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Medications

Misoprostol (Cytotec) quarter tablet of 25mcg posterior vaginal fornix/cervical every 4 hours, and 1000mcg, rectal, PRN postpartum

- Cytoprotective agents, prostaglandins

The patient is taking misoprostol to induce uterine contractions (Vallerand et al., 2017).

- Assess the patient for cervical dilations to monitor labor development (Vallerand et al., 2017).

Methylergonovine (methergine) 200mcg, IM, every 2 hours PRN for bleeding

- Oxytocic, ergot alkaloids
- The patient is taking this medication to induce uterine contractions (Vallerand et al., 2017)
- Monitor the patient's rest period between contractions and notify the provider for prolonged rest periods. Assess the patient for signs of ergotism (Vallerand et al., 2017).

Penicillin G potassium 5 million units in 0.9% NaCl, 100mL, IVPB set at 200mL/hr, once

- Antibiotics, penicillin
- The patient is taking penicillin to prevent spread of infection to the fetus due to the patient being positive for a strep infection (Vallerand et al., 2017)
- Assess the patient for signs of worsening or progressing infection. Monitor the patient's vital signs to determine whether her responses are congruent with worsening infection (Vallerand et al., 2017).

Oxytocin (Pitocin) in NS premix 30 units/500mL, 1-20 million units/min, 0.001-0.02 units/min, 1-20 mL/hr, IV PRN

- Hormones, ocytocics
- The patient is taking oxytocin to induce uterine contractions (Vallerand et al., 2017).
- Assess the mother's blood pressure, and the length, duration and characteristics of her contractions (Vallerand et al., 2017).

No other medications given at this time.

Prenatal & Current Lab Values/Diagnostics

*The patient does not have current lab values.

Prenatal lab values:

Group B Strep culture – positive, normal is negative

- This prenatal lab value is significant because maternal infections can spread to the fetus, especially intrapartum.

Urinalysis – Leukocytes trace amount, normal is negative; small amount of ketone, normal is negative; and trace amount of protein, normal is negative

- Leukocytes indicate infection (Capriotti & Frizzell, 2020).
- This lab value indicates that the baby may be exposed to bacterial infection intrapartum. It is important for this to be treated before and during labor. The presence of protein and ketones can come from the urinary tract infection.

Demographic Data

Admitting diagnosis: High-risk pregnancy in third trimester, and induction of labor

Secondary diagnosis: N/A

Age of client: 26

Weight in kgs: 95.3kg

Allergies: N/A

Date of admission: 9/19/2022

Support person present: husband/partner in the room

Presentation to Labor and Delivery

The patient presented to the hospital on 9/19/2022 for induction of labor. The patient denied any vaginal discharge, bleeding, or other complications upon assessment. The patient complained of intermittent abdominal pain that started at around 5:30 am and rated it at a four out of ten in a numerical scale. The patient did not mention any aggravating factors, but the time in between contractions helped with pain level. The patient is alert with intermittent grimacing due to pain.

Medical History

Prenatal History: irregular menses, pelvic pain antepartum, pre-existing hypertension affecting pregnancy in 1st trimester, murmurs, amenorrhea, ovarian cyst, the patient's GTPAL is 1-0-0-0-0

Previous Medical History: COVID, anxiety, dysmenorrhea, menorrhagia with regular cycle, migraine, no abnormal history of pap-smear

Surgical History: N/A

Family History: parental grandparents both had diabetes

Social History: marijuana use 3 times a week, and patient is sexually active

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

	Initial	Final
Baseline EFH	145	140
Variability	Moderate	Moderate
Accelerations	Present	Present
Decelerations	Not present	Not present
Contractions		
Frequency	1 every 9-9.5 minutes	1 every 8.5-9 minutes
Length	85-95 seconds	90-100 seconds
Strength	Moderate	moderate
Patient's Response	Grimacing and alert	Grimacing And alert

Active Orders

- bedrest with bathroom privileges
  It is important for the patient to be comfortable and save her energy because labor can last for a very long time.
- cervical examination every 2 hours
  This determines the stage of the patient's labor, and it is important in determining the nursing and medical interventions needed.
- NPO, except ice chips
  Complications may arise during labor, and emergency surgery may be needed, so the patient has to be NPO in case surgery is indicated.
- Monitor fetal heart tones, continuous
  Fetal health status can be tracked using fetal heart tones. Labor can be stressful on the baby and fetal heart tones are helpful in determining the baby's health status.
- Obtain vital signs every 4 hours
  Vital signs give the nurses and the provider information on the patient's current health status, and how the labor is going.

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Stages of Labor
Stage 1 During the first stage of labor, women can experience diffuse abdominal pain and increased heart rate. The patient may experience vomiting, nausea, back ache, and diaphoresis during the transition phase of labor. The patient affirms the presence of abdominal pain, and her heart rate is above 120. The contractions may feel similarly to menstrual cramps. For a person who is considered to be primigravida, labor can last up to 20 hours (Ricci et al, 2021). For our patient, the duration of labor cannot be determined because she has not finished labor yet. The first stage of labor is characterized by a cervical dilation of up to 10cm. Usually, the fetal membranes would have ruptured during this stage. During the active phase, cervical effacement is up to 40%. At the end of the transition phase, cervical effacement reaches 100%. Contractions are strong, and contractions happen every 1-2 minutes, and can last up to 90 seconds. During this stage, interventions like; administration of pain medication, teaching the patient of breathing through contractions, using support persons to aid the patient through the pain, and promoting a calm, and relaxing environment during the initial stages of the first stage of labor. The patient is Rh positive, so there is no need for administration of Rhogam. During this clinical, the student observed the nurses as they promote a relaxing environment by turning off the light, and closing the curtains.
Stage 2 The patient is not in this stage of labor.

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Stage 3 The patient is not in this stage of labor.

Nursing Diagnosis 1	**Nursing Diagnosis 2**	**Nursing Diagnosis 3**
Labor pain related to uterine contractions as evidenced by patient's complaint of intermittent abdominal pain.	Risk for bleeding related to pregnancy, labor and delivery, as evidenced by complicated prenatal history including pre-existing hypertension.	Deficient knowledge related to insufficient information on intrapartum complications, as evidenced by the patient being primigravida.
Rationale for the Nursing Diagnosis The patient was showing grimacing during contractions and rated the pain of contractions to be moderate or 4 out of 10 on a numerical pain scale. Nursing interventions during this stressful time will help the patient become more comfortable (Phelps, 2020).	**Rationale for the Nursing Diagnosis** Bleeding is a possible complication of labor and delivery due to rupturing of blood vessels produced by mechanical stress on vascular tissue. Hypertension can put a patient at an increased risk of bleeding as part of pregnancy and postpartum complication (Phelps, 2020).	**Rationale for the Nursing Diagnosis** The patient will experience events during her labor and delivery that she may be unaware of, and so it is important to communicate adequate information with her.
Interventions **Intervention 1:** The nurse can help the patient by	**Interventions** **Intervention 1:** Monitor the patient's vital signs	**Interventions** **Intervention 1:** The patient's amount of

giving her pillows for comfort, and to change her position. **Rationale:** A lot of times, changing position can make the patient be more comfortable during their labor (Phelps, 2020). Positional changes can relieve pain and alleviate pressure in one part of the body. **Intervention 2:** Provide the patient with a relaxing environment and help her rest in between contractions. **Rationale:** Tiredness or fatigue can augment pain perception, so helping the patient relax in between contractions can reduce fatigue development (Phelps, 2020).	routinely and regularly to assess the patient's response to labor. **Rationale:** Certain changes in vital signs, such as hypotension, tachycardia and sweating can mean that the patient is bleeding (Phelps, 2020). **Intervention 2:** In the event of bleeding intrapartum, provide the patient with emotional support and promote a calming environment. **Rationale:** Providing emotional support helps the patient's physiological and emotional response during active bleeding and the aftermath (Phelps, 2020).	knowledge on possible intrapartum complications should be assessed. **Rationale:** The nurse should know the patient's level of knowledge so that the patient's weaknesses can be addressed, and important information is reinforced during the teaching process (Phelps, 2020). **Intervention 2:** Build a trusting nurse-patient relationship with the patient to enhance learning. **Rationale:** The more comfortable the patient is with the nurse, the more open she becomes when it comes to her care. This means that she will also be more receptive of teaching and may be more open to experiences (Phelps, 2020).
Evaluation of Interventions As a response to interventions, the patient should report a lessened intensity of pain and discomfort from contractions. The patient should also be able to rest and have reduced fatigue.	**Evaluation of Interventions** The patient's vital signs will be taken every 4 hours, and any changes in these that suggest bleeding will be relayed to the provider. Bleeding protocols will be initiated. The patient will also be supported and will be comforted in the event of active bleeding prepartum, intrapartum and postpartum.	**Evaluation of Interventions** The patient and nurse will have built a trusting relationship where the patient is comfortable with sharing personal information that relates to her care with her nurse. The patient's knowledge will also increase as determined by the nurse upon listening to the patient verbalizing and demonstrating her knowledge of intrapartum complications.

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References (3):

Capriotti, T. & Frizzell, J.P. (2020). *Pathophysiology: Introductory concepts and clinical perspectives.* (2nd ed.). F.A. Davis Company.

Phelps, L.L. (2020). *Sparks and Taylor's nursing diagnosis reference manual* (11th ed.). Wolters Kluwer

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

Vallerand, A. H., Deglin, J. H., & Sanoski, C. A. (2017). *Davis's drug guide for nurses*. F.A. Davis Company.