes are symmetrical without drainage or deformities; teeth are intact without deformities.</p>
<p>CARDIOVASCULAR (1 point): Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema:</p>	<p>Normal S1 and S2 are heard without murmurs, rubs, or gallops. Cardiac rhythm is normal with intact peripheral pulses bilaterally on all extremities. Capillary refill is less than 2 seconds. No edema has been noted.</p>
<p>RESPIRATORY (1 points): Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Normal vesicular breath sounds noted without any rhonchi, wheezes, or crackles.</p>
<p>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:</p>	<p>The patient eats a standard diet currently and at home.</p> <p>157cm 83kg Pt bowel sounds are normoactive in all four quadrants. Last BM was yesterday at 11am. Upon inspection of the abdomen it is without deformities and reflects pregnancy.</p>
<p>GENITOURINARY (2 Points): Bleeding: Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Type: Size:</p>	<p>No bleeding has been noted. Urine is clear and amber in color. 168mls of urine has been collected. Genitals are intact without deformity.</p>
<p>MUSCULOSKELETAL (2 points): ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p>	<p>Patient needs additional assistance and is currently affected by epidural medication.</p>

<p>Fall Score: Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input checked="" type="checkbox"/></p>	<p>Morse: 55</p>
<p>NEUROLOGICAL (1 points): MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input checked="" type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC: Deep Tendon Reflexes:</p>	<p>Patient is oriented to person, place, time but is unable to respond in complete sentences due to labor. Patient is moaning and is focusing on self currently. No loss of consciousness noted. Deep tendon reflexes are 2+ throughout.</p>
<p>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):</p>	<p>Pt is catholic but is unable to verbalize her coping methods and what her religion means to her. The patient lives with her husband.</p>
<p>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:</p>	<p>1300 Clear Not documented No odor is present. Epidural is present.</p> <hr/> <p>Delivery is not complete at the time of shift change.</p>
<p>DELIVERY INFO: (1 point) Delivery Date: Time: Type (vaginal/cesarean): Quantitative Blood Loss: Male or Female Apgars:</p>	<p>Delivery is not complete at the time of shift change.</p>

Weight: Feeding Method:	
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Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	72	120/86	18	98.7	100%
Admission to Labor/Delivery	72	146/83	21	98.6	98%
During your care	92	139/83	18	99	98%

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

My client’s heart rate is faster due to being in active labor (2nd stage). My client has a high blood pressure, but her respiratory rate has improved.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1300	Numeric	Abdomen	2/10	Cramping pain	The patient is offered soothing music.
1600	Adult non-verbal pain scale	The patient cannot verbalize pain location.	6/10	The patient cannot describe her pain.	I coached the patient to promote breathing.

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV:	18ga

Location of IV:	Left AC
Date on IV:	10/11/2021
Patency of IV:	Patent
Signs of erythema, drainage, etc.:	No drainage
IV dressing assessment:	Clean

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
None measured	168ml

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.
(N) Electronic fetal monitoring	Fetal monitoring is consistent throughout labor.	The amniotic sac has broken.
(N) Assist the patient into McRoberts position.	This intervention is done until delivery or position change is needed.	The McRoberts position is needed due to slow delivery.
(N) I encourage the patient to push with contractions.	This intervention is given during contractions in labor.	The patient needs support and coaching to help her concentrate and shorten the second stage of labor.

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)	Rationale (1 pt each)	Intervention/Rationale(2 per dx) (1 pt each)	Evaluation (2 pts each)
Identify problems that are specific to this patient. Include	Explain why the nursing diagnosis was	Interventions should be specific and individualized for this patient. Be sure to	<ul style="list-style-type: none"> How did the patient/ family respond to the nurse’s actions?

<p>full nursing diagnosis with “related to” and “as evidenced by” components</p>	<p>chosen</p>	<p>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>	<ul style="list-style-type: none"> • Client response, status of goals and outcomes, modifications to plan.
<p>1. Labor pain related to cervical dilation as evidenced by facial expression of pain (Phelps, 2020).</p>	<p>This patient is in pain due to labor and is manifesting it by the facial expression of discomfort (Phelps, 2020).</p>	<p>1. Determine pain using the adult non-verbal pain scale (Phelps, 2020). Rationale – To respond to pain accurately, it must be assessed (Phelps, 2020). 2. Provide the patient with a massage to distract from pain (Phelps, 2020). Rationale – Massage can be relaxing and provide non-pharmacologic pain management (Phelps, 2020).</p>	<p>The patient will maintain focus have a successful delivery without complications (Phelps, 2020).</p>
<p>2. Risk for unstable glucose level related to pregnancy as evidenced by gestational diabetes (Phelps, 2020).</p>	<p>The patient has gestational diabetes; therefore, an unstable glucose level is a concern (Phelps, 2020).</p>	<p>1. Perform a bedside blood glucose level (Phelps, 2020). Rationale – The patient has gestational diabetes and should be monitored (Phelps, 2020). 2. Alert the provider if the patient has signs of hyper/hypoglycemia (Phelps, 2020). Rationale – If the patient has signs of hyper/hypoglycemia, the physician should be alerted to take further action (Phelps, 2020).</p>	<p>The patient will not have hypoglycemia or hyperglycemia during her time in labor and delivery (Phelps, 2020).</p>
<p>3. Knowledge deficit related to gestational diabetes evidenced by unfamiliarity with</p>	<p>The patient has no prior glucose monitoring with gestational diabetes; she may be</p>	<p>1. Educate the patient of modifiable risk factors related to gestational diabetes. Rationale – if the patient can manage modifiable risk factors, the likelihood of gestational diabetes</p>	<p>The patient will understand the modifiable risk factors for gestational diabetes, thereby decreasing the likelihood of reoccurrence (Phelps,</p>

<p>resources (Phelps, 2020).</p>	<p>unaware of managing her condition (Phelps, 2020).</p>	<p>reoccurring diminishes (Phelps, 2020). 2. Align teaching with realistic goals that the patient can achieve. Rationale – education will be more likely to succeed if centralized around what the patient is willing to do (Phelps, 2020).</p>	<p>2020).</p>
<p>4. Risk for interrupted family processes related to multiple children and no extended family support (Phelps, 2020).</p>	<p>This patient may need resources due to the possibility that both parents may work and no extended family is known (Phelps, 2020).</p>	<p>1. Assess the need for intervention and teaching (Phelps, 2020). Rationale – It is essential when giving the education to work with the patient in deciding what is right for them (Phelps, 2020). 2. Educate the mother about community resources that may assist her needs (Phelps, 2020). Rationale – the mother may be overburdened by preparing for another child; giving her resources will give her peace of mind and hope (Phelps, 2020).</p>	<p>The patient will verbalize confidence in her role within the family (Phelps, 2020).</p>

Other References (APA)

Phelps, L. L. (2020). *Sparks & Taylor's nursing diagnosis pocket guide* (4th ed.). Wolters Kluwer.