

N432 Labor and Delivery Concept map template

**Medications**

- o Ampicillin 2 g IVPB x1 and 1 g every 4 hours while in labor
  - o Pharmacological Classification: Aminopenicillin
  - o Therapeutic classification: Antibiotic
  - o Client is taking this medication due to being GBS +
- o Oxytocin 30 units/500 mL bolus
  - o Pharmacological Classification: Oxytocic Agent
  - o Client is taking this medication to prevent bleeding

**Demographic Data**

**Admitting diagnosis:** Labor  
**Secondary diagnosis:** NA  
**Age of client:** 17 years old  
**Weight in kgs:**63.3 Kg  
**Allergies:** NKA  
**Date of admission:** 07/08/2022  
**Support person present:** Her mother

**Presentation to Labor and Delivery**

A 17-year-old female, gravida 1 para 0, 39 weeks gestation, is admitted to the labor room for observation. Three hours ago, she started having contractions that lasted 30 seconds and came on at 8 to 10-minute intervals. She reports a 3/10 pain level. Doesn't want any pain medication for labor.

**Electronic Fetal Heart Monitoring:  
The beginning of the shift below**

**Baseline EFH:** 135  
**Variability:** moderate  
**Accelerations:** Present  
**Decelerations:** NONE  
**Contractions:**  
-**frequency** 4-5 minutes  
-**length** 60-70 seconds long  
-**strength** mild to moderate  
-**patient's response to pain** is a 3/10 on a scale of 0-10

**The end-of-shift results below**

**Baseline EFH:** 125  
**Variability:** moderate  
**Accelerations:** Present  
**Decelerations:** None  
**Contractions:**  
-**frequency** 2-3 minutes apart  
-**length** 1-2 minutes long  
-**strength** moderate  
-**patient's response to pain** is a 6/10 on a scale of 0-10, still doesn't not want any pain medications

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**Prenatal & Current Lab**

**Values/Diagnostics**

- o GBS positive
- o Needs antibiotic to be given during labor
- o B negative blood type
- o Transfusion if hemorrhage

**Medical History**

**Prenatal History:** gravida 1 para 0 who is 39 weeks'

**Previous Medical History:** NA

**Surgical History:** NA

**Family History:** NA

**Social History:** She is with her mother. The baby's father is not involved.

**Active Orders**

- o Establish peripheral IV
- o Intermittent fetal heart monitoring
- o Ambulating as tolerated

**Stages of Labor**

**Stage 1**

The length of the stage of labor was 4 hours long.

Signs and symptoms: Contractions are irregular, mild, and moderate, Frequency 5- 30 minutes apart, Duration 30-45 seconds, some dilation and effacement, and talkative

Vital signs: B/P- 125/80 P-76 R-18 T-98.6 Pain 3/10

Identified the stage of labor by Contractions and dilation

Assessment: She is 2 cm dilated, 80 % effacement, contractions are 4-5 minutes apart, lasting 60-70 seconds

Interventions: Ambulation, guided imagery, breathing, and relaxation shower

She doesn't want any pain medications.

**Stage 2**

The length of the stage of labor was 32 minutes long.

Signs and symptoms: Contractions are regular, Full dilation progression to intense contraction every 1-2 minutes, feeling pressures

Vital signs: B/P- 130/80 P-76 R-18 T-98.6 Pain 6/10

Identified the stage of labor by Contractions and dilation

Assessment: Water breaking, the feeling of pressure, 6 cm dilated, 90% effacement, and 1+ station, fetal position is LOA with good flexion of the head amniotic fluid is clear and has no odor, fully dilated, and delivery of the baby

Interventions: Relaxation breathing, the position of the mother to be comfortable, walking to progress labor

**Stage 3**

The length of the stage of labor was 13 minutes long.

Signs and symptoms: Maternal stabilization of vital signs

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Vital signs: B/P- 122/72, P-74, R-18, T-98.6  
 Identified the stage of labor by Passing of placenta  
 Assessment: Delivery of the placenta  
 Interventions: Oxytocin to help with bleeding

<p><b>Nursing Diagnosis 1</b>                  At risk for infection related to GBS as evidenced by positive GBS test.</p>	<p><b>Nursing Diagnosis 2</b>                  At risk for isolation related to depression as evidenced by being a single mother.</p>	<p><b>Nursing Diagnosis 3</b>                  Deficient in knowledge related to first pregnancy as evidenced by anxiety.</p>
<p><b>The rationale for the Nursing Diagnosis</b>                  The client was positive for GBS.</p>	<p><b>The rationale for the Nursing Diagnosis</b>                  The baby's father is not in the picture.</p>	<p><b>The rationale for the Nursing Diagnosis</b>                  This is the client's first pregnancy, and they are very anxious.</p>
<p><b>Interventions</b>  <b>Intervention 1:</b> Ampicillin  <b>Intervention 2:</b> monitor vitals</p>	<p><b>Interventions</b>  <b>Intervention 1:</b> Postpartum depression questioner  <b>Intervention 2:</b> Support person educated</p>	<p><b>Interventions</b>  <b>Intervention 1:</b> Newborn care teaching  <b>Intervention 2:</b> Self-care of episiotomy</p>
<p><b>Evaluation of Interventions</b>                  The client tolerated the ampicillin antibiotic infusion. The client's vital signs are stable and show no sign of infection at this time.</p>	<p><b>Evaluation of Interventions</b>                  The client who filled out the postpartum questionnaire is not at risk for depression. The client's mother is educated on signs of depression and how to engage the client back into society.</p>	<p><b>Evaluation of Interventions</b>                  The mother can understand newborn care and teach back. The mother also understands how to care for episiotomy.</p>

**References (3):**

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