Medications

Pitocin/oxytocin, 30 units/500 mL
Pharmacologic: oxytocic agent, therapeutic: hormone – Pitocin was given to induce uterine contractions and progress cervical dilation. Key nursing assessments: blood pressure, fetal heart rate, cervical dilation

Fentanyl/Duragesic: 75 mcg, Pharmacologic: opioid, Therapeutic: opioid analgesic – Fentanyl was prescribed for moderate to severe pain. Key nursing assessment: respiratory rate and blood pressure

Tylenol/acetaminophen: 500 mg. Pharmacologic: non salicylate, Therapeutic: antipyretic, nonopioid analgesic – The patient was prescribed acetaminophen in the morning for a severe headache. Key nursing assessment: Hepatic function, allergic reaction

Demographic Data

Admitting diagnosis: Medical Induction

Secondary diagnosis: Gestational Hypertension

Age of client: 28 years

Weight in kgs:

Allergies: No kn

Date of admissio

Support person

Active Orders

-Increase Pitocin every 30 minutes and check blood pressure with each increase. Blood pressure should be monitored to make sure the patient is responding well to each increase in Pitocin. Pitocin should be increased every thirty minutes to keep contractions regular and keep labor progressing.
-NPO except ice chips and water. This order is in place to prevent the risk of aspiration in the case the mother would need an emergency c-section with anesthesia.
-Ambulate as needed to promote labor progression. This order is in place to encourage the patient to walk or use the birthing ball to allow gravity to help move the baby down into the birth canal.
-Foley balloon to assist with mechanical dilation. This order is in place to work in combination with Pitocin to increase labor progression.

Electronic Fetal Heart Monitoring: (At the beginning and the end of shift.)
Baseline EFH:
Beginning of shift (0800): 150s
End of shift (1300): 145s
Variability:
Beginning of shift: Modern
End of shift: Modern
Accelerations:
Beginning of shift: None
End of shift: Periodic accelerations
Decelerations:
Beginning of shift: None
End of shift: None
Contractions:
Beginning of shift:
    -**frequency**: 2-6 minutes
    -**length:** 60 seconds
    -**strength:** Mild
    -**patient's response:** Patient was uncomfortable and had back pain
End of shift:
    -**frequency:** 2-3 minutes
    -**length:** 50-80 seconds
    -**strength:** mild
    -**patient's response:** The patient had received IV pain medication and was resting and trying to nap.

Stages of Labor

Stage 1

The first stage of labor includes the latent, active, and transition phases. When the patient presented to the labor and delivery unit for her induction, the patient was in the latent phase of delivery (Ricci et al., 2021). She was exhibiting no symptoms upon admission. The patient had denied the rupture of membranes, the loss of her mucus plus, and denied uterine contractions. During the latent phase of labor, the mother will be anywhere from 0-3 centimeters in dilation. Signs and symptoms include mild discomfort, menstrual like cramping, and low back pain (Barlow et al, 2019). Active labor occurs between 4-7 centimeters in dilation. Signs and symptoms of active labor include increased irritability, more consistent, stronger contractions, decrease in talkativeness, and worsening discomfort. It is not uncommon to see the rupture of membranes during this phase as well. The transition phase is the most intense phase from 8-10 centimeters. Signs and symptoms include nausea, vomiting, excessive shakiness, anxiety, extreme pain and pressure, diaphoresis, and feelings of panic and apprehension (Ricci et al., 2021). In the active and transition phases, there will be an increased heart rate, blood pressure and respiratory rate. As pain levels increase, muscle tension increases as well (Barlow et al., 2019). The stage of labor is based upon the dilation of the cervix from the cervical exam. The nurse will perform cervical exams as needed, and continuously monitor the mother's vital signs, contractions, and the baby's heart rate. Progression can be tracked not only by cervical exams, but also by the mother's coping and pain levels. As dilation and effacement continue to progress, symptoms intensify, and the patient's behavior will cue whether a cervical exam will need to be performed or not. Nursing interventions include providing comfort measures such as counterpressure, massage, breathing techniques, and heat therapy. Treatment options include IV pain medications like fentanyl, epidural anesthesia, or nitrous oxide (Ricci et al., 2021).

The student observed the patient in the latent phase of labor. The patient had just finished her twelve hours with a cervidil in and was experiencing mild discomfort, mainly in her back. The patient was expressing concerns of severe exhaustion and fatigue and expressed that she wanted to take a nap. Before starting the Pitocin, the patient took a hot shower which provided her comfort. The patient decided she wanted IV drugs so she could take a nap and rest. The patient agreed to getting a foley bulb in addition to a Pitocin infusion. The patient's vital signs remained stable, as well as the baby's heart rate.

Stage 2
The patient did not make it to stage 2 during the clinical shift.

Stage 3
The patient did not make it to stage 3 during the clinical shift.

Nursing Diagnosis 1	Nursing Diagnosis 2	Nursing Diagnosis 3
Labor pain related to uterine contractions as evidenced by "If I lay flat on my back, I feel a lot of pain and pressure in my lower back."	Knowledge deficit related to verbalization of labor misconceptions as evidenced by "Why do I have to do the cervidil first instead of the Pitocin?"	Fatigue related to lack of sleep as evidenced by verbalizations of exhaustion
Rationale for the Nursing Diagnosis	**Rationale for the Nursing Diagnosis**	**Rationale for the Nursing Diagnosis**
This nursing diagnosis was chosen because the patient was experiencing a lot of back labor pains and was struggling to get comfortable.	This nursing diagnosis was chosen because the patient was confused on why she needed to start her induction with cervidil, instead of starting it with Pitocin.	This nursing diagnosis was chosen because the patient expressed multiple times how exhausted she was from the lack of sleep she received after staying overnight in the hospital for her induction.
Interventions	**Interventions**	**Interventions**
Intervention 1: Provide comfort measures for patient like propping pillows behind patient's back, applying cool washcloths, and offering ice chips. **Intervention 2:** Encourage the patient to get into a	**Intervention 1:** Evaluate the patient's basic understanding of the labor and delivery process regarding the induction process. **Intervention 2:** Provide the patient with education	**Intervention 1:** Plan patient care to minimize disruptions and promote patient rest. **Intervention 2:** Explain available analgesics, anesthesia, and nonpharmacological pain

hands and knees position to take the pressure of the baby off her back.	on the various induction medications and their mechanisms of action.	reduction methods available to patient that could promote relaxation and sleep.
Evaluation of Interventions Goal met: The patient was able to get comfortable in a side-lying position with the help of extra pillows and frequent turning.	**Evaluation of Interventions** Goal met: The patient displayed an understanding of beginning the induction with a cervidil to soften the cervix before the Pitocin was administered.	**Evaluation of Interventions** Goal met. The patient responded well to the interventions. The patient decided to get IV pain medication so that she could take a nap and get the rest she needed before active labor begun.

References (3):

Barlow, M., Holman, H., Johnson, J., McMichael, M, Sommer, S., Wheless, L., Wilford, K., & Williams, D. (2019). ATI: RN *Maternal newborn*

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Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives*. Philadelphia: F.A. Davis.

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