N432 Labor & Delivery Care Plan

Lakeview College of Nursing

Mackenzie Noel

Demographics (3 points)

Date & Time of Admission	Patient Initials	Age	Gender
10/18/21 at 8:00	H.M.T.	20	F
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White/Caucasian	Unemployed	Significant other	NKA
Code Status	**Height**	**Weight**	**Father of Baby Involved**
Full	4'11" 149.9cm	170 lbs. 77.1kg	In room with mother

Medical History (5 Points)

Prenatal History: Started 11 weeks 2 days. EDD of 10/25/21. LMP 1/18/21

Past Medical History: ADHD, Anemia, Anxiety, Asthma, Bipolar disorder, Depression, PTSD

Past Surgical History: Tonsillectomy

Family History: Grandfather has diabetes, Grandmother had hypertension, both on paternal side.

Social History (tobacco/alcohol/drugs): Former smoker, half a pack a day for 4 years, E vapor use daily, Marijuana use. None during pregnancy.

Living Situation: Lives with boyfriend

Education Level: 11th grade

Admission Assessment

Chief Complaint (2 points):Cramping pain, no leaking with normal fetal movement

Presentation to Labor & Delivery (10 points): Patient presents to labor and delivery on 10/18/21. Patient is a G3T0P1A1L1. Patient was 39 weeks 0 days pregnant when presenting to labor and delivery. Patient presents with cramping pain with no leaking and normal fetal movement. Patient has an EDD of 10/25/21.

Diagnosis

Primary Diagnosis on Admission (2 points): Scheduled induction of labor.

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 the birth of the fetus. Pain that is somatic and occurs from fetal decent and expulsion of the baby is experienced. 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.

The third stage of labor includes the delivery of the neonate along with 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 monitoring for maternal homeostasis is essential. 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.

My patient experienced almost all the stages of labor starting at 5 centimeters dilated she quickly progressed. This can be due to this being her second baby. The baby was delivered vaginally with not complications noted. The mother did have a laceration between a first and second degree. Baby was 8 pounds 5 ounces.

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	3.45	3.93	3.93	May have been low due to patient being anemic.
Hgb	12-15.8	8.8	10.9	10.9	May have been low due to patient being anemic.
Hct	36-47	26.9	32.4	32.4	May have been low due to patient being anemic.
Platelets	140-440	289	238	238	
WBC	4-12	11.6	10.9	10.9	
Neutrophils	47-73	78.5	79.3	79.3	May have been elevated due to rupture of membranes.
Lymphocytes	18-42	13.9	16.4	16.4	May have been elevated due to rupture of membranes.
Monocytes	4-12	6.4	6.1	6.1	
Eosinophils	0-5	0.8	0.9	0.9	May be high due to allergies.

Bands	**0.0-3.0%**	**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
Blood Type	**A, B, AB, O**	**A+**	**A+**	**A+**	
Rh Factor	**Positive, Negative**	**Positive**	**Positive**	**Positive**	
Serology (RPR/VDRL)	**Reactive, Non-reactive**	**Nonreactive**	**Nonreactive**	**Nonreactive**	
Rubella Titer	**Immune, not immune**	**Immune**	**Immune**	**Immune**	
HIV	**Positive, Negative**	**Not detected**	**Not detected**	**Not detected**	
HbSAG	**Detected, Not detected**	**Not detected**	**Not detected**	**Not detected**	
Group Beta Strep Swab	**Positive, Negative**	**Negative**	**Negative**	**Negative**	
Glucose at 28 Weeks	**60-140**	**134**	**N/A**	**N/A**	
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
Covid test	**Negative, positive**	**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)		**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?**	**Baseline beats per minute 130 did not change during shift.**

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 were accelerations present during shift. Acceleration is defined by a raise of 15 beats over the baseline for over 15 seconds. Accelerations are reassuring and good to see. The variability of the baseline is moderate.**
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?**	**No decelerations were present during shift.**
Describe the contractions at the beginning of your clinical day: **Frequency:** **Length:** **Strength:** **Patient's Response:**	**The frequency of the contractions were 1 to 4 minutes. The length of the contractions were 60 to 90 seconds. The strength of the contractions was 25. Patients' response was she was painless due to epidural.**
Describe the contractions at the end of your clinical day: **Frequency:** **Length:** **Strength:** **Patient's Response:**	**The frequency of the contractions were 1 to 2 minutes. The length of the contractions were 60 to 90 seconds. The strength of the contractions was 25. Patients' response was she was painless due to epidural.**

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

Home Medications (2 required)

Brand/Generic	**Ipratropium/Albuterol**	**Metronidazole Flagyl**			
Dose	**25 mg**	**500mg**			
Frequency	**Q6H**	**2 x daily**			
Route	**inhalation**	**Oral**			
Classification	**Anticholinergic/ Bronchodilator, beta2 antagonist**	**Nitroimidazole antimicrobial**			
Mechanism of Action	**Blocks acetylcholine's effects in the bronchi and bronchioles further relaxing smooth muscles and causing bronchodilation. This will increase airflow to the lungs.**	**Inhibits protein synthesis.**			
Reason Client Taking	**Asthma prior to hospitalization.**	**Infection**			
Contraindications (2)	**Liver or kidney disease** **Enlarged prostate**	**Alcoholism, meningitis**			
Side Effects/Adverse Reactions (2)	**Pain or difficulty urinating** **Constipation**	**Metallic taste, diarrhea**			
Nursing Considerations (2)	**Use cautiously in patient with benign prostatic hyperplasia.** **Use cautiously in patients with renal dysfunction.**	**Monitor for seizures, monitor for neuropathy**			

Key Nursing Assessment(s)/Lab(s) Prior to Administration	**The patient had low BUN and Creatinine levels indicating renal dysfunction. The patient had been diagnosed with benign prostatic hyperplasia.**	**Assess labs before use, Neuro checks before administration**			
Client Teaching needs (2)	**Teach client to report difficulty voiding. Teach the patient how to properly use the inhaler.**	**Do not drink alcohol with this drug, take with water.**			

Hospital Medications (5 required)

Brand/Generic	**Fentanyl Ropivacaine**	**Benadryl Diphenhydramine**	**Oxytocin Pitocin**	**Lidocaine Lidopen**	**Naloxone Narcan**
Dose	**2-0.2 mcg/mil**	**25 mg**	**1-20 milliunits/ min**	**20ml**	**0.5mg**
Frequency	**Continuous**	**Every 4 hours**	**Continuous**	**Once**	**Once**
Route	**Epidural**	**IV**	**IV**	**IV**	**IV**
Classification	**Narcotic analgesic**	**Antihistamine**	**Oxytocic hormone**	**Local anesthetics**	**Opioid antagonist**
Mechanism of Action	**Binds to opioid receptors**	**Inverse agonist at the H1 receptor**	**Increases the concentration of calcium inside muscle cells**	**Blockage of voltage-gated sodium channels.**	**Reverses effects of opioids**
Reason Client Taking	**Pain/ Labor**	**Itching**	**Promote uterine contractions**	**Pain**	**In cause of overdose of opioids**
Contraindications	**Alcohol**	**Overactive**	**Fetal distress,**	**Liver problems,**	**Narcotic**

(2)	**intoxication, drug abuse**	**thyroid gland, enlarged prostate**	**fetal prematurity**	**seizures**	**dependent patients, hypersensitivity**
Side Effects/Adverse Reactions (2)	**Relaxation, euphoria**	**Drowsiness, Blurred vision**	**Excessive bleeding long after childbirth, confusion**	**Nausea, drowsiness**	**Increased blood pressure, muscle spasms**
Nursing Considerations (2)	**Decreases respiratory function, Assess therapeutic response**	**Monitor respiratory function, monitor for decrease in blood pressure**	**Report signs or seizures, Monitor signs for fetal distress**	**Report signs of hypersensitivity, report signs of pain**	**May take a few seconds for effect, the nasal spray is one of the quickest administrations**
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Assess for pain relief, Monitor respirations before administrations**	**Assess for drowsiness after administration, Report balance problems**	**Assess fetal heart rate before and after administration, Assess contractions before and after administration**	**Assess for sensation before administration, Assess for pain before administration**	**Assess for pulse before administration, assess for consciousness**
Client Teaching needs (2)	**Use directly as instructed, may cause dependence of pain medication.**	**This medication is used to treat allergy symptoms, may not be safe to drive after administration.**	**Inform the client that oxytocin induces labor, may cause bleeding after birth**	**Feeling may take time to return, be careful when eating or drinking if lidocaine used in mouth.**	**You can get Narcan from EMT's, Patient should call 911 once administered.**

Medications Reference (1 required) (APA):

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

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: 20 gauge**	**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. 20-gauge iv present in both hands.**
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.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☐**	**Patients heart sounds were normal with S1 and S2 present with no signs of gallop or murmur. Rhythm normal with variation due to contractions, peripheral pulses 3 plus, capillary refill less than 3 seconds. No neck vein distension or edema present.**

Edema Y ☐ N ☐ **Location of Edema:**	
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:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **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:** **Size:**	**Patient was bleeding from vagina but no blood in urine. Yellow with normal 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:** **Activity/Mobility Status:** **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 -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:**	**Patient had positive MAEW and PERLA, equal strength in both arms and but no strength in feet. Oriented with normal mental status, speech and sensory was diminished in feet due to epidural. No LOC deep tendon reflexes present other than in legs due to epidural.**

Sensory: **LOC:** **Deep Tendon Reflexes:**	
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 boyfriend as coping mechanisms. Has a 11th grade education level, follows no religion, and has good family support. Boyfriend is in room with patient.**
Reproductive: (2 points) **Rupture of Membranes:** o **Time: 9:25AM** o **Color: Clear** **Amount: N/A** o **Odor: None** **Pain medication or Epidural: Epidural present** **Assistive delivery: None** **Episiotomy/Lacerations: Second degree laceration** **Immediate Postpartum:** o **Fundal Height & Position:10/100 0 station** o **Bleeding amount: 400ml** o **Lochia Color: Milky** o **Character: Thick**	**Rupture of membranes at 9:25 AM, fluid is clear with no odor. Patient has epidural in place. Patient had a second-degree laceration after birth. Fundal Hight was 10/100 and at 0 station. Bleeding of 400ml recorded with thick milky lochia.**
DELIVERY INFO: (1 point) **Delivery Date: 10/18/21** **Time: 17:37** **Type (vaginal/cesarean): Vaginal** **Quantitative Blood Loss: 400ml** **Male or Female Male** **Apgars: 8 and 9** **Weight: 8.5 oz** **Feeding Method: Breastfeeding**	**Delivery date 10/18/21 at 17:37 by vaginal birth. 400ml of blood loss recorded. Male weighed 8 pounds 5 ounces with Apgar's of 8 and 9. Baby is to be breastfed.**

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	**94**	**110/65**	**N/A**	**N/A**	**N/A**

Admission to Labor/Delivery	**69 BPM**	**111/65**	**16 RPM**	**97.6 F oral**	**96% room air**
During your care	**71 BPM**	**100/54**	**15 RPM**	**98.1 F oral**	**97% room air**

Vital Sign Trends and pertinence to client's condition in labor: Vital signs consistent with the drop in blood pressure having to do with the baby putting pressure on mothers Vena Cava.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
8:16AM	**1-10**	**Abdomen**	**4**	**Intermittent**	**Pain management**
2:50PM	**1-10**	**None**	**0**	**0**	**None needed**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 gauge **Location of IV: both right and left hand.** **Date on IV: 10/18/21** **Patency of IV: Flushes easily** **Signs of erythema, drainage, etc.: no signs of erythema drainage or swelling** **IV dressing assessment: clean, dry, intact.**	**Lactated Ringers 1500 at 125 ml/hr.**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
1000ml IV fluids	**400ml urine**

Nursing Interventions and Medical Treatments during Labor & Delivery (6 points)

Nursing Interventions and Medical Treatments (Identify nursing interventions with "N" after you list them, identify medical treatments with "T" after you list them.)	Frequency	Why was this intervention/ treatment provided to this patient? Please give a short rationale.
Turning of patient to left side. N	**When needed.**	**To help with the blood pressure by relieving pressure on vena cava.**
Ice chips fed to patient. T	**When asked for.**	**Patient is on an NPO diet, ice chips were administered for something for the patient to wet her mouth and provide stimulation.**
Patient was given a warm blanket for comfort. T	**When needed.**	**Patient was cold and requested a blanket.**
Patient was given cold rags to cool forehead. T	**When asked for**	**Patient was hot, cool rags given to cool patient.**

Patient was hot and cold.

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 full nursing diagnosis with "related to" and "as evidenced by"	Explain why the nursing diagnosis was chosen	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	• How did the patient/family respond to the nurse's actions? • Client response, status of goals and

components		each intervention and using APA format, cite the source for your rationale.	outcomes, modifications to plan.
1. Risk for acute pain related to physiological reactions as evidence by emergency operation.	**Patient vital signs were fluctuating with labor. Visual signs of pain when in labor.**	**1. Monitor vital signs Every 15 minutes. (Ricci, 2020) Rationale Changes in vital signs can be a sign of pain 2.Monitor pain level every hour for improvement. (Ricci, 2020) Rationale Evaluating pain can help with alleviating pain.**	**The patient is willing to try the interventions and can follow instructions well. Goals include verbalizing decrease in pain by end of shift.**
2. Risk for infection related to break in skin as evidence by laceration.	**Second degree laceration due to birth.**	**1.Monitor labs for increased white blood cells. (Ricci, 2020) Rationale Increased WBC can be a sign of infection. 2.Use a proper cleaning and changing of bandage using sterile technique. (Ricci, 2020) Rationale Proper sterile technique can prevent infections.**	**The patient is willing to try the interventions and can follow instructions well. Desired outcomes are to be infection free, and good wound healing by end of shift.**
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 The patient will not longer be as high of a fall risk when they have sensation. 2. Preform deep tendon reflexes to reveal sensation level. (Ricci, 2020) Rationale Return of deep tendon reflexes reduces the risk of falling.**	**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 by end of shift.**
4. Deficient knowledge related to lack of information	**Patient did not know how to do the breathing**	**1. Inform the client about what breathing techniques to use. (Ricci, 2020)**	**The patient is willing to try the interventions and can follow instructions**

as evidence by narrative misconceptions.	**techniques and needed to be coached.**	**Rationale Breathing techniques can be used to help the patient through labor. 2. Have the client repeat back information to show understanding of information. (Ricci, 2020) Rationale Repeating back information can help with remembering the information.**	**well. Goals are that the patient understands and can repeat breathing patterns by end of shift.**

Other References (APA)

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