N432 Labor and Delivery Concept map template

Medications

Medication	Misoprostol	Lactated Ringers
Pharm Class	Synthetic Prostaglandin E1 (Pagana et al., 2018)	Alkalinizing Agents (Drugs.com, 2022)
Therapeutic Class	Increase cervical ripening and induce labor (Pagana et al., 2018)	Intravenous Nutritional Product (Drugs.com, 2022)
Reason for Taking	Elective induction	Ensure proper hydration due to NPO status for an unknown length of time of labor and delivery.
Nursing Considerations	• Assess for hyperstimulation of uterus • Monitor for non-reassuring fetal heart rate • Contraindicated for patients that have had prior cesarean section or uterine surgery (Pagana et al., 2018)	• Contraindicated with patients that have a hypersensitivity to sodium lactate • Ensure patient is not hyperkalemic or predisposed to hyperkalemia (Drugs.com, 2022)

Demographic Data

Admitting diagnosis: Elective induction at 39 weeks gestation

Secondary diagnosis: N/A

Age of client: 20 years old

Weight in kgs: 67.6 kg

Allergies: No known allergies

Date of admission: 6/3/2022

Support person present: Significant other (boyfriend)

Presentation to Labor and Delivery

The patient is a healthy, 20-year-old female with an uneventful medical history and is at 39 weeks of gestation. She came to OSF hospital to the labor and delivery unit for an elective induction at 0600. The patient brought her boyfriend as her support person. The patient was administered a misoprostol tablet behind the cervix at approximately 0617. At around 0730 the patient was 1.5 cm dilated, 70% effaced, and -2 station.

Electronic Fetal Heart Monitoring: (At the beginning and the end of shift.)

Beginning of shift (0730) | End of shift (1400)

Baseline EFH: 135 bpm | 135 bpm

Variability: Moderate | Moderate

Accelerations: Present | Present

Decelerations: Absent | Absent

Contractions:

-frequency 6-7 min | 1.5-3 min

-length 70 sec | 60-90 sec

-strength mild | moderate

-patient's response no pain | 5/10 pain

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Stages of Labor

Stage 1

S/S: Cervical dilation 1-9 cm, fetal membrane usually ruptures, abdominal cramping, uterine contractions,

Vital signs and lab findings: 80-100 bpm, 97 C, 90-140/60-90 mm Hg

Prenatal & Current Lab Values/Diagnostics

2nd Trimester:
Hemoglobin 10.9 g/dL (12.0 – 15.8 g/dL)
Hematocrit 32.1% (36% - 47%)

3rd Trimester:
Hemoglobin 11.6 g/dL
Hematocrit 34.6%

It is normal for hemoglobin and hematocrit to be slightly low during pregnancy.

Medical History

Prenatal History: Was on oral contraceptives, G10000, yeast infection in the 1st trimester, irregular menses, denied flu and COVID shot in the 1st trimester.

Previous Medical History: Diagnosed with COVID-19 during the 3rd trimester (5/8/22).

Surgical History: N/A

Family History: Mother: cancer and hypertension

Father: diabetes mellitus type 2 and hypertension

Social History: Denies tobacco, alcohol, or drug use.

Active Orders

- NPO except ice chips
  - Ensure empty stomach is emergency surgery with general anesthesia is needed
- Lactated ringers 500 mL bolus for 2 hours
  - Ensure proper hydration since patient is NPO
- Vitals Q15 minutes
  - Monitor the patient and baby for any physical status changes
- Continuous monitoring fetal heart rate and patient's blood pressure, heart rate, and contractions
  - Ensure the baby and mother is stable along with monitoring the progression of labor in the patient

Assessment findings for progressing: Patient is focused on pushing and the fetus exits the birthing canal.

Patient clinical data: N/A

(Ricci et al., 2022)

Stage 3

S/S: Placental separation, placental expulsion, uterus rises upward, umbilical cord lengthens, gush of blood released from vaginal opening, and uterus changes to a globular shape. The uterus contracts to expel the placenta.

Vital signs and lab findings: 80-100 bpm, 37 C, 90-140/60-90 mm Hg

Nursing interventions: Monitor for placental separation, instruct the patient to push with signs of placental separation, provide support and info about episiotomy/laceration, clean and assist the patient into a comfortable position after birth, and monitoring maternal physical status.

Assessment findings for progressing: Uterus rises, umbilical cord lengthens, the placenta exits the body, and the uterus becomes a globular shape.

Patient clinical data: N/A

(Ricci et al., 2022)

Nursing Diagnosis 1 **Risk for deficient fluid volume**	**Nursing Diagnosis 2** **Risk for acute pain**	**Nursing Diagnosis 3** **Risk for fetal injury**
Rationale for the Nursing Diagnosis A risk diagnosis is not evidenced by signs and symptoms. Interventions at directed at prevention.	**Rationale for the Nursing Diagnosis** Related to uterine contractions as evidenced by the patient reporting a 5/10 on the pain scale.	**Rationale for the Nursing Diagnosis** A risk diagnosis is not evidenced by signs and symptoms. Interventions at directed at prevention.
Interventions **Intervention 1:** Lactated ringers 500 mL bolus **Intervention 2:** Ice chips	**Interventions** **Intervention 1:** administer an analgesic **Intervention 2:** teach Lamaze breathing	**Interventions** **Intervention 1:** Fetal heart rate monitor on patient **Intervention 2:** Evaluate fetal heart rate changes in response to uterine contractions
Evaluation of Interventions Patient has no complaints of dry mouth and is urinating at an average frequency.	**Evaluation of Interventions** Patient should report a lower number on the pain scale if pain has been reduced.	**Evaluation of Interventions** Fetal heart rate showed no decelerations after a contraction and had moderate variability, accelerations present, and baseline was 135 bpm.

References (3):

Drugs.com. (2022, February 21). *Lactated ringers*. Retrieved June 9, 2022, from https://www.drugs.com/pro/lactated-ringers.html

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

Ricci, S. S., Kyle, T., & Carman, S. (2022). *Maternity and pediatric nursing* (4th ed.). Wolters Kluwer.