

N432 Labor and Delivery Concept map template

Medications

Ampicillin

- Pharmacological class: Aminopenicillin
- Therapeutic class: Antibiotic
- This patient is taking this medication because she is positive for Group Beta strep. She is taking this to not transfer it onto the baby because the baby could develop sepsis if not treated.
- “For direct I.V. administration, reconstituted by adding 5 ml of Sterile Water for Injection to each vial and administer slowly over 3 to 5 minutes or dilute with 7.4 ml to 1g vial or 14.8 ml to 2g vial and administer over 10 to 15 minutes. Do not exceed 100 mg/min. More rapid administration may cause seizures” (Nurse’s Drug Handbook, 2021, p. 77).

Immune globulin intravenous

- Pharmacological class: Immune serum
- Therapeutic class: Antibody production stimulator
- The patient takes this medication when the mother is Rh- and the baby is Rh+ or unknown.
- “Know that before giving immune globulin, monitor patients’ fluid volume and BUN and serum creatinine levels, as ordered, to determine risk for acute renal failure” (p. 686).
- “Use caution when administering immune globulin, regardless of the route of administration, because of risk for thrombosis” (Nurse’s Drug Handbook, 2021, p. 686).

Lidocaine

- Pharmacological class: Amide derivative
- Therapeutic class: Class IB antiarrhythmic, local anesthetic
- This medication is used to block the nerve endings to numb the patient.
- “Observe respiratory depression after bolus injection and during I.V. infusion of lidocaine” (Nurse’s Drug Handbook, 2021, p.779).

Demographic Data

Admitting diagnosis: Labor pains

Secondary diagnosis: N/A

Age of client: 17 years old

Weight in kgs: N/A

Allergies: N/A

Date of admission: 1/25/23

Support person present: Mother is supporting her. Father is not present.

Presentation to Labor and Delivery

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

Baseline EFH: 130/125

Variability: Moderate/Moderate

Accelerations: Present/Absent

Decelerations: Absent/Early

Contractions:

-**frequency:** 8-10 minutes/3-4 minutes

-**length:**30 seconds/60 seconds

-**strength:** mild/moderate

-**patient’s response:** Comfortable using distraction therapy.

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Anne Jones who is 17 years of age comes into the emergency department for suspicions of active labor. When admitted the patient was dilated 1 cm and by two hours of observation the patient is 2-3 cm dilated. Patient requested a non-medicated birth. Patient also tested positive for GBS and is Rh-. The main nursing intervention will be focused on pain and comfort.

Prenatal & Current Lab Values/Diagnostics
There are no labs or diagnostics done on this patient.

Medical History
Prenatal History: First time adolescent pregnancy.
Previous Medical History: N/A
Surgical History: N/A
Family History: N/A
Social History: N/A

Active Orders
The patient should be ambulating to the bathroom PRN. This order will help distract the patient from their pain.
The patient should have an IV. The patient should have an IV to keep the patient hydrated with fluids and in case a complication during labor would occur.
The patient should be on clear liquids. The clear liquids will keep the patient hydrated. This keeps from complications during labor.
Electrical fetal monitoring is an important order. This allows the nurse to monitor the baby's heart rate and contractions.
Ampicillin is on the active orders. This medication is extremely important due to the mother testing positive for Group Beta strep.
Vital signs should also be on the active orders. These should be taken per protocol for the patient's safety. This can detect early hemorrhaging or infection.

Stages of Labor

Stage 1

The signs and symptoms include contractions that are irregular and mild. The latent state is contractions usually occurring every 5-30 minutes. Some dilation can occur. The patient is usually talkative and eager. The patient was in a latent stage of labor at the beginning. Active phase contractions become more regular with contractions occurring every 3-5 minutes. Rapid dilation occurs with fetal descent. This stage emotions are hopelessness and anxiety increase as contractions become more intense. The latent phase is 0-4 cm while the active is 5-8 cm. Transition stage is 8-10 cm with strong contractions happening every 2-3 minutes. This stage ends with complete dilation and the patient becomes tired, restless, and irritable with spouse and staff. Patients usually have the urge to push and the need for a bowel movement occurs. Transition stage is the most difficult stage of labor. Breathing exercises and comfort measures are taken during all of these phases. Contractions that are getting closer together indicate the patient is moving to another stage. Vital signs, vaginal exams, and fetal heart rate monitoring is continued throughout labor. Description of the clinical was not included due to remote day.

Stage 2

During stage 2 the patient is at full dilation at +10 to birth of the baby. Contractions occur every 1-2 minutes that are even stronger. Pain occurs somatically to the vagina and rectum. Pushing stage results in the birth of the fetus. Assessments of the patient including vital signs usually every 5-30 minutes. The main vitals include blood pressure, pulse, and respirations. Contractions are still occurring and pushing efforts should be assessed. Fetal heart rate should be checked every 15 minutes. Some other assessments that occur that we don't necessarily think about are increase in bloody show, shaking of the extremities, and perineal lacerations. Comfort measures should still be used because the patient does a lot of pushing throughout this stage. Nurse should be preparing for delivery at this stage. Description of the clinical was not included due to remote day.

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Stage 3
 Stage 3 of labor is delivery of the neonate. During this stage placental separation and expulsion occurs. Schultz and Duncan presentations occur of the placenta. Assessments include blood pressure, pulse, and respiration every 15 minutes. Apgar score is taken and the assessments of the placenta begin. Nursing interventions still include comfort measures. Reproductive data includes the uterus still contracting to push out the placenta. Description of the clinical was not included due to remote day.

<p align="center">Nursing Diagnosis 1</p> <p>Risk for hemorrhage related to foggy uterus as evidenced by vaginal assessment.</p>	<p align="center">Nursing Diagnosis 2</p> <p>Labor pain related to being in labor as evidenced by cervical dilation.</p>	<p align="center">Nursing Diagnosis 3</p> <p>Anxiety related to complications with birth as evidenced by patient expressing feelings of anxiety.</p>
<p align="center">Rationale for the Nursing Diagnosis</p> <p>Potential for hemorrhage due to foggy uterus.</p>	<p align="center">Rationale for the Nursing Diagnosis</p> <p>The mother's pain intensity keeps increasing the more cervical dilation increases.</p>	<p align="center">Rationale for the Nursing Diagnosis</p> <p>Anxiety will slow the progression of birth making it important to perform relaxation techniques.</p>
<p align="center">Interventions</p> <p>Intervention 1: Monitor vital signs. Rationale: If the patient starts to hemorrhage, the patients blood pressure will decrease significantly. Intervention 2: Lab work done to diagnosis early with active care on standby. Rationale: If the patient starts to hemorrhage it</p>	<p align="center">Interventions</p> <p>Intervention 1: Providing non-pharmacological or pharmacological medications. Rationale: This will give the mother techniques to relieve pain. Intervention 2: Apply an ice pack to the perineum.</p>	<p align="center">Interventions</p> <p>Intervention 1: Distracting the patient by walking, talking, or by activities. Rationale: The distraction method will reduce the patient's anxiety Intervention 2: Educating the patient about</p>

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<p>does not take long to bleed out, having lab work done could help the nurse indicate hemorrhage early.</p>	<p>Rationale: This is a non-pharmacological way to relieve pain and understand the mothers wishes.</p>	<p>anxiety slowing the progression of labor. Rationale: Educating the patient allows the patient to find techniques that lower her anxiety.</p>
<p>Evaluation of Interventions The patient will not hemorrhage and will maintain her hemoglobin.</p>	<p>Evaluation of Interventions The mother's pain will be reduced, and she will be able to maintain the level until after birth.</p>	<p>Evaluation of Interventions The patient's anxiety will decrease with the interventions.</p>

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References (3):

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