

N432 Labor and Delivery Concept map template

Medications

- dinoprostone (Cervidil)
 - Vaginal insert 10 mg ONCE
- Lactated Ringers 1000 mL IV bolus
 - 500 mL/hr ONCE
- carboprost (Hemabate)
 - 250 mg injection PRN Q15min
- Lidocaine (PF) 1% injection
 - 20 mL ONCE procedure
- misoprostol (Cytotec)
 - 1000 mcg tablet ONCE for postpartum hemorrhage

Demographic Data

- Admitting diagnosis: Induction
- Secondary diagnosis: Chronic hypertension
- Age of client: 30
- Weight in kgs: 138.8 kg
- Allergies: Azithromycin (Presents with rash)
- Date of admission: 9/29/22
- Support person present: Husband

Presentation to Labor and Delivery

This mother is a G2T1P0A1L0. She presents to labor and delivery at 37w0days and is accompanied by her husband. This patient is here for an induction. She denies any vaginal bleeding, leaking fluid, or abnormal discharge. BP: 125/75, Pulse: 82, Temp: 98, Resp: 16, and denies any pain.

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

Baseline EFH: Beginning and end: 130

Variability: Beginning and end: Moderate

Accelerations: Yes, nonabnormal

Decelerations: 1 decel (Variable)

- **What is a variable?**

Contractions:

- **Frequency: Beginning and end: 1 in 13 min**

- **Length: Average of 40 seconds**

- **Strength: Mild**

- **Patient's response: Denies any pain or discomfort. Does have heartburn.**

Prenatal & Current Lab Values/Diagnostics

MPV: 7.4 ↓

Basophils: 1.2 ↑

Urine: Leukocytes (Trace)

Urine Analysis: Leukocytes (Trace), Protein (Trace)

Medical History

Prenatal History: Intrauterine pregnancy leading to spontaneous abortion.

- 1st trimester: Supervision of high-risk pregnancy, positive bacterial vaginosis, threatened abortion
- 2nd trimester: Hypertension, discrepancy of uterine size, marginal placenta, placenta previa
- 3rd trimester: Tdap vaccine, increased glucose, obesity, decreased fetal movements, oligohydramnios

Previous Medical History: Abnormal pap smear, mental disorder, thyroid disorder (hypothyroidism), obesity, hypertension, hidradenitis suppurativa

Surgical History: None

Family History: Father: Hypertension, Thyroid disease

Social History: Former smoker 0.25 packs per day, no drug use, no alcohol use

Active Orders

Active: NPO after breakfast, IP consult to anesthesiologist, labor induction type (Pitocin)(Cytotec), GBS cultures (rectal and vaginal), pathology of the placenta

Ongoing: Vital signs, pulse oximetry, adult OB failure to progress, bed rest with bathroom privileges, strict I&Os, fetal heart rate, uterine contractions, IV assessment, weigh pads, place SCDs, cervical exam Q2H, repositioning for tachysystole, CPR full

Stages of Labor

Stage 1:

This patient came for an induction and at 10:00 her cervix was still closed and soft.

Stage 2:

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Stage 3:

Nursing Diagnosis 1	Nursing Diagnosis 2 Risk for postpartum depression related to	Nursing Diagnosis 3 Knowledge deficiency
Rationale for the Nursing Diagnosis	Rationale for the Nursing Diagnosis	Rationale for the Nursing Diagnosis
<p style="text-align: center;">Interventions</p> <p>Intervention 1: Rationale: Intervention 2: Rationale:</p>	<p style="text-align: center;">Interventions</p> <p>Intervention 1: Rationale: Intervention 2: Rationale:</p>	<p style="text-align: center;">Interventions</p> <p>Intervention 1: Rationale: Intervention 2: Rationale:</p>
Evaluation of Interventions	Evaluation of Interventions	Evaluation of Interventions

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References (3):