N432 Labor & Delivery Care Plan

Lakeview College of Nursing

Adele Moanda

Demographics (3 points)

Date & Time of Admission **10/25/2021 at 0901**	**Patient Initials** **TB**	**Age** **6/9/1999** **22 y/o**	**Gender** **F**
Race/Ethnicity **African American**	**Occupation** **Unemployed**	**Marital Status** **Singles**	**Allergies** **No know allergies**
Code Status **Full code**	**Height** **5'5" (165.1 cm)**	**Weight** **214 lbs. (97.1 Kg)**	**Father of Baby Involved** **Yes, he came in during labor**

Medical History (5 Points)

Prenatal History: Hemoglobin C and bacterial vaginosis. The patient is gravida 1, term 1, preterm 0, abortion 0, and has no living child.

Past Medical History: Anemia, asthma, and obesity.

Past Surgical History: no past surgical history.

Family History: her mother and her sister have sickle cell anemia.

Social History (tobacco/alcohol/drugs): the patient stated that she does not use tobacco. She claimed that she drank the alcohol occasionally, and she used marijuana daily before this pregnancy. She stopped using the drug since she knew that she was pregnant.

Living Situation: the patient lives by herself in the house.

Education Level: the patient has a high school diploma

Admission Assessment

Chief Complaint (2 points): Intrauterine Pregnancy (IUP) at 39 and 1/7, admitted for scheduled labor induction.

Presentation to Labor & Delivery (10 points): The patient is a 22-year-old female with 39- and 1-day gestation. The patient is gravida 1, preterm 0, abortion 0, and has no living child.

She was scheduled for elective induction labor on 10/25/2021 because she self-induced labor by drinking a castor oil two weeks ago to induce labor at home. She stated that she is tired of being pregnant. The patient was admitted at 0901; her lab test shows low hemoglobin and a low hematocrit. The patient has a past medical history of anemia and asthma. The patient's mother and sister have a medical story of sickle cell anemia. During admission, the patient denied pain. The patient had mild contractions occurring every 5 to 10 minutes during vaginal examination with 1 cm of cervical dilation and 30% cervical effacement. She stated that she would breastfeed her baby after delivery.

Diagnosis

Primary Diagnosis on Admission (2 points):Scheduled induction

Secondary Diagnosis (if applicable): Cognitive disability

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:

According to Ricci et al. (2017), labor is divided into four stages, including the first, the second, the third, and the fourth stage of labor. This stage starts from 0 cm to 10 cm, when the cervix begins to dilate and ends with a complete cervix effacement. The first stage is the longest that lasts about 12 hours. It is the phase when there is a spontaneous rupture of the membranes, or artificially by the doctor or the midwife to start or speed up labor. The first stage comprises the first or latent phase, the second or active phase, and the transition phase. The nurse should provide comfort to the patient by teaching the breathing technique, massaging the patient, and providing ice chips.

The latent or early phase starts with the true regular contractions that dilate the cervix from 0 to 3 cm. Those contractions can be mild irregular and occur every 5-10 minutes and last 30-45 seconds. During the early phase, the effacement of the cervix moves from 0% to 40%. The women can talk and stay home during the first stage (Ricci et al.,2017). Bigalbal, (2021) claims that it is beneficial for women to stay home to conserve energy during this phase by resting because this phase is very long for the first-time women than multiparous. According to Ricci et al. (2017), the latent phase takes 9 hours for nulliparous and 6 hours for the multiparous. During this phase, the patient might be excited and talkative.

The Active phase is when the effacement of the cervix is 40% to 80%, and the dilation is from 4 cm to 7 cm. The second phase lasts 6 hours for the multiparous women and 4.5 for the first-time women. It is the phase where the fetus descends father in the pelvis and makes the contractions frequently moderate and strong. They happen regularly every 2 to 5 minutes and last 45 to 60 seconds. The women will experience severe pain when the contractions become more potent and closer to each other. Women also experience nausea. During this phase, women might experience somatic pain and ask for an epidural (Ricci et al., 2017).

The transition is the last phase of the first stage of labor when the effacement of the cervix is 80% to 100%, and the dilation slows or progresses from 8-10 cm. The contractions stay stronger and more frequent every 1 to 2 minutes and last 60-90 seconds. Women may experience nausea, vomiting, hot flashes, back pain, irritability, and agitation during this phase (Ricci et al., 2017).

The third stage begins with the baby's birth and ends when there is a separation between the placenta and the baby. It takes 2 to 30 minutes for the placenta to be expelled (Ricci et al., 2017).

The fourth stage, or the recovery phase, is when the placenta and all membranes are out. The mother becomes stable; the fundus is firm and well contract. During this stage, the fundus must be in the midline between the umbilicus and the symphysis. It is the stage where the nurses assess the women for bleeding postpartum. (Ricci et al., 2017). The nurse would monitor the vital signs every fifteen minutes for the first hour and then every 30 minutes for the next two hours.

At the beginning of the clinical day, the patient was on a latent phase of the first stage with moderate contractions occurring every 10 minutes and lasting 30 seconds. The cervical dilation was 1- 2 cm with 60% effacement. The fetal was -2 in the cephalic position. The patient was talkative and alert. At 1430, the patient received an epidural for pain. The medication was effective, and the patient denied any pain, stating the pain of 0 on a scale of 0 to 10. At 1700, the nurse administrated oxytocin to the patient to stimulate the contractions. The contractions became frequent and intense every 1-2 minutes and lasted 30 seconds. The effacement was 65% with a cervical dilation of 3 cm. The patient entered the active phase with a spontaneous ROM. The rupture happened when the doctor was ready to do a virginal assessment. The patient was thirsty and had heartburn, so she was using ice chips. At the end of the clinical day, when we were living hospital, this patient was in the active phase of labor. She did not push or deliver the fetus yet.

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

Bigalbal, J. A. D. C. (2021). *The 4 stages of labor and delivery, explained*. Hello Doctor. Retrieved October 29, 2021, from https://hellodoctor.com.ph/pregnancy/giving-birth/what-happens-during-labor-and-delivery/.

Ricci, S. S., Kyle, T., & Carman, S. (2020). *Maternity and pediatric nursing* (4th 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	3.80	3.57	4.13	4.13	Within normal range.
Hgb	12.0-15.8	10.3	11.3	11.3	Low. Anemia causes a low hemoglobin due to the lack of enough health red blood cells able to carry sufficient oxygen to the tissue (Mayo Clinic, 2020). Ms. TB has chronic anemia.
Hct	36.0-47.0	29.8	32.8	32.8	Low. Hematocrit is the percentage of red blood. It is decreased because of a low RBC level count during pregnancy (Ricci et al., 2020). Ms. TB has a history of chronic anemia, so it is expected to find a low hematocrit because of lack of RBC.
Platelets	140-440	188	159	159	Within normal range.
WBC	4.00-12.00	13.56	11.90	11.90	Elevated. According to Ricci et al. (2020), elevated WBCs reflects different processes occurring in the body, including infection. Or in March 2021 Ms. TB was diagnostic with positive bacterial vaginosis which is a sexually associated infection.

Neutrophils	**47.0-73.0**	**68**	**73.0**	**73.0**	**Within normal range.**
Lymphocytes	**18.0-42.0**	**24.8**	**20.4**	**20.4**	**Within normal range.**
Monocytes	**4.0-12.0**	**5.5**	**5.4**	**5.4**	**Within normal range.**
Eosinophils	**0.0-1.0**	**1.3**	**0.8**	**0.8**	**Within normal range.**
Bands	**0.0-3.0%**	**N/A**	**N/A**	**N/A**	**Within normal range.**

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**	**O**	**O**	**O**	**N/A**
Rh Factor	**+ or -**	**+**	**+**	**+**	**N/A**
Serology (RPR/VDRL)	**Negative**	**No reactive**	**No reactive**	**No reactive**	**N/A**
Rubella Titer	Immune	**Immune**	**Immune**	**Immune**	**N/A**
HIV	**+ or -**	**Negative**	**Negative**	**Negative**	**N/A**
HbSAG	**+/-**	**Not detective**	**Not detective**	**Not detective**	**N/A**
Group Beta Strep Swab	**+/-**	**Negative**	**Negative**	**Negative**	**N/A**
Glucose at 28 Weeks	**>140**	**91**	**Not applicable**	**Not applicable**	**N/A**
MSAFP (If Applicable)	**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

Chlamydia	**+/-**	**Negative**	**Negative**	**Negative**	**N/A**
Bacterial vaginosis	**+/-**	**Positive**	**Negative**	**Negative**	**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)	**Not detected**	**Not detected**	**Not detected**	**Not detected**	**N/A**

Lab Reference (1) (APA):

Mayo Clinic. (2020, October 27). Thrombocytosis. Retrieved October 27, 2021, from https://www.stclair.org/services/mayo-clinic-health-information/diseases-and-conditions/CON-20378303/.

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

Electronic Fetal Heart Monitoring (16 points)

Component of EFHM	Your Assessment

Tracing	
What is the Baseline (BPM) EFH? **Has it changed during your clinical day? If yes, how has it changed?**	**According to Ricci et al. (2021), the baseline of EFH is 110 to 160 beats/min.** **At 1500, the baby baseline was 130 bpm.** **The patient's amniotic membranes were ruptured at 1600 when the doctor was during the cervix assessment.** **The FHR changed from 130 bpm to 150 bpm.** **ten minutes later, when the mother received oxytocin, the baby's baseline went down to 100 bpm. The patient had an IUPC Fetal Scalp Monitor inserted to get better readings on the EFH. It allowed for a more accurate reading of fetal heart rate and better monitoring. The nurse administered terbutaline to decrease the contractions, and the FHR was returned to the regular baseline of 130 bpm.**
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?**	**Yes, the accelerations were present.** **There had accelerations that were going up for 15 beats per minute and lasted for 15 seconds.** **The variability was moderate.**
Are there decelerations? If so, describe them and explain the following: What do these mean?	**The early decelerations were visually for 5 minutes.** **The early decelerations are a gradual decrease in the FHR in**

o **Did the nurse perform any interventions with these?** o **Did these interventions benefit the patient or fetus?**	**which the nadir of the FHR and the peak of the contraction happened simultaneously (Ricci et al., 2017). The patient had decreased by 30 bpm below the baseline.** **Yes, the nurse performed an intervention by turning the patient to the left side, administering oxygen of 10 L by mask because the patient had absent variability. The nurse also stopped Oxytocin due to uterine hyperstimulation and gave Terbutaline to decrease uterus contractions.** **The interventions were beneficial because the variability became moderate with an FHR of 130 bpm.**
Describe the contractions at the beginning of your clinical day: **Frequency:** **Length:** **Strength:** **Patient's Response:**	**At the beginning of the clinical day, the patient was on a latent phase of the first stage with a moderate contraction every 10 minutes, lasting 30 seconds with a strength of 50 mm Hg.** **The patient was talkative and alert. She stated that she does not have any pain.**
Describe the contractions at the end of your clinical day: **Frequency:** **Length:** **Strength:** **Patient's Response:**	**The contractions were being monitored continuously by the TOCO. The contractions were three to five minutes apart, lasting 60 seconds with a strength of 60 mm Hg. TOMO is used to continuously monitor the FHR and the mother's contractions during labor to detect complications (Ricci et al., 2017). When the TOCO was connected to the women, we observed the deceleration and the absent variability of FHR. Furthermore,**

	an intervention was done faster. **The patient stated not having pain, and she rated her pain 0/10** **because her pain was controlled by epidural.**

EFM reference (1 required) (APA format):

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

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** **(Skidmore-Roth, L., 2018)**	**Albuterol/Proventil HFA** **(Skidmore-Roth, L., 2018)**			
Dose	**325 mg tablet**	**90 mcg**			
Frequency	**Take 2 tablets every 4 hours for mild to severe pain PRN.**	**Inhale 2 puffs by mouth every 6 hrs. as needed for wheezing or cough.**			
Route	**Oral**	**Oral**			
Classification	**Nonopioid analgesic/No salicylate**	**Bronchodilator/Adrenergic Beta 2-agoniost sympathomimetic.**			
Mechanism of Action	**Blocks prostaglandin production and interferes with pain impulses**	**It causes bronchodilatation by action on Beta 1 (pulmonary) receptors by increasing levels of cyclic AMP, which relaxes smooth muscle and produce bronchodilatation.**			
Reason Client	**Helps to relieve pain**	**Patient has asthma**			

Taking					
Contraindications (2)	**Renal failure** **Liver dysfunction**	**Diabetes mellitus** **Heart block**			
Side Effects/Adverse Reactions (2)	**GI bleeding** **Vomiting**	**Tremors** **Hallucination**			
Nursing Considerations (2)	**Monitor vital signs. Assess fluid volume status: I&O ratio and weight.**	**Assess respiratory status. Monitor for evidence of allergic reactions and bronchospasm.**			
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Monitor Hgb/Hct, WBC, platelet, ALS, ALT, BUN, creatinine, and bilirubin.**	**Monitor potassium level.**			
Client Teaching needs (2)	**Advise patient not to use with alcohol, and another OTC medication.** **Teach patient for signs of overdose, including bleeding, bruising, and sore throat.**	**Instruct patient to use this medication before other medications and to rinse the mouth after using.** **Educate the patient to do not use OTC medications before discussing them with the doctor.** **Educate the patient to do not to use the dose more than prescribed.**			

Hospital Medications (5 required)

Brand/Generic	**Lactated Ringers Solution/Hartmann's solution** **(Jones &**	**Fentanyl/ Ropivacaine** **(Jones &**	**Misoprostol/ Cytotec** **(Skidmore-**	**Terbutaline Sulfate/ Terbinafine/ Brethine** **(Skidmore**	**Oxytocin/ Pitocin** **(Jones &**

	Bartlett Learning, 2020).	**Bartlett Learning, 2020).**	**Roth, L., 2018)**	**- Roth, L., 2018)**	**Bartlett Learning, 2020).**
Dose	**125 mL/hr.**	**12 mL/hr.**	**50 mcg**	**1 mg/mL**	**30 units/500 mL in NS**
Frequency	**Continuous**	**Continuous**	**Every 4 hours.**	**PRN q20 minutes until contractions stop**	**1-20 milli-unit/h. IV continuos**
Route	**IV**	**IV**	**Cervical**	**Subcutaneous**	**IV**
Classification	**Alkalinizing Agent**	**Opioid Analgesic/ Synthetic phenylpiperidine derivative.**	**Prostaglandin E analogue/antiulcer**	**Selective Beta-agonist/ Catecholamine/ Betamimetics**	**Oxytocic hormone.**
Mechanism of Action	**Allows water to flow freely at a cellular level without causing cells to swell or shrink.**	**It blocks the nerve impulses to send pain signal to brain and increases pain threshold, alters pain perception by binding to opiate receptors.**	**Contracts smooth muscle fibers in the myometrium and causes relaxation of the cervix this facilitates cervical opening.**	**It works by relaxing the muscles of the uterus that are responsible for expelling the fetus during delivery.**	**Oxytocin works by increasing the concentration of calcium inside muscle cells that control contraction of the uterus (Jones & Bartlett Learning, 2019).**
Reason Client Taking	**To help patient stayed hydrated during delivery**	**Severe pain during labor and delivery.**	**To ripen the cervix to induce labor**	**To slower the contractions of the uterus**	**The patient had oxytocin to stimulate labor.**

Contraindications (2)	**Severe metabolic acidosis or alkalosis & Severe liver disease**	**Seizure disorder &cardiac dysrhythmias.**	**Pelvic Infection & Bleeding Disorder**	**Hypertensive patient & seizure disorder.**	**Uterine sepsis & Active genital herpes**
Side Effects/Adverse Reactions (2)	**Agitation & Difficulty breathing.**	**Hypertension & Constipation.**	**Uterine rupture & Uterine tachysystole**	**Nervousness & weakness**	**Premature ventricular & contraction Tachycardia.**
Nursing Considerations (2)	**Monitor electrolytes & vital signs.**	**Monitor the patient's VS every 15 minutes & assess for pain.**	**Monitor for N/V/D. Monitor for uterine hyperstimulation.**	**Monitor respiratory function of the patient. Monitor FHR.**	**Monitor CNS & Monitor I/O.**
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	**Monitor electrolytes level and assess for signs of fluid overload.**	**Assess respiratory status, amylase, and lipase before administration.**	**Assess VS and FHR patterns and ensure that vaginal delivery is the best option to the patient before administration of this medication.**	**Assess Potassium and the blood glucose level.**	**Monitor baseline blood pressure.**
Client Teaching needs (2)	**Instruct patient to report chest discomfort or tightness. Encourage patient to report numbness in the hands.**	**Teach patient to avoid getting up without assistance. Teach the patient that dizziness or drowsiness can occur.**	**Instruct the patient to report any skin rash, itching. Instruct the patient to report any trouble breathing or wheezing.**	**Teach patient about the adverse effects of medication, including insomnia, headache, and dizziness.**	**Advise patient that contraction will be like menstrual cramps, gradually increasing in**

			Teach the patient that the medication might cause nausea.	**Instruct patient to report dyspnea.**	**intensity. Advice patient to report any extreme headache and dizziness.**

Medications Reference (1 required) (APA):

Jones & Bartlett Learning. (2019). 2020 *Nurse's drug handbook* (19th ed.). Jones & Bartlett Learning.

Skidmore-Roth, L. (2018). *Mosby's drug guide for nursing students*. Elsevier.

Assessment

Physical Exam (18 points)

GENERAL (0.5 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**The patient was alert and oriented to person, place, time, and situation.** **She was well-groomed.** **The patient showed no distress; she was slightly tired and slept after taking an epidural.**
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds/Incision:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	**Skin was brown and normal for ethnicity.** **The patient skin appears clean and intact. There were no rashes, no bruises, no wound, or incision on the skin. Skin was moist with normal elasticity, warm in touch, and normal texture. Skin turgor was normal. The patient has black hair. Capillary refill < 3 sec.** **Braden Score = 20 (Average risk).** **The patient has an indwelling urinary catheter in place.**

HEENT (0.5 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**The head was in the midline with no deviation. The tracheal did not show any deviation. The lymph node and thyroid are not palpable. The carotid pulse was regular. No drainage from the eye bilaterally, Auricle pink without lesion. PERLA present. No drainage from the eye bilaterally. The septum was Medline. Pink and moist oral mucosa. The mouth did not have any lesions.** **The posterior pharynx and tonsils of the patient are moist and pink without swelling, tonsils 1+, the uvula was midline, soft palate rises and falls symmetrically, hard palate intact. Teethes are white, with good dentition without any cavity.**
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:**	**The patient had a normal heart sound with a regular rhythm and rate. Her lung sounds are clear, S1 and S2 hear without murmurs, gallops, or rubs. There is no bruit in the carotid bilaterally. The patient had a regular radial pulse That is strong bilaterally. Her pedal pulse is palpable and strong 2+ bilaterally. Capillary refills less than 3 seconds in fingers and toes bilaterally. No neck vein distention, Edema 1+ present in the foot and lower leg bilaterally.**
RESPIRATORY (1 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**During the assessment, the patient was generally breathing at room temperature. No accessory muscle was used. The patient denied SOB or distress. The anterior and posterior lung sounds were auscultating for a full minute in 6 places in the chest and 6 in the back of the chest. The lung sounds were clear, no wheezing, no crackles, or Ronchi noted throughout bilaterally.** **However, when the patient was in the active phase of labor, the nurse gave her oxytocin to increase contraction. The FHR became absent, and the doctor decided to put the patient on 10 L of oxygen to help the baby in distress.**
GASTROINTESTINAL (4 points): **Diet at Home:** **Current Diet:** **Height:**	**The patient stated that she had a regular diet before labor. The patient was NPO during labor and delivery. She was able to eat ice chips.**

Weight: **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:**	**Height: 5'5" (165.1 cm)** **Weight: 214 lbs. (97.1 Kg)** **The abdomen shape is round due to pregnancy, with no distension noted. Bowel sounds** **normoactive upon auscultation of all 4 quadrants.** **Last BM: 10/24/2021** **No visible incision, scars, or wounds or noted. An indwelling urinal catheter is placed after the injection of oxytocin.**
GENITOURINARY (2 Points): **Bleeding:** **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	**The patient had no bleeding. The doctor was assessing her, and there was a spontaneous rupture of the membranes. Urine output was 380 mL before catheter insertion and 500 mL inside the indwelling catheter bag in 1600.** **The color of urine is amber.** **No pain with urination.** **Genital was normal.** **The catheter size was 16**
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 ☐**	**The patient was oriented to her ability before epidural and oxytocin. Right now, she cannot stand up. She has an indwelling catheter and IV in place. The upper and lower member were strong 4/4 bilaterally. No support devices were used.** **She might need assistance for ADLs. There is not a previous fall reported on the file.** **Fall score of 15 (low fall risk).**
NEUROLOGICAL (1 points): **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:**	**Alert and oriented X 4** **All extremities have a full range of motion. MAEW normal for her age. PERRLA present. All extremities have a full range of motion. Hand grips, pushing, and pulling demonstrate normal and equal strength. The resident is under the oxytocin effect right now. The speech was very clear. Deep tendon reflexes in**

Sensory: **LOC:** **Deep Tendon Reflexes:**	**all locations 2+** **Bilaterally. Mental status and sensory skills were intact.**
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 is Christian, and she trusts Jesus as a son of God. She lives by herself in the house. The patient claimed that her mother, sisters, and the baby's father would give her help. The patient has a high school diploma.**
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:**	**Spontaneous rupture of membranes occurring when the doctor was performing a vaginal examination.** o **Time: 1600** o **Color: cloudy-write** **Amount: they did not get the measure.** **Odor: none** **The patient receives an epidural at 1430.** **She is on 10 L of oxygen.** **She is still in the active phase of labor; she did not deliver the baby yet. So, the fundus height was still at the xiphoid process of the sternum. According to the doctor's assessment, the fetus was in cephalic, and an LOA, position.**
DELIVERY INFO: (1 point) **Delivery Date:** **Time:** **Type (vaginal/cesarean):** **Quantitative Blood Loss:** **Male or Female** **Apgars:** **Weight:** **Feeding Method:**	**The patient had not delivered the baby.** **The patient states that she will breastfeed her baby. She had lactation counseling today during labor.**

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	**95**	**115/77**	**18**	**98.2 F**	**100% in**

				36.8 C	**room air**
Admission to Labor/Delivery 10/25/2021 at 0901	**83**	**119/65**	**16**	**98.2 F 36.8 C**	**96% in room air**
During your care 10/25/2021 at 1710	**88**	**139/69**	**16**	**97.2**	**100% in 10 L of Oxygen**

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

The patient had a slightly elevated pulse during prenatal care because she was infected with bacterial vaginitis. During labor, her vital signs were normal until the patient received oxytocin to stimulate the contraction. We noticed overstimulation of the uterus. The patient started having a contraction every one to two minutes, and her BP was 110/60. When the nurse stopped oxytocin and gave Terbutaline Sulfate, the BP value became 139/69. The patient was at 10 L of O2 to push the oxygen to the baby to prevent fetal hypoxia.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1140	**0-10**	**Abdomen**	**7/10**	**Sharping & cramping**	**The patient received epidural**
1610	**0-10**	**N/A**	**Not applicable**	**Not applicable**	**Epidural is effective, patient stated 0/10 (absence of pain).**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	**Dorsal arch vein (top of the hand) of Left with 20 gauge. There is the Lactated ringer. Rate 125 ml/hr. in place on 1o/25/21.** **Patent, no redness or drainage noted. The IV line is still clean, dry, and intact.**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
IV: 1403 mL **Oral: 480 mL (This amount was collected** **before the patient became NPO, before** **administration of the epidural)** **Total intake is 1883 mL**	**880**

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.
Electronic fetal heart monitoring (T)	**Continuous**	**It helps to monitor the status of the mother and the baby during labor and delivery. It also helps to monitor for any changes and act as soon as possible.**
Ice chips (N)	**PRN**	**The patient was NPO during labor. She was thirsty and having**

		heartburn. The ice chips were a way to help with her thirst and relieve the heartburn.
Stop the oxytocin (N) and provide oxygen to the patient (T)	**PRN**	**The fetal was in distress during labor after the administration of oxytocin. The nurse stopped the medication to decrease the contractions. Furthermore, place the non-rebreather oxygen mask on the patient to push O2 to the fetal.**

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. Ineffective breathing pattern related to altered oxygen supplement to the fetus after administration of medications during labor as evidence patient received 10 L of oxygen used during labor	**The patient received oxytocin to stimulate the contraction during labor. The FHR changed from 130 bpm to 100 bpm with an early deceleration.**	**1.Assist patient in a comfortable position and administer oxygen. Rationale: Supplement oxygen helps reduce hypoxemia and respiratory distress to the fetus (Phelps, 2020).** **2. Assess FHR changes during a contraction, noting decelerations and accelerations. And monitor the mother VS every 15 minutes.**	**After repositioning and using 10 L of oxygen via a rebreather oxygen mask, the patient tolerated the oxygen well. So, the FHR changed from 100 to 130 with moderate variability.**

and FHT of 100 bpm.		**Rationale: The fetus is vulnerable to potential injury during labor. The fetal tachycardia is indicative of possible compromise monitoring FRH will help detect the severity of hypoxia and other complications (Martin, 2019).**	
2. Risk of urinary tract injury related to rupture of amniotic membranes as evidence insertion of indwelling foley catheter.	**The patient had an indwelling foley catheter placed after administering epidural and rupture of the amniotic membranes.**	**1. Follow sterile techniques to prevent infection transmission. Rationale: These measures help prevent the spread of pathogens (Phelps, 2020).** **2. Monitor patency of foley catheter. Rationale: keep tubing free from kinks and keep the drainage bag below the bladder level to avoid urine reflux (Phelps, 2020).**	**The patient catheter was potent with 500 mL output. She did not have any discomfort or complications with catheter placement.**
3. Knowledge deficit related to lack of information about the safety of the fetus and self-care during pregnancy as evidence the patient self-administrated the castor oil to induce labor.	**The patient self-administrated the castor oil to induce labor because she was tired of being pregnant. She liked the baby to be born before 40 weeks of gestation.**	**1. Educate patient understanding of self-care during pregnancy and provide direction for goal development. Rationale: Having the patient participate in goal setting will promote learning (Phelps, 2020).** **2. Have the patient incorporate the learned skill into her daily routine during hospitalization. Rationale: Practicing learned skills will help the patient gain proficiency (Phelps, 2020).**	**The patient verbalized and understood the danger of self-induced labor at home. She communicated a desire to learn how to care for herself and the baby after delivery.**
4. Knowledge	**The patient**	**1. Assess the patient and**	**The goal is not met**

deficit related to breastfeeding as evidenced by first-time breastfeeding's mother.	**stated that she needed education about lactation because she had never breastfed a baby before.**	**educate the patient on knowledge of breastfeeding** **Rationale: Show the mother the correct lactation technique to promote breastfeeding and reduce nipple trauma (Ricci et al., 2017).** **2. Educate the patient to begin to the breast as soon as possible when the baby is born.** **Rationale: Colostrum and breastmilk contain high amounts of immunoglobulin (IgM) A, which provides passive immunity to the neonate and helps reduce infection (Phelps, 2020).**	**yet because the patient did not deliver the baby yet. However, the patient received education from the lactation RN about breastfeeding. She verbalized the importance of breastfeeding the baby and understood the techniques to use during lactation.**

Other References (APA)

Martin, P. (2019). *36 labor stages induced and augmented labor nursing care plans*. Nurseslabs. Retrieved October 29, 2021, from https://nurseslabs.com/labor-stages-labor-induced-nursing-care-plan/2/#b3.

Phelps, L. (2020). *Sparks & Taylor's Nursing Diagnosis Reference Manual*. Lippincott Williams & Wilkins.