

N432 Labor and Delivery Concept map template

Medications

-Lactated Ringer: Pharm: Alkalinizing agent, **Thera:** fluid/electrolyte replacement, The patient is taking this because during labor a delivery a lot of fluid/blood is lost and must be replenished. **Key assessments:** vitals, monitor intake and output, know signs of fluid overload

-Oxytocin: Pharm: Oxytocic hormone, **Thera:** hormone, The patient is taking this because it induces uterine contractions to aid in labor/delivery. **Key assessments:** Monitor intake and output, patient's vitals especially blood pressure, and FHR

-Ropivacaine: Pharm: aminoamide local anesthetic, **Thera:** analgesic, The patient plans on having an epidural which will contain this medication to numb the lower half of the body during labor. **Key assessments:** Monitor vitals especially blood pressure, patient pain score, and level of consciousness

-Fentanyl: Pharm: opioid, **Thera:** opioid analgesic, The patient plans on having an epidural which will contain this medication to numb the lower half of the body during labor. **Key assessments:** Monitor level of consciousness, pain score, and vitals especially respiratory rate.

-Ondansetron: Pharm: selective serotonin receptor antagonist, **Thera:** Antiemetic, The patient was ordered this medication for nausea and vomiting. **Key assessments:** N/A

Demographic Data

Admitting diagnosis: Labor induction

Secondary diagnosis: N/A

Age of client: 33 y/o

Weight in kgs: 100.6 kg

Allergies: N/A

Date of admission: 6/10/22

Support person present: Husband

Presentation to Labor and Delivery

On 6/10/22, a 33-year-old pregnant patient reported to Carle Hospital at 41 weeks and one day for a planned induction. The patient reports no severe pain locations at this time but states that she "was 2 cm dilated" at her last vaginal exam and informed that the nurse performing the exam could "feel the baby's head." The patient reports the duration of her being 2 cm dilated as "one week" since her last pregnancy exam. Although she did not report any pain, the patient stated that she was "a little constipated" and that she had not had a bowel movement since "yesterday morning." Along with being constipated, the patient also stated she had "some back pain," but that position changes helped relieve it, and car rides made it worse. She said she did not use any medications during her pregnancy to treat her constipation and back pain because she was "scared" it would hurt the baby. On the numeric scale, she rated the severity of her symptoms a 2 out of 10 and reports that she is mostly just "uncomfortable."

Electronic Fetal Heart Monitoring:

Baseline EFH:

- (0830) 125-135 bpm, (1350) 145-155 bpm

Variability:

- (0830) Moderate 5-25 bpm, (1350) Moderate 6-20 bpm

Accelerations:

- (0830) Present, (1350) Present

Decelerations:

- (0830) N/A, (1350) 1 Deceleration noted

Contractions:

- (0830) Present, (1350) Present

-frequency

- (0830) 5-9 min, (1350) 5-9 min

-length

- (0830) 50-60 sec, (1350) 65-80 sec

-strength

- (0830) Mild, (1350) Moderate

-patient's response

- Patient very calm and relaxed at both times

N432 Labor and Delivery Concept map template

<p><u>Prenatal & Current Lab Values Diagnostics</u></p> <p>-HGB (RR: 11.0-16.0) 10.6 Low</p> <ul style="list-style-type: none">Blood volume increases during pregnancy, which causes increased iron needs. A low HGB in this patient can be due to decreased iron stores, possibly caused by not consuming enough iron-rich foods or a history of anemia before pregnancy (Mayo Clinic, 2022). <p>-HCT (RR: 34.0-47.0) 32.7 Low</p> <ul style="list-style-type: none">A low HCT can also be caused by a low iron diet during pregnancy when iron needs are higher (Mayo Clinic, 2022). <p>-BMI (RR: 18.5-24.9) 34.7 kg/m2 High</p> <ul style="list-style-type: none">A high BMI during pregnancy can be caused by increased cravings and increased caloric intake during pregnancy, and lack of exercise which could cause preeclampsia or gestational diabetes (Mayo Clinic, 2022). <p>-Vaginal Exam: 2.5 cm dilated</p>	<p style="text-align: center;"><u>Medical History</u></p> <p>Prenatal History: G1P0, no major events during pregnancy, attended regular appointments and took prenatal vitamins</p> <p>Previous Medical History: Abnormal pap smear of cervix</p> <p>Surgical History: Colposcopy (2011)</p> <p>Family History: Mother & Father: N/A, Maternal Grandmother: colon cancer, Paternal Grandfather: Non-Hodgkin's lymphoma</p> <p>Social History: No tobacco, alcohol, or other drug use reported</p>	<p style="text-align: center;"><u>Active Orders</u></p> <p>Obtain IV access</p> <ul style="list-style-type: none">Needed for IV route medications given <p>Diet NPO</p> <ul style="list-style-type: none">Reduced risk of aspiration if general anesthesia is required or C-section is needed <p>Obtain nasal swab specimen for COVID-19 testing</p> <ul style="list-style-type: none">Everyone in hospital gets tested <p>Obtain blood sample for lab testing</p> <ul style="list-style-type: none">Good baseline, will show any abnormalities <p>Medications-start oxytocin IV/Lactated ringer infusion</p> <ul style="list-style-type: none">Keeps patient hydrated, oxytocin starts the labor process <p>Monitor vitals Q4H</p> <ul style="list-style-type: none">Normal for anyone staying in hospital <p>Obtain urine specimen for drug screen</p> <ul style="list-style-type: none">For infant safety, if born on substances neonatal abstinence syndrome must be treated (Anbalagan & Mendez, 2022). <p>Start FHR monitoring</p> <ul style="list-style-type: none">For infant safety, bradycardia or tachycardia may be sign of infant distress
---	---	--

Stages of Labor

Stage 1

In the first stage of labor patients will experience a cervical dilation from 0-3 cm. The patient I treated was at 2.5 cm before we left. In the first stage contractions are irregular, mild to moderate, and occur every 5-30 minutes, lasting only 30-45 seconds (Holman et al., 2019). The patient I treated had contractions that occurred every 5-9 minutes, lasting around 50-60 seconds. The first stage lasts from onset of regular uterine contractions to full effacement and dilation of cervix (Holman et al., 2019). During this stage interventions include performing the Leopold maneuvers, vaginal exams if indicated, monitoring cervical dilation and effacement, monitoring fetal presentation and station, assessment of membranes, FHR monitoring, bladder palpation, and monitoring the mothers vital sign every 4 hours (Holman et al., 2019). During this clinical day I got to watch the first two vaginal exams, the nurse was able to feel the babies head, and the patient was at 2.5 cm dilated. We did an assessment of the mom and her vitals, as well as setting up the FHR monitor. We also gave lactated ringer infusion, and oxytocin to induce the labor. We also asked about the patient's birth plan, and she requested to have an epidural for her labor and delivery. The patient reported no pain in the hospital and remained very calm and excited throughout the day while I was there.

Stage 2

N/A the patient never reached stage 2

N432 Labor and Delivery Concept map template

Stage 3

N/A the patient never reached stage 3

<p>Nursing Diagnosis 1 Risk for knowledge deficit about birthing process</p>	<p>Nursing Diagnosis 2 Risk for knowledge deficit on breastfeeding</p>	<p>Nursing Diagnosis 3 Fall risk</p>
<p>Rationale for the Nursing Diagnosis This diagnosis was chosen because the patient stated, "I haven't attended any birthing classes", and because she had a lot of questions about the time it would take before she had the baby. This is also her first pregnancy.</p>	<p>Rationale for the Nursing Diagnosis This diagnosis was chosen because the patient reported that she wanted to try breastfeeding first rather than formula. She also had questions regarding how breastfeeding works.</p>	<p>Rationale for the Nursing Diagnosis This diagnosis was chosen because the patient plans on receiving an epidural which causes lower half of the body numbness which could lead to falls.</p>
<p>Interventions Intervention 1: Ask patient her birthing plan to gauge her knowledge. Intervention 2: Educate patient on what to expect during each stage, tools to help with comfort such</p>	<p>Interventions Intervention 1: Ask patient about her knowledge on breastfeeding, possibly perform breast exam. Intervention 2: Educate patient about breastfeeding positions, pumping, adjusting latch, and nipple care.</p>	<p>Interventions Intervention 1: Warn patient to stay in bed after epidural is given, patient should have call light in reach if she needs something. Intervention 2: Assist patient after birth out of bed and to toilet, very slowly, while monitoring</p>

N432 Labor and Delivery Concept map template

<p>as breathing, and body position changes for comfort.</p>		<p>patients' strength in each leg.</p>
<p>Evaluation of Interventions After asking patient her birth plan all she stated was that she wanted to have an epidural. We then informed her about how the oxytocin would make her feel, and what to expect in each stage, and options if an epidural cannot be performed. We also informed about maintaining an NPO diet in case of emergent c-section. The patient listened attentively and was grateful for the information.</p>	<p>Evaluation of Interventions The patient also listened attentively about breastfeeding as the nurse explained what she should expect, and normal weight gain for a newborn infant.</p>	<p>Evaluation of Interventions The patient was not far enough into labor to receive the epidural, but we still educated her on how it is done and when it will probably be given, as well as it's affects on the body.</p>

References (3):

- Anbalagan, S., & Mendez, M. (2022, May 1). *Neonatal Abstinence Syndrome*. National Library of Medicine. Retrieved June 15, 2022, from <https://www.ncbi.nlm.nih.gov/books/NBK551498/>
- 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
- Mayo Foundation for Medical Education and Research. (2022, April 26). *Pregnancy and obesity: Know the risks*. Mayo Clinic. Retrieved June 15, 2022, from <https://www.mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/in-depth/pregnancy-and-obesity/art-20044409#:~:text=Having%20a%20high%20BMI%20during%20pregnancy%20has%20been%20linked%20to,Growth%20problems>
- Mayo Foundation for Medical Education and Research. (2022, February 9). *Prevent iron deficiency anemia during pregnancy*. Mayo Clinic. Retrieved June 15, 2022, from <https://www.mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/in-depth/anemia-during-pregnancy/art-20114455#:~:text=Severe%20iron%20deficiency%20anemia%20during,weight%20baby%20and%20postpartum%20depression.>