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My observation of the OSF OB-GYN clinic was limited due to multiple patients that did not appear for their appointments and no clients scheduled after 11:30 a.m. However, I was able to get a general understanding of the nursing role in this setting and how they provide care for the patients. The nurse's primary responsibility is to assess the patient's vitals and past medical history for any concerning information and future reference. For example, the day's first patient came in for an ultrasound late in her pregnancy after not having earlier regularly scheduled visits. It was found that her systolic blood pressure was 171 and 162 on two consecutive readings, and she was promptly referred to the emergency department. It is apparent that the nurse in the OB clinical setting ensures that a patient maintains their health, and they do this through education and monitoring important information from assessments to prevent complications.

An 18-year-old patient came in for a first prenatal visit with their mother, who was there for an annual gynecological exam. Even though the patient had been there the day before, all of the assessment questions were asked, including allergies, medications, and family history. The patient declined any family history of congenital heart defects, mental retardation, or chromosome abnormalities. The father was not present, and the nurse said it was important for the patient to question him about possible risks that could present after the birth of the infant. Everything was within normal parameters for the 18-year-old client, but the mother's blood pressure was high, with a systolic blood pressure above 140. They were also concerned with a possible infection due to vaginal discomfort and dryness. The nurse collected a urine specimen and educated her on the factors that contribute to high blood pressure because she was not aware

of what could be causing it to be at an elevated reading. My observation of this process by the nurse applied to the concept of family-centered care. The nurse was already familiar with these patients, and it was clear that there was a mutual nurse-client relationship that helped with the communication between both sides. Because of this, the patients were comfortable answering questions and providing relevant information that was then used to have a teaching moment that educated the patient to improve their health, in the case of the mother. The young pregnant woman was asked essential questions about her health history, and they talked about their preferences about delivering their infant, which allows the continuity of care.

Another patient had an appointment for a progesterone injection since she was at risk of preterm labor. Upon assessment, her blood pressure was high, and the nurse reviewed her medications to see if there were any correlating factors. The patient had not taken her labetalol, so she was recommended to follow the prescribed dosage. After the nurse administered the injection into the ventrogluteal site, the patient said they also needed Rhogam. Their records showed that they had not tested for Rh antibodies in their blood, so the nurse had to contact the provider and refer the patient to the lab for results on whether it was necessary to administer the Rhogam. The results were obtained and confirmed that they would have to receive the injection. The nurse used their assessment and interprofessional communication to promote prophylaxis against an adverse risk.

The Rhesus, or Rh factor refers to a type of protein present on the surface of red blood cells. This detail becomes significant when it comes to blood donation because of the potential for antibodies in individuals with Rh-negative blood. Another situation in which identifying the Rh factor in the blood is significant is in a pregnant woman's body. A woman with Rh-negative blood can have an incompatibility with their fetus if they have Rh-positive blood. An

incompatibility induces an autoimmune response that could attack the fetus's cells and lead to outcomes such as hemolytic anemia or hydrops fetalis (Costumbrado et al., 2021). Evidence supports that the nurse was right to assess the need for Rhogam to ensure the safety of the patient and their unborn infant.

References

Costumbrado J, Mansour T, Ghassemzadeh S. Rh Incompatibility. [Updated 2021 Dec 14]. In: *StatPearls* [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK459353/>