N432 Labor & Delivery Care Plan

Lakeview College of Nursing

Whitney Simlin

Demographics (5 points)

Date & Time of Admission 2/21/2022 0200	Patient Initials K. S.	Age 19 years old	Gender Female
Race/Ethnicity Black/ African American	Occupation Unemployed	Marital Status Single	Allergies No known allergies
Code Status Full Code	Height 160.02 cm	Weight 81.65 kg	Father of Baby Involved Involved

Medical History (10 Points)

Prenatal History: This patient is a G1P0.

Past Medical History: The patient has a medical history of asthma.

Past Surgical History: None

Family History: On her maternal side, she has a family history of

Hypertension and diabetes.

Social History (tobacco/alcohol/drugs): The patient denies use of tobacco, alcohol, and

drugs.

Living Situation: The patient lives with mother.

Education Level: The patient completed high school. There are no learning barriers.

Admission Assessment

Chief Complaint (4 points): Pain with contractions

Presentation to Labor & Delivery (15 points):The patient came into the hospital because

she had pain with contractions. This is the patient's first time coming to the hospital for

suspected labor so she needed confirmation that she was actually in labor. The patient's

mother was with her. The patient was in severe pain.

Diagnosis

Primary Diagnosis on Admission (4 points):Pain associated with contractions due to labor

Secondary Diagnosis (if applicable): N/A

Stage of Labor

Stage of Labor Write Up, APA format (40 points) This should include the progression of cervical effacement & dilation as well as pain management techniques:

There are four stages of labor in the labor process. The first stage includes the latent phase, active phase, and transitional phase. The first stage is described as going from 0 cm to 10 cm dilation. Within the latent phase, the cervix dilates from 0 cm to 6 cm, cervical effacement reaches 40%, and contractions occur every 5 to 10 minutes and last for 30 to 45 seconds (Ricci e al., 2021). Within the active phase, the cervix dilates from 6 cm to 10 cm, cervical effacement reaches 100%, and contractions occur every 2 to 5 minutes and last for 45 to 60 seconds. If the mother wants pain medication, this phase is the last time that it can occur without affecting the fetus. After that, nonpharmacological pain interventions may be put in place. The transitional phase is the period between the active phase and the second stage of labor.

The second stage of labor begins when the cervix is completely dilated at 10 cm and ends with the birth of the newborn (Ricci et al., 2021). This stage of labor may last for a long period of time. It includes the pelvic phase and the perineal phase. During the pelvic phase, the fetus goes through fetal descent. During the perineal phase, the mother is doing active pushing to help get the fetus out. Contractions occur every 2 to 3 minutes and lasting up to 60 and 90 seconds. The contractions during this stage are strong, and the mother may feel a strong urge to push.

The third stage of labor involves the separation and delivery of the placenta. This stage can take anywhere from 5 to 30 minutes to happen (Holman et al., 2019). Placental separation

can be indicated by the uterus rising upward, the umbilical cord lengthening, a sudden trickle of

blood from the vaginal opening, and the uterus changing its shape to globular. Normal blood loss

during the placental expulsion is 500 mL for a vaginal birth and up to 1,000 mL for a cesarean

birth. During the third stage, the ideal placement for the baby to be is on the mother's abdomen

for skin-to-skin contact to promote a positive transition from intrauterine to extrauterine life.

Lastly, the fourth stage of labor begins with the completion of placental expulsion. This

phase typically lasts for 1 to 4 hours after birth. During this time, the mother adjusts to the

physiologic and psychological changes that had just occurred. The baby adjusts from intrauterine

life to extrauterine life. During this stage of labor, the nurse will be doing routine fundal

assessments to make sure it is contracted and doing its job.

This patient was different than a typical four-stage of labor process due to the emergency

cesarean section. The only stage that was no different for her was placental separation and

expulsion.

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

Holman, H.C., Williams, D., & Sommer, S. (2019). *ATI: RN maternal newborn nursing* (11th ed.).

Assessment Technologies Institute, LLC.

Ricci, S. S., Kyle, T., & Carman, S. (2021). *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	**4.35-5.65**	**4.79**	**4.52**	**4.52**	
Hgb	**11.6-15**	**11.8**	**11.7**	**11.7**	

Hct	35.5-44.9	35.6	36	36	
Platelets	157-371	232	219	219	
WBC	3.4-9.6	8.40	9.20	9.20	
Neutrophils	.95-7.6	2.1	2.4	2.4	
Lymphocytes	0.7-4.5	0.83	.92	.92	
Monocytes	0.1-1.0	0.56	0.38	0.38	
Eosinophils	0.0-0.4	0.2	0.3	0.3	
Bands	0- 4%	n/a	n/a	n/a	

Other Tests <mark>Highlight All Abnormal Labs</mark>—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	O	
Rh Factor	Positive or Negative	Positive	Positive	Positive	
Serology (RPR/VDRL)	Non-Reactive	Non-Reactive	Non-Reactive	Non-Reactive	
Rubella Titer	Immune	Immune	Immune	Immune	
HIV	Positive or Negative	Negative	Negative	Negative	
HbSAG	Not detected	Not detected	Not detected	Not detected	
Group Beta Strep Swab	Negative	Negative	Negative	Negative	
Glucose at 28 Weeks	<140 mg/dL	87	N/A	N/A	
MSAFP (If Applicable)	Negative	N/A	N/A	N/A	

Additional Admission labs <mark>Highlight All Abnormal Labs</mark>—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

<mark>Highlight All Abnormal Labs</mark>—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)	120-160 mL/min	n/a	n/a	n/a	n/a

Lab Reference (1) (APA):

Ricci, S.S., Kyle, T., & Carman, S. (2021). *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	Tylenol (acetaminophen)	Tums (calcium carbonate)			
Dose	325 mg	1000 mg			
Frequency	4-6 hours	2 tablets			
Route	PO	PO			
Classification	**Pharmacologic:** Nonsalicylate **Therapeutic:** Antipyretic; Nonopioid analgesic	**Pharmacologic:** Selective serotonin receptor antagonist **Therapeutic:** Antiemetic			
Mechanism of Action	Blocks prostaglandin production and interferes with pain impulse generation in the peripheral nervous system.	Blocks serotonin receptors centrally in the chemoreceptor trigger zone, which reduces nausea and vomiting by preventing serotonin release in the small intestine.			
Reason Client Taking	To relieve mild to moderate pain	**To relieve heartburn and indigestion**			
Contraindications (2)	Severe hepatic impairment, Severe acute liver disease	Hypersensitivity to ondansetron or its components, Low amount of potassium or magnesium in the blood			
Side Effects/Adverse	Pulmonary	Headache,			

Reactions (2)	edema, Hemolytic anemia	Constipation			
Nursing Considerations (2)	Maximum dose is 4000 mg from all sources in 24 hours Use cautiously in patients with severe hypovolemia.	Use cautiously in patients with impaired renal function or a history of a GI disease Use cautiously in those with signs of nephrotoxicity			
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Assess patient's kidney and liver function prior to administration, which would include AST, ALT, bilirubin, BUN, and creatinine levels.	Monitor BUN and creatinine for signs of nephrotoxicity			
Client Teaching needs (2)	Caution patient not to exceed recommended dosage due to the risk of liver damage Inform the patient that acetaminophen may cause reduced fertility in both females and males.	Call your provider if you experience long term diarrhea, nausea, and vomiting **If you** If you have high calcium levels notify your doctor before taking tums			

Hospital Medications (5 required)

Brand/Generic	Pitocin (oxytocin)	Zithromax (azithromycin)	Ancef (cefazolin sodium)	Brethine (tebutaline)	Duramorph / Morphine sulfate injection
Dose	30 units 500 mL	250 ml/hr	2g	.25 mg	3 mg
Frequency	1-20 ml/hr	Once	Once	Once	One
Route	IV	IV	IV	Sub q	Epidural
Classification	Oxytocic / stimulates contractions	**Pharmacologic:** First-generation cephalosporin **Therapeutic:** Antibiotic	**Pharmacologic:** First-generation cephalosporin **Therapeutic:** Antibiotic	**Beta adrenic Receptor agonist**	**Pharmacologic:** Opioid **Therapeutic:** Opioid analgesic
Mechanism of Action	Pitocin causes the uterus to contract and induces labor.	Interferes with bacterial cell wall synthesis by inhibiting the final step in the cross-linking of peptidoglycan.	Interferes with bacterial cell wall synthesis by inhibiting the final step in the cross-linking of peptidoglycan strands	**Stimulates beta 2 receptors – increasing production of cAMP**	**Binds with and activates opioid receptors (mainly mu receptors) in brain and spinal cord to produce analgesia and euphoria**
Reason Client Taking	The client is taking to stimulate contractions and strengthen them.	Prophylactic antibiotic due to the cesarean section	Prophylactic antibiotic due to the cesarean section	**Asthma**	**To manage moderate to severe pain when a continuous analgesic is needed**
Contraindicatio	Fetal	Hypersensiti	Hypersensiti	**Hypersensiti**	Acute

ns (2)	distress, Hypersensitivity to Pitocin or its components.	vity to cefazolin, Hypersensitivity to other cephalosporins	vity to cefazolin, Hypersensitivity to other cephalosporins	**vity to terbutaline** **Hypersensitivity to sympathomimetic amines**	**alcoholism Hypersensitivity to montelukast sodium or any of its components**
Side Effects/Adverse Reactions (2)	Nausea, vomiting, hemorrhaging	Nausea, Diarrhea	**Chills, fever**	**Heart burn Muscle Spasms**	**Agitation, amnesia**
Nursing Considerations (2)	Pitocin should be inspected for discoloration and cloudiness. The level given to the patient is specific to the contractions and mother.	Use cautiously in patients with impaired renal function or a history of a GI disease Push over 5 minutes and dilute with 20 mL of full-strength normal saline	**Obtain culture and sensitivity test results** Use cautiously in patients with impaired renal function		**Assess patients drug use, including all prescriptions and OTC meds**
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Monitor the fetal heart rate, monitor the mother's oxygen and fetal distress.	Monitor BUN and creatinine for signs of nephrotoxicity	**CMB, CBC**		**Assess respiratory status**
Client Teaching needs (2)	Inform the patient that the strength of the contraction is going to increase. Inform the	Complete the prescribed course of therapy Report water, bloody	**Report watery or bloody stools to prescriber** **Reassure patient that the IM**		**Advise patient to avoid potentially hazardous activities during morphine therapy**

	patient that Pitocin will stimulate contractions and speed up labor.	stools immediately, even up to 2 months after drug therapy has ended	**injection doesn't hurt**		

Medications Reference (1 required) (APA):

Jones & Bartlett Learning. (2021). *2021 Nurse's drug handbook* (19ᵗʰ ed.). Jones &

Bartlett Learning

Vital Signs, 3 sets (10 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	**102**	**111/71**	**18**	**98.1**	**100**
Admission to Labor/Delivery	**88**	**120/76**	**16**	**97.9**	**100**
During your care	**96**	**109/57**	**18**	**98.5**	**100**

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

Pain Assessment, 2 sets (10 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0200	1-10	Abdomen	3	Slight pain/discomfort	None
0730	1-10	Abdomen	10	Intermittent cramping	Pain mgmt. Facilitate quiet environment

IV Assessment (10 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:	20 gauge Left wrist 2/21/2022 Patent Dry and intact Single lumen

Nursing Diagnosis (30 points)
Must be NANDA approved nursing diagnosis and listed in order of priority
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 bleeding related to	This nursing diagnosis was chosen as the	1. Monitor physiological responses such as vital signs and LOC.	The patient responded well to the monitoring of her vital signs and

labor and delivery as evidenced by a cesarean section.	top priority because the patient underwent a big surgery and that increases her chance of bleeding complications.	**Rationale** Changes to vital signs and LOC indicate a potential fluid volume deficit such as bleeding in surgery (Phelps, 2020). **2.** Examine the surgical dressings. **Rationale** Examining the dressings of the incision will indicate if it is bleeding or not (Phelps, 2020).	LOC. The goal is to find the early signs of bleeding if it is to occur for a better chance of stopping it. The patient responded well to the examination of the dressing site. The goal is to see no saturation and compare the blood loss to the previous assessment.
2. Risk for falls related to labor and delivery as evidenced by the postoperative recovery period.	This nursing diagnosis was chosen because the mother is a 40 for a fall risk due to the epidural from the cesarean section.	**1.** Explain to the patient that she must remain bedrest. **Rationale** The patient will not fall if they do not get up out of bed (Phelps, 2020). 2.Improve environmental safety factors as needed. **Rationale** Using all of the fall safety precautions will help to prevent falls. Such as the patient having her call light, keeping side rails up, and educating the patient on the importance of remaining in bed (Phelps, 2020).	The patient responded well to being bedrest. She is alert and oriented and understands she cannot get up. She had her call light, had her side rails up, and understood that she cannot get out of bed. The goal is to prevent her from falling.
3. Deficient knowledge related to insufficient information as evidenced by being a new mother	This nursing diagnosis was chosen because the patient has not parented before and needs more information on	**1.** Establish an environment of mutual trust and respect. **Rationale** Trust and respect from the client will enhance the relationship and allow teaching to occur (Phelps, 2020).	The patient responded well to a trusting and respectful environment. The goal is to provide comfort and receptiveness to sharing concerns about being a new mom again. The patient responded

	the changes that will occur and need to be implemented.	**2.** Assess the patient's level of knowledge. **Rationale** This will provide information as to whether or not the mother can make appropriate decisions regarding the care of the newborn baby (Phelps, 2020).	well to the questions regarding her level of education. The goal is to determine whether the patient requires basic information or reinforcement from previous learning.
4. Ineffective breast-feeding related to maternal inexperience as evidenced by this being her first child	This nursing diagnosis was chosen because the mother is choosing to bottle-feed instead of breast-feeding.	**1.** Educate the mother on breast care and breastfeeding techniques. **Rationale** Mom may change her mind and want to breast-feed. If she does, she should be educated on how to do so (Phelps, 2020). **2.** Encourage the mother to ask questions. **Rationale** Being available to answer questions for the client offers her a resource she may not have had yet (Phelps, 2020).	The mother was open to hearing about the possibility of breast-feeding. The goal is to reduce anxiety and enhance proper nutrition of the neonate. The mother appreciated that she was able to openly ask questions regarding the feeding of the neonate. The goal is to reduce anxiety and increase the mother's understanding.

Other References (APA)

Phelps, L. L. (2020). *Nursing diagnosis: Reference manual* (11th ed.). Wolters Kluwer.