N432 Labor & Delivery Care Plan

Lakeview College of Nursing

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Demographics (5 points)

Date & Time of Admission	**Patient Initials** AS	**Age** 36	**Gender** Female
Race/Ethnicity Filipino	**Occupation** Bank Clerk	**Marital Status** Married	**Allergies** shellfish
Code Status Full Code	**Height** 157cm	**Weight** 83kg	**Father of Baby Involved** yes

Medical History (10 Points)

Prenatal History: G-2, T-2, P-0, A-0, L-1

Past Medical History: Patient has a current medical history of gestational diabetes.

Past Surgical History: No known past surgical history**.**

Family History: Patient has no family history on file.

Social History (tobacco/alcohol/drugs): Patient reports no use of alcohol, tobacco, or recreational drug use.

Living Situation: Patient lives at home with her husband and her 3 year old son.

Education Level: Patient has a high school level education.

Admission Assessment

Chief Complaint (4 points): Patient is here for induction.

Presentation to Labor & Delivery (15 points):

The patient is a 36-year-old female, G2T0P1A0L1, and currently 39 weeks gestation. The patient was admitted to the hospital at 0600 on 4/24/22. The patient came in with a chief complaint of induction due to gestational diabetes. The patients

the primary diagnosis was induction and her second diagnosis was gestational diabetes. The patient's father is involved. The patient was 2cm dilated and 80% effaced at admission. During the past few contractions the baby is starting to crown.

Diagnosis

Primary Diagnosis on Admission (4 points): Labor 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:

The first stage of labor is approximately 14-20 hours long (Ricci et al., 2021). The onset lasts from the onset of uterine contractions until the patient reaches 10 cm dilation. This phase consists of three stages: latent, active, and transition (Hutchison, 2021) . The first stage is known as the latent stage. During this stage, the mother is between 0-3 cm dilated. When A.S arrived on the labor and delivery floor, she was in the latent stage at 2 cm dilated, 80% effaced with baby in the -1 station. At 0630, she requested medication to help with the pain. She was administered 25 mcg of Fentanyl via IV. She requested an epidural to help with the pain and the IV medication did not provide enough relief. An epidural of fentanyl and ropivacaine with a patient-controlled pump (PCP) was initiated, but the patient’s pain did not seem to get better as she was mumbling. Thirty minutes later, the patient was 100% effaced, 5 cm dilated, and at 2 stations.

At 0645, she transitioned to the second phase, also known as the active phase. This phase lasts from 4-7 cm in dilation. During this phase, the baby moves downward, creating pressure on the cervix allowing for more rapid dilation (Ricci et al., 2021). At this time, she measured at 5 cm dilated, 100 % effaced, and the baby was still in the 2 position. Her contractions were lasting

longer and more frequent. The patient was unable to report pain verbally at this time but I was able to use the facial scale score.

By 0800, she had become 7cm dilated, 100% effaced, and the baby had moved into the 0 station. Mom was experiencing some pressure and pushed her call light several times to be rechecked. At 1600, she advanced to the final phase of stage one, or the transitional phase. She measured at 8cm dilated, 100% effaced with baby in the 0 station. Mom was becoming anxious and excited for the following stages of labor to begin. She continued to rest in preparation.

By 0830, she was reassessed and measured 10 cm dilated, 100% effaced, and the baby was in the +1 position. She had transitioned to the second stage of labor, which compiles full dilation to birth (Ricci et al., 2021). Her provider decided to try some practice pushes to see how both the mother and baby responded to pushing. Mother was educated on how to push accordingly and rest in between contractions. The baby was crowning but kept turtling. Due to the turtling and potential shoulder dystocia, the nurse had the patient get in the McRoberts position to help get the baby out. Once the McRoberts maneuver did not work, the nurse then had to apply suprapubic pressure, resulting in the baby's delivery. The shoulder dystocia caused the baby to turtle, which made for a strenuous delivery (Ricci et al., 2021).. The pelvic phase involves the period of fetal descent, and the perineal phase involves the period of active pushing. Pushing can take up to three hours, typical for a nulliparous woman (Ricci et al., 2021).. Contractions during the perineal phase have a frequency of 2-3 minutes and a duration of 60-90 seconds. She was efficient with her pushing and maintained a positive outlook until the time of delivery at 0845.

The final stage of the delivery consists of the time frame between the delivery of the baby and the delivery of the placenta. The placenta was delivered intact approximately five to ten minutes following the delivery of the baby.

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

Hutchison, J. (2021, August 25). *Stages of Labor*. PubMed. https://pubmed.ncbi.nlm.nih.gov/31335010/

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	**3.8-5.3 10(6)/mcL**	**3.84**	**3.39**	**3.39**	**Decreased RBC in pregnancy is caused by anemia. Anemia is very common during pregnancy (Pagana & Pagana, 2020).**
Hgb	**12.0-15.8g/dL**	**11.7**	**13**	**13**	**Hgb levels are decreased due to plasma levels increasing during pregnancy (Ricci et al., 2021).**
Hct	**36%-47%**	**34.5**	**36**	**36**	**Low levels of Hct are normal during pregnancy. The cause of its decrease is anemia. (Pagana & Pagana, 2020).**
Platelets	**140-440 10(3)/mcL**	**288**	**200**	**200**	
WBC	**4-12**	**8.70**	**11**	**11**	

	10(3)/mcL				
Neutrophils	**47%-73%**	**58.3**	**72.1**	**72.1**	
Lymphocytes	**18%-42%**	**31.7**	**20.3**	**20.3**	
Monocytes	**4%-12%**	**9.0**	**6.4**	**6.4**	
Eosinophils	**0-5%**	**0.6**	**0.8**	**0.8**	
Bands	**0-5%**	**n/a**	**n/a**	**n/a**	

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

Lab Test	**Normal Range**	**Prenatal Value**	**Value on Admission**	**Today's Value**	**Reason for Abnormal**
Blood Type	**A, B, AB, O**	**O +**	**O +**		
Rh Factor	**+/-**	**+**	**+**	**+**	
Serology (RPR/VDRL)	**nonreactive**	**Non reactive**	**Nonreactive**	**Nonreactive**	
Rubella Titer	**immune**	**Immune**	**Immune**	**immune**	
HIV	**negative**	**Negative**	**Negative**	**Negative**	
HbSAG	**negative**	**Negative**	**Negative**	**Negative**	
Group Beta Strep Swab	**negative**	**Negative**	**Negative**	**Negative**	
Glucose at 28 Weeks	**<140mg/dL**	**200**	**N/A**	**N/A**	The patient's prenatal value was 200 mg/dL. This is related to the patient's diagnosis of gestational diabetes. (Ricci et al., 2021).
MSAFP (If Applicable)	**0.5-5.0 MoM**	**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
No additional Labs taken					

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):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2020). *Mosby's diagnostic and laboratory test reference* (14th ed.). Mosby.

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	**Prenatal vit-Fe Fumarate-FA (PNV prenatal plus multivitamin) 27-1 mg tab (PrePLUS tablets)**	**cholecalciferol (Vitamin D3)**			
Dose	**27 mg**	**2000 units**			
Frequency	**Daily**	**Daily**			
Route	**PO**	**PO**			
Classification	**iron product, vitamin/ mineral combination (Drugs.com, 2021d)**	**provitamin D3 (Drugs.com , 2020a)**			
Mechanism of Action	**Essential in the synthesis and maintenance of nucleoprotein in erythropoiesis. Helps promote WBC and platelet formation. (Drugs.com, 2021d)**	**Helps the body to absorb calcium (Drugs.com , 2020a).**			

Reason Client Taking	**The patient takes this medication to receive the vitamins that she needs during pregnancy.**	**vitamin D deficiency**			
Contraindications (2)	**hypersensitivity to any ingredients,**	**Pregnancy, hypercalcemia (Drugs.com, 2020a)**			
Side Effects/Adverse Reactions (2)	**This medication could cause Diarrhea, itching (Drugs.com, 2021).**	**Nausea, vomiting (Drugs.com, 2020a).**			
Nursing Considerations (2)	**NSAIDs may decrease effectiveness.**	**Monitor patient for hypercalcemia. Tachycardia can be an indication of an allergic reaction (Drugs.com, 2020a).**			
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Monitor for pernicious anemia as it may develop in some racial groups. Assess whether patients are on antibiotics. May decrease absorption of vitamin b12 (Drugs.com, 2021d).**	**Assess patient heart rate and as well as if a cough is present. Both may indicate an adverse reaction to the medication (Drugs.com, 2020).**			
Client Teaching	**Keep this product out**	**Do not take**			

needs (2)	**of reach of children. Discuss with your provider before taking any other medications or supplements to avoid reaction (Drugs.com, 2021d)**	**this medication if you have high levels of calcium. This drug needs to be kept away from sunlight (Drugs.com , 2020a).**			

Hospital Medications (5 required)

Brand/Generic	**oxytocin in NS premix 30 units/500 mL (Pitocin)**	**Ondansetron (Zofran)**	**Lactated Ringers Solution**	**Methylergono vine/ Methergine**	**Fentanyl (epidural catheter)**
Dose	**30 units in 500 mL**	**4mg**	**125mL/hr**	**200mcg**	**10mL/hr**
Frequency	**continuous**	**q6h PRN**	**Continuous**	**PRN**	**Continuous**
Route	**IV (epidural)**	**IV**	**IV**	**IM**	**Epidural**
Classification	**Uterotonic agent**	**Antiemetic**	**Alkalinizing Agent.**	**Uterotonic Agent**	**opioid**
Mechanism of Action	**Induces and strengthens uterine contractions and controls bleeding**	**Blocks serotonin receptors centrally in the chemoreceptor trigger zone and**	**Allows water to flow freely at a cellular level without causing**	**Affects the smooth muscle of a woman's uterus. Improving the muscle**	**Binds to opioid receptor sites in the CNS, altering perception of and**

	after childbirth. (Drugs.com , 2021c)	**peripherally at the vagal nerve terminals in the intestines (Jones & Bartlett, 2020).**	**cells to swell or shrink (Jones & Bartlett, 2020).**	**tone as well as the strength and timing of uterine contraction (Jones & Bartlett, 2020).**	**emotional response to pain by inhibiting ascending pain pathways (Jones & Bartlett, 2020).**
Reason Client Taking	**Augmentation (increase consistency and intensity of contractions during birth) (Jones & Bartlett, 2020).**	**Nausea**	**To stay hydrated during deliver (Jones & Bartlett, 2020). .**	**Used to help control bleeding and improve muscle tone of the Uterus.**	**Pain relief/analgesia**
Contraindications (2)	**Drinking too much water, high blood pressure (Drugs.com , 2021c)**	**congenital long QT syndrome, hypersensitivity (Jones & Bartlett, 2020).**	**Severe metabolic acidosis or alkalosis. Severe liver disease (Jones & Bartlett, 2020).**	**High blood pressure Toxemia of pregnancy(Jones & Bartlett, 2020).**	**Do not administer if the patient is hypersensitive ve to fentanyl, alfentanil, sufentanil or them components. significant respiratory depression(Jones & Bartlett, 2020).**
Side Effects/Adverse Reactions (2)	**headache, confusion (Drugs.com , 2021c)**	**hypotension, serotonin syndrome (Jones & Bartlett,**	**Agitation Difficulty Breathing (Jones & Bartlett,**	**Sweating Vision Problems (Jones & Bartlett,**	**Agitation and bradycardia (Jones & Bartlett,**

		2020)	**2020).**	**2020).**	**2020).**
Nursing Considerations (2)	**Monitor fetal heart rate as it may create a slow, abnormal heart rate. Increased risk for irregular heart rhythm when taken with ondansetron (Drugs.com, 2021c).**	**Monitor patients closely for signs and symptoms of anaphylaxis including bronchospasms and anaphylaxis. Monitor patients' electrocardiograms for prolonged QT intervals which may lead to life-threatening arrhythmia (Jones & Bartlett, 2020).**	**Monitor electrolytes and vital signs. Assess the patient for confusion or signs of fluid volume overload (Jones & Bartlett, 2020).**	**Use only after childbirth. Do breastfeed for 12 hours after taking (Jones & Bartlett, 2020).**	**Monitor hemodynamics during administration. Assess patient pain scale frequently (Jones & Bartlett, 2020).**
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Assess mother's heart rate as it may cause tachycardia. Assess the baby's heart rate as it may lead to deceleration. Adjust dose accordingly (Drugs.com, 2021c).**	**Check labs for hypokalemia and hypomagnesemia as these increase risk for prolonged QT intervals (Jones and Bartlett, 2020).**	**Monitor blood glucose levels prior to administration (Jones & Bartlett, 2020).**	**Monitor blood pressure (Jones & Bartlett, 2020).**	**A baseline determination of the maternal blood pressure, pulse, and fetal heart rate should be made prior to inserting the epidural catheter(Jones & Bartlett, 2020).**
Client Teaching needs (2)	**Notify the provider of any chest pain,**	**If experiencing transient blindness,**	**Educate the client to remain NPO**	**Educate the patient that**	**Patient education included informatio**

	shortness of breath, or unusual symptoms. Educate patient that this drug is used to make contractions stronger and more consistent (Drugs.com, 2021c).	**symptoms will subside within a few minutes to 48 hrs. Notify provider of any sever, unusual, or worsening symptoms. (Jones & Bartlett, 2020).**	**during labor and delivery. Tell patient to report any itching or burning at the IV site (Jones & Bartlett, 2020).**	**they will receive this after delivery if needed. Educate the patient about breastfeeding while taking this medication (Jones & Bartlett, 2020).**	**n on the procedure for catheter insertion and the expected outcome of analgesia administration. Patients are told about the frequency of assessment and common side effects. The patient is also instructed to notify the nurse of changes in motor function or sensation, nausea, vomiting, pruritis, or increase in pain. All patient education is documented in the medical record. (Jones & Bartlett, 2020).**

Medications Reference (1 required) (APA):

Drugs.com. (2020a, August 19). *Cholecalciferol.* Drugs.com. Retrieved from https://www.drugs.com/ppa/cholecalciferol.html

Drugs.com. (2021c, April 14). *Oxytocin*. https://www.drugs.com/mtm/oxytocin.html

Drugs.com. (2021d, July 22). *PrePLUS tablets - FDA prescribing information, side effects and uses*. Drugs.com. Retrieved from https://www.drugs.com/pro/preplus-tablets.html

Jones & Bartlett Learning. (2020). *2020 Nurse's Drug Handbook*. Burlington, MA

Vital Signs, 3 sets (10 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	**90**	**143/81**	**21**	**100.4 F**	**98%**
Admission to Labor/Delivery	**96**	**140/82**	**21**	**100.4**	**98%**
During your care	**93**	**120/70**	**16**	**98.2**	**99%**

Vital Sign Trends and pertinence to client's condition in labor: The patients blood pressure, respiratory rate, temperature were elevated due to the patient being induced for labor.

Pain Assessment, 2 sets (10 points)

Time	Scale	Location	Severity	Characteristics	Interventions
07:00	**Facial pain scale**	**Abdomen due to contractions.**	**Due to the patient mumbling I was unable to get a verbal scale. By her face she presented with a 8/10.**	**The patient was mumbling.**	**The patient was given a continuous lumbar epidural.**
09:00	**Facial pain scale**	**Abdomen due to contractions.**	**Due to the patient mumbling I was unable to get a verbal scale. By her face she presented with a 8/10.**	**The patient was mumbling.**	**The patient was given a continuous lumbar epidural.**

IV Assessment (10 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 **Location of IV:** R metacarpal vein, top of hand. **Date on IV:** 4/24/22 **Patency of IV:** Flushes with no difficulty **Signs of erythema, drainage, etc.:** No signs of erythema or drainage. **IV dressing assessment:** Clean, dry, intact.	Lactated Ringer 125/hr (2375 ml)

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. Acute pain related contractions as evidenced by progression of labor**.**	This was chosen because the patient will progress into a more active stage of labor that is more painful**.**	1. Record the time, frequency, intensity, and duration of contractions. **Rationale** This allows the nurse to monitor labor progression and keep the pt educated on what to expect (Ricci et al., 2021). 2.) Assess degree of discomfort through verbal and nonverbal cues. **Rationale** Patients are not always good at verbalizing pain. The nurse can assess the patient's tone of voice, facial expressions, and other cues that the patient is in pain (Ricci et al., 2021).	The patient started out at a pain level of 6 and at the end of the day she was reporting a pain level of 8. After morphine was given The patient was then able to reposition in bed. This made her more comfortable.
2. Knowledge deficit regarding shoulder dystocia related to large baby as evidence by mother having gestational diabetes.	Due to the baby's large size, during delivery the shoulders became stuck in the mother's pelvis.	1. Remind the mother to keep breathing and not push until instructed to do so. **Rationale** The mother needs to be educated on the importance of waiting to push until instructed to do so to prevent further impaction(Ricci et al., 2021).	By instructing the patient on how the McRobert's aids in promoting passage of the shoulders through the vaginal canal, the mother was able to regain her focus as she continued to labor and deliver.

		2. Educate the mother on the McRobert's maneuver and help her move into position. (Ricci et al., 2021). **Rationale** The mother was unaware of what was happening and becoming anxious. She was instructed on how moving into the McRobert's position helps to open up the pelvis and allow passage of the shoulders (Ricci et al., 2021).	
1. **Risk for unstable blood glucose level related to the patient's diagnosis of gestational diabetes as evidence by her blood glucose levels at 28 weeks.**	Risk for unstable glucose is a top priority for both mother and baby. The patient was diagnosed with gestational diabetes which places her at a possibility of having unstable glucose levels.	**1.** Monitor glucose levels closely. Blood glucose levels should be checked every 1-2 hrs during labor and maintained below 110mg/dL (Ricci et al., 2021). **Rationale:** Glycemic control leads to fewer complications when considering diabetes of any type. The two most essential methods for monitoring the patients glycemic control includes a blood glucose test, and monitoring hemoglobin A1c levels (Ricci et al., 2021). 2. Monitor for signs and symptoms of hyperglycemia (Ricci et al., 2021). **Rationale** The patient should be continually monitored for signs and symptoms of hyperglycemia, as the stress	No signs of hyperglycemia were noted while observing the patient. The patient was able to identify the importance of glucose monitoring.

		of labor can further increase glucose levels. Signs and symptoms of hyperglycemia include fatigue, dry mouth, nausea, vomiting, and rapid, deep breaths (Ricci et al., 2021).	
2. Increase risk for postpartum hemorrhage related to deficient fluid volume as evidenced by a decrease in the patients red blood cells.	This diagnosis was chosen due to the patient's red blood cells being low.	1. Assess the bleeding site, characteristics and amount and chart them. **Rationale:** The amount of blood loss and the presence of blood clots will help determine the necessary interventions. The characteristics and quantity of blood passed can suggest excessive bleeding (Ricci et al., 2021). 2. Count and weigh perineal pads and, if possible, preserve blood clots to be evaluated by the primary care provider (Ricci et al., 2021). **Rationale**: Be certain to differentiate between saturated and used when counting perineal pads. Weighing perineal pads before and after use and then subtracting the difference is an accurate technique to measure vaginal discharge (Ricci et al., 2021).	Weighing the pads will help to assess the amount of blood loss following delivery. I was unable to make this assessment due to clinical ending.

Other References (APA)

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