

N432 Labor and Delivery Concept map template

Medications

Ampicillin injection 1 g IV push, 60 mL/hr Pharmacological: Aminopenicillin (Jones & Bartlett, 2020). Therapeutic: Antibiotic (Jones & Bartlett, 2020). If the mother has strep B, the patient takes this medication to protect the baby during childbirth. It is essential to test the mother for strep B to know if this antibiotic is needed, but they did not test the mother yet because it was not their plan to deliver, but they gave her the antibiotic in case.

Ephedrine injection 5 mg - IV push Pharmacological: Alpha/Beta Adrenergic Agonist (Jones & Bartlett, 2020). Therapeutic: Sympathomimetic (Jones & Bartlett, 2020). The patient is taking this medication due to her hypotension. It is essential to monitor the patient's blood pressure.

Lactated ringer's infusion bolus (volume based) 1000 mL Pharmacological: Alkalinizing agents (Jones & Bartlett, 2020). Therapeutic: Hypertonic The patient is taking this medication to help replace fluid and electrolytes from loss with low blood pressure. It is essential to monitor the patient's blood pressure while on lactated ringers.

Ondansetron HCL (PF) injection 4 mg - IV push Pharmacological: Selective serotonin receptor antagonist (Jones & Bartlett, 2020). Therapeutic: Antiemetic (Jones & Bartlett, 2020). The patient is taking this medication to help with nausea and vomiting. It is essential to assess if the medication is helping the patient with her nausea.

Ropivacaine (PF)(Naropin) 5 mg/mL (0.5%) injection 25 mg Pharmacological: Aminoamide local anesthetic (Jones & Bartlett, 2020). Therapeutic: Epidural local anesthetics (Jones & Bartlett, 2020). The patient is taking this medication to help with the pain from labor. It is essential to monitor the patient's cardiovascular and respiratory status.

Demographic Data

Admitting diagnosis: Contractions

Secondary diagnosis: Nonconfirmed GDM

Age of client: 30 years old

Weight in kgs: 71.2

Allergies: Vancomycin

Date of admission: 1/25/22023

Support person present: Yes, Patrick (Husband)

Presentation to Labor and Delivery

Amanda is a 30-year-old woman who is 33 weeks and 0 days pregnant. On 1/25/2023, she reports to Labor and Delivery due to cramping pain that has been present since 3:00 pm. She has not bled or let any yellow discharge out of her vagina today. The Danville OB is her prenatal care provider. Preterm labor and delivery complicate the patient's current OB history.

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

Baseline EFH: 105 - 125

Variability: Moderate - Moderate

Accelerations: Yes - Yes

Decelerations: No - Occasional variable

Contractions:

- frequency: 1.5 to 2.5 minutes - Irritability pattern
- length: 60 to 70 seconds - Irritability pattern
- strength: Mild - Irritability pattern
- patient's response: Sleeping - Awake (Calm)

Stages of Labor

Stage 1

Definition: It lasts from the onset of regular uterine contractions to the beginning of the second stage and third stages combined (Barlow et al., 2017)

Prenatal & Current Lab Values/Diagnostics

12/29/2022: 28-week OB panel: GLUC 1 hr. Post dose <140 mg/dL (157) The patient's results could be high from gestational diabetes mellitus, but it was not confirmed with a three-hour test.

1/20/2023: CMP: Calcium 8.9-10.6 mg/dL (8.8) The patient's results could be low from a vitamin D deficiency. Albumin 3.5-5.0 g/dL (3.1) The patient's results could be low because of being pregnant there will be a decrease in the albumin level until birth. Chloride 98-107 mmol/L (109) The patient's results could be high because of vomiting or dehydration.

1/25/2023: UA with reflex culture if indicated: RBC 0-20/uL (28) The patient's results could be high because during pregnancy the volume of blood increases. Squamous EPI: 0-30/uL (91) The patient's results could be high because it could indicate a possible urinary tract infection. Amorphous crystal: none seen (present!) The patient's results indicate the presence of amorphous crystals because it could reflect mild dehydration or possible kidney stones.

1/25/2023: CBC with DIFF: Absolute EOS 0.00-0.50 10³/uL (0.53) The patient's results could indicate an infection or allergen.

1/25/2023: Drug screen panel, urine: cannabinoids, urine (positive!) The patient's results was positive because patient stated that she used marijuana during her pregnancy to help with her nausea.

Medical History

Prenatal History: The patient has had gravida 3, para 2, preterm 2, and living 2. During the first pregnancy, she gave birth to her daughter at 36 weeks, and she stated she woke up to blood, so she went to the hospital and delivered. During her second pregnancy, she gave birth to her second daughter at 33 weeks, and she woke up to contractions, so she came to the hospital to deliver.

Previous Medical History: Abnormal pap smear of cervix, anxiety, bipolar 1 disorder, cannabinoid hyperemesis syndrome, and depression.

Surgical History: Tonsillectomy and adenoidectomy, IUD MIRENA (12/2/12), PR Nexplanon implant (4/30/13) - Mirena removed the same day, cholecystectomy/laparoscopic (8/24/18), colonoscopy (1/2/19), upper gastrointestinal endoscopy (3/29/19), and PR removal of gallbladder.

Family History: Father - hypertension and ankylosing spondylitis. Mother - N/A

Social History: The patient states that she does smoke cigarettes and marijuana but does not drink.

ix. This phase is longer than the second stage, the cervix will dilate from 0-3 cm, to 20 minutes. During the active phase

Active Orders

Diet - Clear liquids: Patient is on this diet because she had an epidural

Avoid supine position at all times: Patient is to not lay on her back because of epidural and baby

Reposition from side to side at RN discretion and for patient comfort: Patient should be rotated because she is on bedrest from having an epidural

Activity - Bedrest, bedside commode: Patient is on bedrest because she had an epidural so best to get her the most activity while staying in the bed

Blood pressure q15 minutes every hour - if systolic >/= 100 and diastolic >/= 110: The patient's blood pressure is being monitored to prevent low blood pressure

IV access - Start peripheral IV/ monitor per protocol (18 g): For the patient to receive IV medications and fluids because she is NPO from having an epidural

Stage 2

Definition: This stage lasts from the time that the cervix is fully dilated to the birth of the fetus. This is the birthing stage (Barlow et al., 2019).

Characteristics: There is a risk of possible laceration during pushing.

1st degree extends through skin, no muscle involvement. 2nd degree: skin & muscle, no anal sphincter involvement. 3rd degree: skin, muscle, perineum, external anal sphincter muscle. 4th degree: skin, muscle, anal sphincter, & anterior rectal wall (Barlow et al., 2019).

Patient situation: The nursing student was not present during this stage.

Assessments: Assess pulse, BP, and respirations Q5-30 mins, pushing efforts, increasing in bloody show, shaking of extremities, FHR Q15 min & immediately following birth, and perineal lacerations.

Symptoms: Strong, pain that is somatic & occur from fetal descent & expulsion (pressure in vagina & rectum) (Barlow et al., 2019).

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Stage 3

Definition: This stage lasts from the birth of the fetus until the placenta is delivered (Barlow et al., 2019).

Characteristics: N/A

Patient situation: The nursing student was not present during this stage.

Assessments: Assess BP, pulse, and respirations Q15 mins for an hour, Apgar's score on baby (1 min and 5 min of life), clinical findings of placenta separation (Barlow et al., 2019).

<p>Nursing Diagnosis 1 Risk for fall related to epidural as evidenced by fall risk bracelet</p>	<p>Nursing Diagnosis 2 Uterine atony related to long labor as evidenced by contractions over 24 hours</p>	<p>Nursing Diagnosis 3 Risk for infection related to foley catheter as evidenced by urine analysis lab result</p>
<p>Rationale for the Nursing Diagnosis The patient will need to demonstrate the ability to move about without falling (Phelps, 2020).</p>	<p>Rationale for the Nursing Diagnosis Patient is at risk for uterine atony because of having prolonged contractions (Phelps, 2020).</p>	<p>Rationale for the Nursing Diagnosis The patient will need to be able to identify the signs and symptoms of infection (Phelps, 2020).</p>
<p>Interventions Intervention 1: Improve environmental safety factors as needed (Phelps, 2020). Rationale: The patient is on bed rest to prevent falls. Intervention 2: Assess the patient's ability to use the call light (Phelps, 2020).</p>	<p>Interventions Intervention 1: Provide teachings for relaxation techniques (Phelps, 2020). Rationale: Allow the patient to relax between contractions to slow exhaustion. Intervention 2: Uterine medication or massage if appropriate (Phelps, 2020).</p>	<p>Interventions Intervention 1: Minimize the patient's risk of infection by washing hands before and after providing care (Phelps, 2020). Rationale: Maintain standard infection precautions will reduce the risk of spreading infection.</p>

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Rationale: Ensure that the patient remains in their bed and can call for help when needed.	Rationale: Uterine atony is considered an emergency and would require quick medical action.	Intervention 2: Help the patient turn every two hours and provide skin care (Phelps, 2020). Rationale: Helps prevent skin breakdown and venous stasis.
Evaluation of Interventions The patient can demonstrate the ability to move about without falling (Phelps, 2020).	Evaluation of Interventions The patient receives oxytocin and states not to feel the contractions are strong (Phelps, 2020).	Evaluation of Interventions The patient can identify the signs and symptoms of infection (Phelps, 2020).

References (3):

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