N432 Labor & Delivery Care Plan

Lakeview College of Nursing

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Demographics (3 points)

Date & Time of Admission 3/30/22; 0700	**Patient Initials** B. P.	**Age** 18	**Gender** Female
Race/Ethnicity Caucasian	**Occupation** Student	**Marital Status** Single	**Allergies** None
Code Status Full Code	**Height** 165 cm (5'5")	**Weight** 68 kg (150lb)	**Father of Baby Involved** yes

Medical History (5 Points)

Prenatal History: G1T1P0A0L0

Past Medical History: Anemia

Past Surgical History: None

Family History: Mother: Diabetes Mellitus Type 2; Hypertension Father: Hypertension

Social History (tobacco/alcohol/drugs): Smoked half a pack a week, stopped when she found out she was pregnant; Doesn't drink alcohol; doesn't use recreational drugs

Living Situation: Lives at home with parents

Education Level: Senior year of high school

Admission Assessment

Chief Complaint (2 points): Rupture of membranes

Presentation to Labor & Delivery (10 points): A 18-year-old female presented at the labor and delivery unit with her significant other on 3/30/22. The patient states that her "water broke earlier this morning". The patient appears to be in stable condition with no signs of distress. The patient does have pain and discomfort upon contractions, which are 4 to 4.5 minutes apart. The is active fetal movement was palpated and the EFH was 140. This is the patients first pregnancy and is planning on having a vaginal birth.

Diagnosis

Primary Diagnosis on Admission (2 points): Labor

Secondary Diagnosis (if applicable): N/A

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	**3.90-4.98**	**3.64**	**4.20**	**4.00**	Low red blood cells are due to a decreased production causing anemia and an iron shortage (Capriotti, 2020).
Hgb	**12.0-15.5**	**9.7**	**13.5**	**13**	Low hemoglobin will be low when red blood cells are low, and is seen with anemia (Capriotti, 2020).
Hct	**35-45**	**29.6**	**36**	**39**	Low hematocrit due to an insufficient supply of healthy red blood cells and anemia (Capriotti, 2020).
Platelets	**140-400**	**332**	**200**	**199**	**N/A**
WBC	**4.0-9.0**	**7**	**9**	**11**	Patient is positive for Group B strep, a bacterial infection (Ricci et al., 2021).
Neutrophils	**40-70**	**67.3**	**Not drawn**	**Not drawn**	**N/A**
Lymphocytes	**10-20**	**24.1**	**Not drawn**	**Not drawn**	Patient is positive for Group B strep, a bacterial infection (Ricci et al., 2021).
Monocytes	**4.4-12.0**	**7.3**	**Not drawn**	**Not drawn**	**N/A**
Eosinophils	**0-6.3**	**1.0**	**Not drawn**	**Not drawn**	**N/A**
Bands	**0-5.1**	**Not drawn**	**Not drawn**	**Not drawn**	**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	Prenatal	Value on	Today's	Reason for Abnormal

	Range	Value	Admission	Value	
Blood Type	**A; B; AB; O**	**N/A**	**O**	**O**	**N/A**
Rh Factor	**+/-**	**N/A**	**Positive**	**Positive**	**N/A**
Serology (RPR/VDRL)	**+/-**	**N/A**	**Neg**	**Neg**	**N/A**
Rubella Titer	**Immune/ Nonimmune**	**N/A**	**Immune**	**Immune**	**N/A**
HIV	**+/-**	**N/A**	**Neg**	**Neg**	**N/A**
HbSAG	**+/-**	**N/A**	**Neg**	**Neg**	**N/A**
Group Beta Strep Swab	**+/-**	**N/A**	**Positive**	**Positive**	Group B strep bacteria is common and natural in many women but causes life threatening complications to the newborn if not treated (Ricci et al., 2021).
Glucose at 28 Weeks	**<140**	**N/A**	**Not drawn**	**125**	**N/A**
MSAFP (If Applicable)	**0.5 to 2.0 or 2.5 MoM**	**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**

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)	**0.4 to 0.8 mg/dl**	**N/A**	**N/A**	**N/A**	**N/A**

Lab Reference (1) (APA):

Capriotti, T., Frizzell, J.P. (2020). *Pathophysiology: Introductory Concepts and Clinical Perspectives* (2nd ed.). F.A. Davis Company.

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 different medications must be completed***

Home Medications (2 required)

Brand/Generic	Prenatal Vitamin	Iron/ Ferrous Sulfate	N/A	N/A	N/A
Dose	200mg; 1 tab	325 mg	**N/A**	**N/A**	**N/A**
Frequency	1x daily	1x daily	**N/A**	**N/A**	**N/A**
Route	PO	PO	**N/A**	**N/A**	**N/A**
Classification	Dietary supplement	Iron products	**N/A**	**N/A**	**N/A**

Mechanism of Action	vitamin & other supplement that provides vitamins & minerals to the body before, during, & after pregnancy, and while breast-feeding that helps meet the nutritional requirements .	Combines with porphyrin and globin chain to form hemoglobin.	**N/A**	**N/A**	**N/A**
Reason Client Taking	Receive all the nutrients while pregnant	Anemia	**N/A**	**N/A**	**N/A**
Contraindications (2)	Allergies to any vitamins; iron toxicity from overdose	Gastritis, stomach ulcers	**N/A**	**N/A**	**N/A**
Side Effects/Adverse Reactions (2)	Black/tarry stools; Stomach upset	Diarrhea, nausea	**N/A**	**N/A**	**N/A**
Nursing Considerations (2)	Monitor for overdose; make sure patient takes with a full glass of water	Take 1 hour before meal or 2 hour after meals, Avoid taking antibiotics 2 hours before or after ferrous sulfate	**N/A**	**N/A**	**N/A**

Key Nursing Assessment(s)/Lab(s) Prior to Administration	Check for allergies; monitor ALT/AST	Asses RBC count, Asses for abdominal pain	**N/A**	**N/A**	**N/A**
Client Teaching needs (2)	Teach patient not to take antacid within 2 hours; teach patient not to dairy products.	Best taken on an empty stomach, Use with orange juice in aid of absorption	**N/A**	**N/A**	**N/A**

Hospital Medications Related to labor (5 required)

Brand/Generic	**Penicillin G (Bicillin L-A)**	**Promethazine (Promethegan)**	**Lactated Ringers (Sodium Chloride)**	**Oxytocin (Pitocin)**	**Morphine Sulfate (Arymo ER)**
Dose	5,000,000 units	12.5mg	500 mL	30u/ 500mL	2 mg
Frequency	Q4h until delivery	Q4h PRN	Continuous	1x	Q4h PRN
Route	IVPB	IVPB	IV bolus	IV	IV
Classification	Penicillin; Antibiotic	Phenothiazine; Antiemetic, antihistamine, antivertigo	Alkalizing Agents; Intravenous nutrition products	Oxytocic agent	Opioid analgesic; Controlled substance schedule II
Mechanism of Action	Inhibits the final stage of bacterial cell wall synthesis by binding to penicillin-binding proteins inside the cell walls.	Competes with histamine for H1-receptor sites, antagonizing many histamine effects and reducing allergy signs and symptoms. Prevents motion sickness, nausea and vertigo by	Restores fluid and electrolyte balance and promoting diuresis.	Activates G-protein receptors to trigger increase calcium in myofibrils. Increases prostaglandin production.	Binds with and activates opioid receptors in brain and spinal cord to produce analgesia and euphoria.

		decreasing vestibular stimulation.			
Reason Client Taking	Group B strep antibiotic	Nausea/ Vomiting	Prevent dehydration	Promote uterine contractions	Severe pain
Contraindications (2)	Hypersen-sitivity to penicillin; allergic to any -cillins	Hypersensitivity to promethazine; intra-arterial or subcutaneous injection	Severe metabolic acidosis; Sever metabolic alkalosis	Fetal Distress; placenta previa	Acute or severe bronchial asthma; significant respiratory depression
Side Effects/Adverse Reactions (2)	Seizures; electrolyte imbalance	Hypotension; respiratory depression	Agitation; back pain	Arrhythmia; CNS damage	Cardiac arrest; seizures
Nursing Considerations (2)	Administer penicillin at least 1 hour before other antibiotics; monitor sodium levels	Drug should not be used within two weeks of delivery due to potential inhibition of platelet aggregation in the newborn; Monitor hematologic status	Monitor for hypervolemia; caution with those with hyperkalemia	May cause ICH in fetus; may cause seizures in mother	Assess pain; refrain from giving before and during labor
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Obtain body tissue and fluid samples for culture; sensitivity tests as ordered before	Asses blood pressure; Assess heart rate/sounds	Assess potassium balance; asses IV site before administering	Asses fetal heart rate; monitor maternal blood pressure	Allergies; Assess patients' respirations before giving
Client Teaching needs (2)	Report previous allergies; Urge patient to tell prescriber	Advise patient to avoid over the counter drugs; urge patient to avoid excessive sun exposure and	Report swelling or redness at IV site; do not move/irritate IV site	Teach patient to report severe headaches; that cramps typically feel stronger than	Recommend an alternative drug for pain; Advise patient to

	if diarrhea develops, even 2 months or more after penicillin therapy ends.	use sunscreen		menstrual cramps	avoid hazardous activities such as driving; change positions slowly

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2020). *2020 Nurses drug handbook.* Burlington, MA.

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	65 bpm	105/65 mmHg	18 bmp	98.0 F	100% room air
Admission to Labor/Delivery	95 bpm	118/70 mmHg	21 bmp	99.0 F	98% room air
During your care	90 bpm	116/70 mmHg	19 bmp	99.0 F	98% room air

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

The patients' vital signs remained within defined limits throughout pregnancy. The patients' prenatal vitals were all regular. However, the patients' BP was reported slightly lower. Nonetheless, it is still within defined limits of a normal BP, as hypotension is defined as a systolic pressure less than 90 mmHg. The patients' temperature did slightly rise to 99 F which could be due to signs of infection due to the increased white blood cells levels and the rupture of membranes. During care, the patients' vitals were all relatively normal.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0700	Numeric	All over	2	Achy, sore	Offered pain meds heat and ice packs; position change (Refused)
1100	Numeric	All over	2	Achy, sore	Offered pain meds heat and ice packs; position change (Refused)

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV:	20 gauge
Location of IV:	Left hand
Date on IV:	3/30/22
Patency of IV:	Aspirated, flushes easily
Signs of erythema, drainage, etc.:	No signs of erythema, phlebitis
IV dressing assessment:	Dry, intact

Intake and Output during your clinical day (2 points)

Intake (in mL)	Output (in mL)
Amount not noted but patient was on a clear liquid diet.	Patient is up and ad lib 300 mL amniotic fluid

Electronic Fetal Heart Monitoring (20 points)

Component of EFHM Tracing	Your Assessment
What is the Baseline (BPM) EFH? **Has it changed during**	140 bpm Fetal EFH did not change throughout the day.

your clinical day? If yes, how has it changed?	
Are there accelerations? • **If so, describe them and explain what these mean (for example: how high do they go and how long do they last?)** **What is the variability?**	No 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 None None
Describe the contractions at the beginning of your clinical day: **Frequency:** **Length:** **Strength:** **Patient's Response:**	Normal uterine contractions and patterns were observed. 4 to 4.5 minutes 50 seconds Moderate Patient expressed pain and discomfort
Describe the contractions at the end of your clinical day: **Frequency:** **Length:** **Strength:** **Patient's Response:**	Contractions did not change. Normal uterine contraction and patterns were observed. 4 to 4.5 minutes 50 seconds Moderate Patient expressed pain and discomfort

EFM reference (1) (APA format):

Ricci, S. S., Kyle, T., Carman, S. (2021). *Maternity and pediatric nursing* (4th ed.). Wolters Kluwer.

Stage of Labor (40 points)

Stage of Labor Write Up, APA format This should include what is expected during the stage(s) of labor you observed; the progression of cervical effacement & dilation; pain management techniques; and what you observed and did during your clinical day. See the grading rubric for details to be included.
This should include the following reproductive data if it occurs during your clinical day.

The first stage of labor is the longest and has three sub-phases: latent, active, and transition. During the latent phase, the cervix dilates to 3cm, and irregular and mild contractions occur every 5 to 30 mins (Ricci et al., 2021). The patient may be talkative and eager. During this phase, nurses should monitor an increase in respiration, cardiac output, and WBC (Ricci et al., 2021). When contractions become more regular, occurring every 3-5 mins, the patient enters the active phase (Ricci et al., 2021). Nurses should use comfort measures and encourage them to start feeling hopeless, anxious, and restless. This patient was in the active stage, having moderate contractions every 4 minutes. The last phase is the transition stage; during this time, contractions become more intense and occur every 2-3 minutes (Ricci et al., 2021). This phase is the most challenging part. The urge to push begins and an increase in the bloody show may even present. During the first stage of labor, the patients' membranes ruptured on the morning of 3/30/22. She stated that it was clear and had no odor. After being admitted, about 300 mL of fluid was noted on the bed pad.

The second phase of labor is identified by full dilation and ends with the baby's birth (Ricci et al., 2021). Contractions occur every 1-2 mins (Barlow et al., 2019). Pain is somatic due to the stretching of tissues, fetal descent, and fetal expulsion. The mother may start to shake, and the

bloody show may increase. However, the nurse should continue encouraging pushing efforts, advising the client to avoid Valsalva type pushing. Blood pressure, pulse, and respiration should be taken every 5-30 mins, and fetal heart rate every 15 minutes after birth and perineal laceration should be assessed (Ricci et al., 2021). The baby was not born during the time I was there.

The third stage of labor, also known as afterbirth, is defined as the expulsion of the placenta. The Shultze or Duncan mechanism may be presented. The nurse should take vitals every 15 mins and note placenta separation (Ricci et al., 2021). The fourth stage of labor is the postpartum period. Nursing care is focused on the mother and her new patient, the newborn. The mother starts recovery, and her vitals return to her baseline. The nurse should assess the mother's fundus and lochia every 15 minutes and monitor scant to moderate Rubra (Ricci et al., 2021). The patient did not make it to this stage, but the fundus should be observed postpartum and at the umbilicus. The lochia should also be followed, with vaginal bleeding being red and moderate.

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

Barlow, M., Holman, H., Johnson, J., McMichael, M, Sommer, S., Wheless, L., Wilford, K., Williams, D. (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.

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)	**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	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	• How did the patient/ family respond to the nurse's actions? • Client response, status of goals and

"as evidenced by" components		hours." List a rationale for each intervention and using APA format, cite the source for each of the rationales.	outcomes, modifications to plan.
1. **Acute pain related to moderate contractions as evidence by patients' groaning and facial expressions.**	Patient reported pain being a 2 out of 10 upon contraction.	**1.** Assist with comfort measures such as massage **Rationale:** Massage is the most effective non-pharmacological methods to reduce pain (Ricci et al., 2021). **2.** Encourage comfortable positioning. **Rationale:** Upright, sitting, walking, or swaying may aid with comfort in early labor and helps with contraction and descent through gravity (Ricci et al., 2021).	Goal not met: Patient refused any comfort measures whether they were pharmacological or non-pharmacological.
2. **Risk for infection related to rupture of membranes as evidence by patient stating, "my water broke".**	This patient is at risk for infection due to the loss of the protective barrier. 300 mL of fluid was documented while at the hospital	**1.** Assess the patient from any signs and symptoms of infection every 2 hours. **Rationale:** Since chorioamnionitis increases 4 hours after rupture, it is important to check temperature and WBC count regularly (Ricci et al., 2021). **2.** Limit the number of vaginal exams and tell patient to refrain from sexual intercourse and tampons. **Rationale:** This will prevent the growth of unwanted bacteria from the vagina (Ricci et al., 2021).	Goal met: Throughout the day, the patients' temperature and other vital signs were assessed regularly. There was an initial vaginal examination and the process was aseptic with frequent handwashing.
3. **Anxiety related to unfamiliar surroundings as evidence by expressing fear.**	Patient is 18-years-old and seems to be accompanied by her boyfriend, that does not seem	**1.** Note the age of the client and the presence of a partner. **Rationale:** Younger and unattended clients may exhibit more vulnerability to stress or discomfort and	Goal met: Though the patient had her partner with her, he did not seem involved. Staying with and encouraging the patient seemed to be helpful.

	to be comforting her.	have difficulty maintaining control (Ricci et al., 2021). **2.** Reinforce breathing and relaxation techniques during contractions. **Rationale:** Breathing techniques help minimize anxiety and provide a distraction, by blocking the perception of pain and provides relaxation (Ricci et al., 2021).	
4. Deficient knowledge related to proper care, as evidence by first pregnancy.	This patient is a fairly young mother, only being 18-years-old. She will need to be educated on newborn safety and proper care.	**1.** Place newborn on their back **Rationale:** Placing the newborn on their back prevents suffocation (Ricci et al., 2021). **2.** Educate the parents on proper feeding techniques. **Rationale:** It is important to educate parents on to prevent their baby from aspirating during feeding (Ricci et al., 2021).	Goal met: The patient displayed positive parenting behaviors and active listening. Whereas the boyfriend seemed agitated and did not display active listening.

Other References (APA)