

N432 Labor & Delivery Care Plan

Lakeview College of Nursing

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Demographics (5 points)

Date & Time of Admission 04-17-2022 0730	Patient Initials A.S.	Age 36-year-old	Gender Female
Race/Ethnicity Filipino	Occupation Bank Clerk	Marital Status Married	Allergies Shellfish
Code Status Full Code	Height 157 cm	Weight 83 kg	Father of Baby Involved Yes

Medical History (10 Points)

Prenatal History: G-2, T-0, P-1, A-1, L-1. The patient was diagnosed with gestational diabetes at 28 weeks gestation.

Past Medical History: The patient’s past medical history includes bipolar, depression, personality disorder, herpes, and recurrent urinary tract infections.

Past Surgical History: The patient does not have a past surgical history.

Family History: The patient’s family history includes alcohol abuse with her father, and her mother has depression.

Social History (tobacco/alcohol/drugs): The patient is a current everyday cigarette smoker; she smokes 0.5 packs daily. She smokes marijuana weekly. She denies any alcohol, illicit drugs, and smokeless tobacco use.

Living Situation: The patient lives in a two-story house with her husband and daughter.

Education Level: The patient graduated from high school and has some college education.

Admission Assessment

Chief Complaint (4 points): Labor induction due to gestational diabetes.

Presentation to Labor & Delivery (15 points): The patient was admitted on 04-17-2022 at 0730 due to labor induction. Induction of labor was scheduled due to the patient having gestational diabetes. Upon admission to be induced, the patient is 39 weeks gestation. During her vaginal exam, she is found to be 2 cm dilated, 80% effaced, and -1 station with intact membranes.

Diagnosis

Primary Diagnosis on Admission (4 points): Induction

Secondary Diagnosis (if applicable): Gestational Diabetes

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 different stages of labor: dilation, expulsive, placental, and restorative (Ricci et al., 2021). The first stage has three phases: latent, active, and transition (Ricci et al., 2021). The first stage is usually the longest; it begins with the first true contraction and full dilation (0-10 cm) (Ricci et al., 2021). The latent phase starts with regular contractions and ends when rapid cervical dilation begins. The cervix dilates slowly to approximately 6 cm (Ricci et al., 2021). Contractions usually occur every 5 to 10

minutes and last 30 to 45 seconds (Ricci et al., 2021). Effacement of the cervix is from 0% to 40% (Ricci et al., 2021). A woman typically remains home during this phase until her contractions become intense and 2 to 5 minutes apart. The active phase encompasses the time from an increase in the rate of cervical dilation until the completion of cervical dilation. Inactive labor, contractions become more frequent (2 to 5 minutes) and increase in duration (45 to 60 seconds) (Ricci et al., 2021). During this time, the mother becomes more uncomfortable and limits her interactions with those in the room. The first stage may last 12 to 34 hours for first-time mothers (Ricci et al., 2021). Upon admission at 0730 on 04-17-2022, my patient was 2 cm dilated, 80% effaced, and -1 station with membranes intact. The patient had no pain at this time. She was started on oxytocin 1-20 mU/min. At 0100, the patient was 4 cm dilated, 100% effaced, and -1 station.

The second stage of labor begins with complete cervical dilation and effacement and ends with the birth of a newborn. This stage involves moving the fetus through the birthing canal and out of the body. Contractions occur every 2 to 3 minutes and last 60 to 90 seconds (Ricci et al., 2021). A longer duration of the second stage of labor is associated with adverse maternal outcomes, such as higher rates of puerperal infection, third and fourth-degree perineal lacerations, and postpartum hemorrhage (Ricci et al., 2021). Induced labor is done, but the physician, the mother, cannot be induced until 39 weeks unless there are complications for the mother or fetus. Induced labor can result in more postpartum hemorrhage than spontaneous labor, which increases the risk for blood transfusion, hysterectomy, placenta implantation abnormalities in future pregnancies, a more extended hospital stay, and more hospital readmissions (Ricci et al., 2021). Induction of labor is also associated with a significantly higher risk of cesarean birth. Shortly after, the patient decided to get an epidural, which, about an hour after receiving, her membranes ruptured and were clear. Her labor was

prolonged until 04-18-2022 at 0730. The patient was fully dilated and ready to start pushing. The fetus's head began to crown at 0749; the head was delivered at 0800. However, the McRoberts's was performed at 0802 due to a positive turtling sign due to shoulder dystocia. Then suprapubic pressure was applied at 0806, and the baby was delivered at 0808.

In comparison, a spontaneous birth is where the mother goes into labor independently. This stage is when the mother is less irritable and agitated due to her focusing on pushing the fetus out. The pressure of the fetus descending in the birth canal and increased abdominal pressure causes the overwhelming urge to push (Ricci et al., 2021). This stage can last up to 3 hours (Ricci et al., 2021).

The third stage of labor begins with the newborn's birth and ends with the placenta's separation and birth (Ricci et al., 2021). The third stage consists of two phases: placental separation and placental expulsion (Ricci et al., 2021). Severe bleeding is the number one cause of women dying during labor. Postpartum hemorrhage occurs during this stage, and active management can prevent this from happening. Placental expulsion usually takes 5 to 10 minutes but may take 30 minutes (Ricci et al., 2021). The following signs are indications of the placenta separating: the uterus rises upward, the umbilical cord lengthens, a sudden trickle of blood is released from the vaginal canal, and the uterus changes its shape to globular (Ricci et al., 2021). The placenta can show in two ways: the fetal side, a shiny gray side, the maternal side, and the redraw side (Ricci et al., 2021). If the placenta is not spontaneously, the mother will have the provider remove it manually. The physician must inspect the placenta, and if all sections are not accounted for, it could lead to postpartum hemorrhage (Ricci et al., 2021). The physician delivered the placenta at 0828. All parts of the placenta were intact.

The fourth and final stage of labor begins with the expulsion of the placenta and the membranes. It ends with the mother's initial physiologic adjustment and stabilization (1 to 4 hours after birth) (Ricci et al., 2021). This is the initiation of the postpartum

period. This is the time the mother feels a sense of peace and excitement. The attachment process begins with inspecting her newborn. The mother's fundus should be firm and contracted, typically midline with the umbilicus during the first hour after labor (Ricci et al., 2021). The lochia is red, mixed with small clots, and has moderate flow (Ricci et al., 2021). If the patient has an episiotomy, it should be intact with the edges approximated and clean and with no redness or edema. The main focus of this stage is to monitor the mother closely to prevent hemorrhage, bladder distention, and venous thrombus (Ricci et al., 2021). Vital signs, the amount and consistency of the lochia, and the uterine fundus are usually monitored every 15 minutes for at least the first hour (Ricci et al., 2021).

Patients can develop postpartum blues, depression, and even postpartum psychosis (Ricci et al., 2021). Postpartum blues is where the mother experiences rapid cycling of mood symptoms during the first week of postpartum and is typically resolved by day 10 (Ricci et al., 2021). Postpartum depression (PPD) is a clinical form of depression that sometimes men and women experience. PPD may persist for a minimum of 6 months if untreated (Ricci et al., 2021). Postpartum psychosis is the end of the continuum of postpartum emotional disorders (Ricci et al., 2021). Onset can be abrupt and unexpected; these mothers are at an increased risk for suicide and infanticide (Ricci et al., 2021). This diagnosis typically shows around month three, and mothers should not be left alone with their infants (Jordan et al., 2019). Most women are hospitalized and are on psychotropic medication (Jordan et al., 2019). Postpartum infection is defined as a fever of 100.4 degrees Fahrenheit or higher after the first 24 hours after childbirth (Ricci et al., 2021). Some risk factors include surgical birth, prolonged rupture of membranes, multiple vaginal examinations, inadequate hand hygiene, internal fetal monitoring, uterine manipulation, obesity, retaining placental fragments, and anemia during pregnancy (Jordan

et al., 2019). Some signs and symptoms of infection could include elevated temperature, general malaise, pain, chills, increased pulse rate, abdominal pain, and malodorous lochia (Jordan et al., 2019).

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

Jordan, R. G., Farley, C. L., & Grace, K. T. (2019). *Prenatal and postnatal care: A woman-centered approach* (2nd ed.) John Wiley & Sons, Inc.

Ricci, S. S., Kyle, T., & Carman, S. (2021). *Maternity and pediatric nursing* (Fourth). 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	3.80-5.30	3.85	3.80	3.78	Decreased RBC is related to anemia. Anemia is common during pregnancy (Pagana & Pagana, 2018).
Hgb	12-15.8	11.6	12.2	11.8	Plasma levels increase during pregnancy. This causes hgb levels to be low (Pagana & Pagana, 2018).
Hct	36-47	33.2	33.9	33.6	Low Hct levels are common due to pregnancy (Pagana & Pagana, 2018).
Platelets	140-440	245	226	232	
WBC	4-12	11.3	10.6	10.6	
Neutrophils	47-73	74.4	75.9	*	This finding is a common finding during pregnancy (Pagana & Pagana, 2018).

Lymphocytes	18-42	14.8	14.5	*	This finding is a common finding during pregnancy (Pagana & Pagana, 2018).
Monocytes	4-12	7.3	7.5	*	
Eosinophils	0.0-5.0	2.7	2.1	*	
Bands	0.0-1.0	0.2	0.6	*	

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	
Rh Factor	+/-	+	+	+	
Serology (RPR/VDRL)	Positive or negative	Negative	Negative	Negative	
Rubella Titer	Immune or not immune	Immune	Immune	Immune	
HIV	Positive or negative	Negative	Negative	Negative	
HbSAG	Positive or negative	Negative	Negative	Negative	
Group Beta Strep Swab	Positive or negative	Negative	Negative	Negative	
Glucose at 28 Weeks	<140mg/dL	190	190	190	The patient's glucose was elevated due to her diagnosis of gestational diabetes (Mayo Clinic Staff, 2022).
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
					The patient did not have any other tests or abnormal labs

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

Test	Normal Range	Prenatal Value	Value on Admission	Today's Value	Explanation of Findings
Urine protein/creatinine ratio (if applicable)	N/A	N/A	N/A	N/A	N/A

Lab Reference (1) (APA):

Mayo Clinic Staff. (2022, April 9). *Gestational diabetes - Symptoms and causes*. Mayo Clinic. April 22, 2022, from <https://www.mayoclinic.org/diseases-conditions/gestational-diabetes/symptoms-causes/syc-20355339>

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2018). *Mosby’s diagnostic and laboratory test reference* (14th ed.). Mosby.

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

Home Medications (2 required)

Brand/Generic	prenatal vitamin (Vynatal)	iron sucrose (Venofer)			
Dose	0.8mg	10mg			
Frequency	Daily	Daily			
Route	PO	PO			
Classification	Iron products, Vitamin, and mineral combinations (Drugs.com, 2022).	An iron mineral is hematinic (Jones & Bartlett Learning, 2020).			
Mechanism of Action	Essential in the synthesis and maintenance of nucleoprotein in	This medication replenishes iron stores lost while delivering the			

	erythropoiesis. It helps promotes RBC and platelet formation (Drugs.com, 2022).	infant (Jones & Bartlett Learning, 2020). Iron is essential for neutrophils to function appropriately (Jones & Bartlett Learning, 2020).			
Reason Client Taking	This patient takes this medication to help during pregnancy and postpartum to get the vitamins needed.	This patient is taking this medication to replenish the iron levels lost during labor and postpartum.			
Contraindications (2)	The patient does not have any of the contraindications to this medication. Contraindications could include hypersensitivity and taken concurrently with another multivitamin (Drugs.com, 2022).	The patient does not have any contraindicated conditions for using this medication. These contraindications include anemia other than iron deficiency and hypersensitivity to iron components (Jones & Bartlett Learning, 2020).			
Side Effects/Adverse	This medication	This medication			

Reactions (2)	could cause headaches and upset stomachs (Drugs.com, 2022).	could cause constipation and abdominal pain (Jones & Bartlett Learning, 2020).			
Nursing Considerations (2)	Food may reduce absorption, and prenatal may affect the absorption of any medications taken orally (Drugs.com, 2022).	Assess the patient's blood pressure often after administering this medication due to hypotension which is a common adverse effect of rapid infusion (Jones & Bartlett Learning, 2020). Monitor the patient closely for evidence of anaphylaxis during and for at least 30 minutes after therapy (Jones & Bartlett Learning, 2020).			
Key Nursing Assessment(s)/Lab(s) Prior to	Monitor for hair loss and vomiting signs as these	Expect to monitor hematocrit,			

<p>Administration</p>	<p>may be signs of overdose (Drugs.com, 2022).</p>	<p>hemoglobin, serum ferritin, and transferrin saturation before, during, and after the infusion (Jones & Bartlett Learning, 2020). Discard unused diluted iron sucrose solution (Jones & Bartlett Learning, 2020).</p>			
<p>Client Teaching needs (2)</p>	<p>Instruct the patient to take this medication 1 hour before meals and talk to pharmacists before taking any other vitamins or herbs to avoid adverse reactions (Drugs.com, 2022).</p>	<p>Tell the patient while receiving iron sucrose to monitor their stool may become a dark blackish color (Jones & Bartlett Learning, 2020). Inform the patient that symptoms of iron deficiency may include decreased stamina, fatigue, learning problems, and shortness of</p>			

		breath (Jones & Bartlett Learning, 2020).			
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Hospital Medications (5 required)

Brand/Generic	metoclopramide (Reglan)	morphine sulfate (Infumorph)	oxytocin in NS premix 30 units/ 500 mL (Pitocin)	Lactated Ringers (LR) Solution	FentaNYL-ropivacaine 2-0.2 mcg/mL-%premix
Dose	10 mg	1-2 mg	1-20 mU/min	125 mL	10 mL/hr
Frequency	Q6hr	Q1hr	continuous	continuous	continuous
Route	IV push	IV push	IV	IV	IV (epidural)
Classification	Antiemetic, dopamine -2 receptor antagonist (Jones & Bartlett Learning, 2020).	Opioids, an opioid analgesic, are controlled II substances (Jones & Bartlett Learning, 2020).	Uterotonic agent (Jones & Bartlett Learning, 2020).	IV solution	Anesthetic (Multum, 2021).

<p>Mechanism of Action</p>	<p>Antagonizes the inhibitory effect of dopamine on GI smooth muscle (Jones & Bartlett Learning, 2020).</p>	<p>Binds with and activates opioid receptors in the brain and spinal cord to produce analgesia and euphoria (Jones & Bartlett Learning, 2020).</p>	<p>Oxytocin works by increasing the concentration of calcium inside muscle cells that control the contraction of the uterus. Increased calcium increases the contraction of the uterus (Jones & Bartlett Learning, 2020).</p>	<p>Restores fluid and electrolyte balances, produces diuresis and acts as an alkalizing agent (Jones & Bartlett Learning, 2020).</p>	<p>Blocks nerve impulses that send pain signals to the brain (Multum, 2021).</p>
<p>Reason Client Taking</p>	<p>This patient is taking this medication to help with nausea.</p>	<p>This patient is taking this medication to help with the pain.</p>	<p>This patient is taking this medication to help induce labor.</p>	<p>This patient is taking this medication to help with fluid and electrolytes.</p>	<p>Pain Management</p>
<p>Contraindications (2)</p>	<p>The patient does not have any of the contraindications to this medication. Contraindications could include epilepsy and gastrointestinal hemorrhage (Jones & Bartlett Learning, 2020).</p>	<p>The patient does not have any contraindications to this medication. Contraindications could include hypersensitivity to it or its components and significant respiratory depression (Jones & Bartlett Learning, 2020).</p>	<p>The patient does not have any contraindications to this medication. Contraindications could include hypersensitivity to the medication, genital herpes, and prior surgery on your cervix or uterus (Jones & Bartlett Learning, 2020).</p>	<p>The patient does not have any contraindications to this medication. Contraindications could include the use of ceftriaxone and hypersensitivity to sodium lactate (Jones & Bartlett Learning, 2020).</p>	<p>Liver disease, heart disease (Multum, 2021).</p>

Side Effects/Adverse Reactions (2)	This medication could cause hypotension and heart failure (Jones & Bartlett Learning, 2020).	This medication could cause respiratory depression and prolonged labor (Jones & Bartlett Learning, 2020).	This medication could cause nausea, vomiting, and more intense or frequent contractions (Jones & Bartlett Learning, 2020).	This medication could cause hyperkalemia and hypervolemia (Jones & Bartlett Learning, 2020).	Metallic taste and slow heart rate (Multum, 2021).
Nursing Considerations (2)	It should not be used in patients with depression. Use cautiously in patients with hypertension (Jones & Bartlett Learning, 2020).	This medication can lead to abuse, addiction, and misuse. Ensure that opioid antagonists and equipment for oxygen delivery and respiration are available (Jones & Bartlett Learning, 2020).	Monitor for signs of fetal distress or asphyxia. The nurse must be proficient at maternal-fetal assessment, including palpation of contractions and interpreting electronic fetal heart rate monitor tracings (Jones & Bartlett Learning, 2020).	Monitor for infusion site reactions. Monitor potassium levels (Jones & Bartlett Learning, 2020).	Do not lie patient flat at medication can travel and cause respiratory distress. If the patient lies on one side for too long, the other may not receive as much anesthetic and feel pain (Multum, 2021).
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Monitor blood pressure, mental status, diabetes, and intestinal obstruction (Jones & Bartlett Learning, 2020).	Monitor the patient's blood pressure and respiration (Jones & Bartlett Learning, 2020).	Assess a 20-minute electronic fetal monitoring EFM tracing strip. Assess fetal presentation and	Potassium level, liver function, and diabetes (Jones & Bartlett Learning, 2020).	Monitor the patient's respiratory rate. Assess the patient's orientation and speech before administration, as

			station (fetal descent) (Jones & Bartlett Learning, 2020).		confusion and numbness around the mouth are side effects (Multum, 2021).
Client Teaching needs (2)	Advise against activities that require alertness. Urge the patient to avoid alcohol (Jones & Bartlett Learning, 2020).	Tell the patient to change positions carefully and slowly to minimize orthostatic hypotension. Explain that morphine may be habit-forming (Jones & Bartlett Learning, 2020).	Tell the patient this medication may increase contractions and become stronger and more painful. Tell the patient to reach out to their physician if she shows signs of hives or swelling of the face (Jones & Bartlett Learning, 2020).	Do not use it if the solution is not clear and the seal is not intact. Use sterile equipment and aseptic technique (Jones & Bartlett Learning, 2020).	This medication is not known to cause any harm to the unborn fetus. This medication can also be used in conjunction with a patient-controlled pump where the patient can receive additional medication if needed (Multum, 2021).

Medications Reference (1 required) (APA):

Drugs.com. (2022, April 22). *Prenatal multivitamins*. <https://www.drugs.com/mtm/prenatal-multivitamins.html>

Multum, C. (2021, June 7). *Ropivacaine uses, Side Effects & Warnings*. Drugs.com. Retrieved April 22, 2022, from <https://www.drugs.com/mtm/ropivacaine.html>

Jones & Bartlett Learning. (2020). *2020 Nurse’s Drug Handbook* (19th ed.).

Vital Signs, 3 sets (10 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	97	139/82	20	99.0 F	98%
Admission to Labor/Delivery	96	143/82	21	99.0 F	96%
During your care	82	116/65	16	98.4 F	99%

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

The patient's blood pressure, temperature, pulse, and respirations were elevated, most likely due to the patient being induced. Pain and nerves could be the cause of her vitals being elevated.

Pain Assessment, 2 sets (10 points)

Time	Scale	Location	Severity	Characteristics	Interventions
4-18-22 0600	Facial Pain Scale	Abdominal pain due to contractions.	Based on the facial pain scale, the patient presented with a 6 out of 10. The patient	The patient mumbled.	The patient received an epidural, morphine, and position change.

			could not tell me her pain and just mumbled.		
4-18-22 0734	Facial Pain Scale	Abdominal pain due to contractions.	Based on the facial pain scale, the patient presented with a 6 out of 10. The patient could not tell me her pain and just mumbled.	The patient mumbled.	The patient received an epidural, morphine, and position change.

IV Assessment (10 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV:	20 gauge
Location of IV:	Left metacarpal vein
The date on IV:	04-17-2022
Patency of IV:	The patient's IV access is intact and clean,
Signs of erythema, drainage, etc.:	with no redness or drainage noted at the site.
IV dressing assessment:	Flushes without difficulty.

Nursing Diagnosis (30 points)

Must be NANDA approved nursing diagnosis and listed in order of priority

2 points for the correct priority

Nursing Diagnosis	Rationale	Intervention/Rationale (2 per dx) (1	Evaluation
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<p>(2 pt each) Identify problems that are specific to this patient. Include full nursing diagnosis with “related to” and “as evidenced by” components</p>	<p>(1 pt each) Explain why the nursing diagnosis was chosen</p>	<p>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.</p>	<p>(2 pts each)</p> <ul style="list-style-type: none"> • How did the patient/family respond to the nurse’s actions? <ul style="list-style-type: none"> • Client response, the status of goals and outcomes, modifications to plan.
<p>1. Acute Pain related to labor as evidenced by the patient’s request for an epidural.</p>	<p>This diagnosis was chosen based on the patient’s request for pain medication.</p>	<p>1. Administer medication as prescribed. Rationale: This rationale was chosen as the nurse is to follow the medication regimen provided by the provider. 2. Assess the patient’s pain level frequently and adjust medication accordingly. Rationale: This rationale was chosen as the nurse needs to assess the patient’s pain level frequently to keep the patient's pain level manageable and tolerable. This is carried out by adjusting the patient’s medication accordingly.</p>	<p>The patient’s pain was kept at a manageable level. She reported pain of “0” during my rotation. The patient reported the pain and pressure as “tolerable” during labor.</p>
<p>3. Risk for postpartum hemorrhage related to deficient fluid volume, as</p>	<p>This diagnosis was chosen because all of the patient’s red blood</p>	<p>1. Assess and record the characteristics, amount, and bleeding site. Rationale- The amount of blood loss and blood clots will help determine the necessary interventions. The characteristics and quantity of blood</p>	<p>The patient will have a lochia flow of less than one saturated perineal pad per hour and a firm fundus.</p>

<p>evidenced by a red blood cell count decrease.</p>	<p>cell counts are decreased.</p>	<p>passed can suggest excessive bleeding. 2. Massage the boggy uterus using one hand and place the second hand above the symphysis pubis. Rationale- Ask the client to void first before performing the massage, as an empty bladder prevents displacement of the uterus and ensures accurate assessment of uterine tone. With a gloved hand, place one hand on the abdomen just above the symphysis pubis and another hand around the top of the fundus to anchor the lower uterine segment. Do not overly massage because the excessive stimulation to contract it will tire the uterine muscle and worsen uterine atony. Once the uterus is firmly contracted, it should be left alone but still assessed regularly.</p>	
<p>4. Risk for deep vein thrombosis related to epidural as evidenced by limited mobility.</p>	<p>This nursing diagnosis was chosen because the patient had limited mobility from the epidural.</p>	<p>1. Monitor capillary refill time. Rationale- DVT may have a prolonged capillary refill time. 2. Assess circulation, asymmetry, sensory and motor function of extremity; Observe edema from groin to foot; Measure and record calf/thigh circumference of both legs as appropriate. Report proximal progression of inflammation and traveling pain. Rationale- Localized edema, redness, warmth, and tenderness indicate</p>	<p>The patient will demonstrate the improved circulation of the affected extremity as evidenced by palpable and equal peripheral pulses, good capillary refill, reduced edema, and erythema.</p>

		superficial involvement. Pallor and coolness of extremity are more characteristic of DVT. Calf vein involvement of DVT is usually associated with the absence of edema; mild to moderate edema suggests femoral vein involvement and severe edema.	
5. Deficit knowledge related to McRoberts’s maneuver as evidenced by shoulder dystocia.	This diagnosis was chosen due to the patient not knowing what the McRoberts maneuver is and why it is done.	<p>1. Assist the mother in assuming the McRoberts maneuver and place pressure on the suprapubic area of the mother. Rationale- The McRoberts maneuver is a position where the legs are pulled towards the stomach. It promotes the rotation of the pelvis to let the baby pass through easily. Placing pressure on the suprapubic area it is to encourage the baby’s shoulder to change position and rotate.</p> <p>2. Providing the mother information based on the McRoberts maneuver and why it is done. Rationale- This will help the mother understand the maneuver and the process of getting the baby out.</p>	The patient understands why this maneuver was done and that the baby had efficient tissue perfusion and was delivered successfully.

Other References (APA)