Medications

Acetaminophen 500mg PRN every 4 hours. This order was put in place for mild pain relief. Renal function should be monitored for continuous use. The nurse should also perform a pain assessment before and after administering acetaminophen (Jones & Bartlett, 2021). The patient received 500mg for a headache at 1005.

Ephedrine sulfate 5mg IV push PRN q1min for blood pressure <100. Ephedrine is an alpha/beta adrenergic agonist. This order was put in place once the patient received her epidural in case hypotension occurred after administration. Before and after administering ephedrine, nursing assessments include blood pressure and heart rate monitoring (Jones & Bartlett, 2021).

LR infusion 1000mL bolus at 0933 to prevent hypotension caused by administration of the epidural. Lactated ringers belong to the drug class alkalinizing agents. Nursing assessments during administration include monitoring blood pressure and heart rate. The patient should also be monitored for fluid and electrolyte imbalances (Jones & Bartlett, 2021).

Oxytocin in 0.9% sodium chloride 30unit/500mL. Oxytocin is an oxytocic hormone given to induce the laboring process. Before administering oxytocin, the nurse should assess for the rupture of membranes, the fetal position, and the fetal heart rate. The nurse will then continuously monitor the fetal heart rate, contraction frequency, and duration (Jones & Bartlett, 2021).

Ropivacaine (Naropin) 25mg once at 0950. Ropivacaine is a local anesthetic. This order was put in place for the preparation of continuous epidural administration. Before and after administering ropivacaine, the nurse should assess the patient's heart rate and respiration. Ropivacaine can cause circulatory and respiratory depression, causing harm to the mother and fetus (Jones & Bartlett, 2021).

Ropivacaine 0.2% infusion (nerve block/epidural) continuous started at 0955. Ropivacaine is a local anesthetic. This order was placed for continuous pain relief during the laboring process. Before and after administering ropivacaine, the nurse should assess the patient's heart and respiration rates (Jones & Bartlett, 2021).

Demographic Data

Admitting diagnosis: Spontaneous rupture of membranes

Secondary diagnosis: N/A

Age of client: 19 y/o

Weight in kgs: 68.9kg

Allergies: No known drug allergies

Date of admission: 02/09/2023

Support person present: Patient's mother, sister, and boyfriend

Presentation to Labor and Delivery

The patient is a 19-year-old female who presented to ED due to spontaneous rupture of membranes (SROM) at 0200, 2/09/23. Her estimated delivery date is 2/22/23, making her 38 weeks and one day gestation. She is 1cm dilated and 80% effaced. The patient's prenatal history is G1 T1 P0 A0 L0. A ruptured membrane test was done and came back positive. Her contractions are about 3-5 minutes apart.

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

Baseline EFH:

Beginning: 140bpm End: 165bpm

Variability:

Beginning: Moderate End: Moderate

Accelerations:

Beginning: Present End: Present

Decelerations:

Beginning: Variable End: Variable

Contractions:

   -frequency

Beginning: 2-4 minutes End: 2-3 minutes

   -length

Beginning: 60-90 seconds End: 75-90 seconds

   -strength and patient's response

Initially, the patient's contractions were moderate to palpation, making her appear uncomfortable and restless. At the end of the student nurse's shift, the patient had received an epidural, and the contractions became mild to palpation and to where she could sleep and appeared more comfortable.

Medical History

Prenatal History: G1 T1 P0 A0 L0

Previous Medical History: Asthma with no inhaler use in years.

Surgical History: N/A

Family History: No family history.

Social History: The patient lives at home with her mother and boyfriend. The patient reports no drinking, smoking, or drug use.

Prenatal & Current Lab Values/Diagnostics

CBC w/ diff (2/9/2023):

HGB 9.9 (11-16) – Low HGB is common during pregnancy due to the increased need to supply the fetus with oxygen (Pagana et al., 2021).

HCT 30.4 (34-47%) – Low HCT during pregnancy can also be related to the increased supply need for the fetus (Pagana et al., 2021).

Abs. Neutrophils 8.06 (1.6-7.7) – Neutrophils increase during pregnancy due to extra stress on the body (Pagana et al., 2021). At the time of the patient's lab draw, she was starting the first stage of labor and under extra stress because of the contractions.

ROM test positive (negative) - The patient experienced SROM at home at 0200. The positive SROM test indicates that she did experience her "water breaking".

Active Orders

NPO - This order is in place due to epidural administration and the possibility of a cesarean section.

Blood pressure q15min - This order is in place due to epidural administration and the risk of hypotension.

Reposition side to side Q30min - This order is in place for safety measures. The patient received an epidural and should receive help repositioning to ensure patient safety.

Check leg strength and sensation Q1h - This order is in place to ensure the effectiveness of the epidural.

TOCO monitoring - This order is in place to ensure the fetal heart stays within normal parameters. TOCO monitoring ensures that healthcare providers can quickly identify abnormalities or fetal distress.

Stages of Labor

Stage 1

The first stage of labor consists of two phases; latent and active. The latent phase is characterized by cervical dilation from 0-6cm, cervical effacement from 0-40%, and contractions approximately 5-10 minutes apart and lasting approximately 30-45 seconds each. The active phase is characterized by cervical dilation from 6-10cm, cervical effacement from 40-100%, and contractions approximately 2-5 minutes apart and lasting 45-60 seconds each. This stage can last up to 26 hours for nullipara patients (Ricci et al., 2021). Assessments during this stage include the Leopold maneuver, vaginal exams, maternal temperature q2h, fetal heart rate monitoring, and PRN pain medication administration.

The patient was in this stage during the nursing student's shift. Her contractions, in the beginning, were 2-4 minutes apart, cervical dilation was at 1cm, and cervical effacement was at 80%. At 0915, the patient had another cervical exam done by the midwife, where they found she had slight progression to 2cm and 90% effacement. The patient then requested an epidural to help with the pain and hoped to get some rest. Once the nurse contacted the CRNA, the nurse and student nurse administered a 1,000mL bolus of lactated ringers over 15-20 minutes to the patient to help ensure hypotension did not occur after the administration of the epidural. To further prepare for possible hypotension, the nurse prepared a dose of IV push Ephedrine sulfate for systolic blood pressure lower than 100. The CRNA came to the room, administered a local anesthetic to the patient's spinal area, and then proceeded with the epidural. The nurse and student nurse helped position the patient for her epidural and assisted with the patient's mother feeling faint after the administration.

After receiving her epidural, the nursing student and nurse accompanied the patient for approximately 45 minutes to monitor her blood pressure. The patient laid down to rest and was able to become comfortable.

There was no further progression by the end of the student nurse's shift.

Stage 2

The second stage of labor begins once the patient has dilated to 10cm and has 100% effacement. This stage usually lasts up to 3 hours with a nullipara patient. Contractions increase in frequency, occurring every two to three minutes and lasting 60-90 seconds. The intensity of contractions is strong by palpation, and the patient feels a strong urge to push (Ricci et al., 2021). During this stage, there are two types of pushing; spontaneous and directed. Spontaneous pushing naturally induces the need for the woman to push. Whereas during directed pushing, the healthcare providers tell the woman when to bear down and push. Directed pushing is used with women who receive epidurals. The epidural dulls the need to push, and the mother may need more direction on when to push. Assessments during this stage include maternal vital signs every 5-30 minutes, fetal heart rate monitoring Q15 minutes, and pelvic exam to determine any perineal lacerations.

The student nurse did not witness this stage of the laboring process.

Stage 3

The third stage of labor begins once the newborn is delivered. There are two phases during this stage; placental separation and placental expulsion. Postpartum hemorrhage risk is at its highest during this stage. Active management is used during this stage to reduce the risk of hemorrhage. Active management consists of uterotonic agent administration, the expulsion of the placenta with controlled cord traction, and fundal massage after expulsion (Ricci et al., 2021). After the newborn's birth, the uterine walls continue to contract, releasing the placenta. Within 2-30 minutes after the separation, the placenta is expelled. The physician or midwife then massages the uterus until it becomes firm to decrease the risk of hemorrhage. Blood loss of approximately 500 mL is average; however, more than 1,000 mL is considered severe. Assessments during this stage include maternal vital signs Q15 minutes, newborn APGAR scores at one and five minutes of life, and clinical findings of placental separation.

The student nurse did not witness this stage of the laboring process.

Nursing Diagnosis 1	Nursing Diagnosis 2	Nursing Diagnosis 3
Risk for failed vaginal delivery related to electronic fetal heart monitoring as evidenced by the presence of lates.	Risk for acute pain related to labor as evidenced by request for epidural.	Knowledge deficit of process of labor related to first pregnancy and young age as evidenced by questions being asked.
Rationale for the Nursing Diagnosis This nursing diagnosis was chosen because of late decelerations on the electronic fetal heart monitor.	**Rationale for the Nursing Diagnosis** This nursing diagnosis was chosen because the patient rated her pain a ten on the numerical pain scale during contractions and requested an epidural.	**Rationale for the Nursing Diagnosis** This nursing diagnosis was chosen because the patient has asked many questions about the laboring process during her hospital stay. She is unaware of the laboring process because this is her first pregnancy.
Interventions **Intervention 1:** The nurse and student nurse will help position the patient into a left-side lying position. **Rationale:**	**Interventions** **Intervention 1:** The nurse will help position the patient during the epidural administration process and will administer PRN acetaminophen to help with the stress	**Interventions** **Intervention 1:** The midwife and nursing student will educate the patient on when to request an epidural (Phelps, 2020).

Late decelerations are caused by decreased oxygenation and blood flow to the fetus. Placing the patient on their left side takes the pressure off the patient's superior vena cava, and blood flow and oxygenation are re-established (Phelps, 2020). **Intervention 2:** If decelerations continue to persist, the nurse will stop the oxytocin administration. **Rationale:** Oxytocin enhances uterine contractions. When the oxytocin administration stops, contractions will ease, the placenta will be able to increase perfusion, and the fetus will no longer be in distress (Phelps, 2020).	headache that the patient is experiencing. **Rationale:** The patient has ordered pain medications to help with discomforts such as headaches, and pain felt during contractions (Phelps, 2020). **Intervention 2:** The nurse and nursing student will help the patient with positioning to relieve pain during contractions. **Rationale:** After receiving her epidural, the patient will need help repositioning and will need pillows placed between her knees, back, and arms to help reduce pressure (Phelps, 2020).	**Rationale:** The patient can make a more informed decision and feel more in control of her laboring process if she knows when to request an epidural. **Intervention 2:** Give the patient clear and concise explanations of the laboring process throughout (Phelps, 2020). **Rationale:** With this being her first pregnancy, the patient may not understand or know the laboring process. Keeping her informed will help ease any anxiety and help her laboring process proceed more smoothly. Citation?
Evaluation of Interventions The patient was assisted into a left-side lying position, and the late decelerations were no longer present.	**Evaluation of Interventions** Once the patient received her epidural and acetaminophen, she could relax and rest better. After administering medications, the patient rated her pain a five on the numerical pain scale.	**Evaluation of Interventions** The patient knew when to request an epidural and had ease of mind knowing what to expect during the laboring process.

References (3):

Jones & Bartlett Learning (2021). *2021 Nurse's drug handbook* (20th ed.).

Pagana, K.D., Pagana, T.J., Pagana, T.N. (2020). *Mosby's diagnostic and laboratory test reference* (15th ed.). Mosby.

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.

Criteria	0 points	5 points	10 points	Comments
Demographic Data ▪ Date of admission ▪ Admission Diagnosis/Chief Complaint ▪ Secondary Diagnosis ▪ Age ▪ Allergies ▪ Support person present	**Missing 3 or more of the following:** ▪ Date of admission ▪ Admission Diagnosis/Chief Complaint ▪ Secondary Diagnosis ▪ Age ▪ Allergies ▪ Support person present	**Missing 1-2 of the following:** ▪ Date of admission ▪ Admission Diagnosis/Chief Complaint ▪ Secondary Diagnosis ▪ Age ▪ Allergies ▪ Support person present	**Includes complete information of all criteria:** ▪ Date of admission ▪ Admission Diagnosis/Chief Complaint ▪ Secondary Diagnosis ▪ Age ▪ Allergies ▪ Support person present 10 pts	
Criteria	**0 points**	**5 points**	**10 points**	**Comments**
Medical History ▪ Prenatal History ▪ Previous Medical History (if none, put N/A) ▪ Past Surgical History (if none, put N/A) ▪ Family History ▪ Social History (if	**Missing 2 or more of the following:** ▪ Prenatal History ▪ Previous Medical History (if none, put N/A) ▪ Past Surgical History (if none, put N/A) ▪ Family History	**Missing 1 of the following:** ▪ Prenatal History ▪ Previous Medical History (if none, put N/A) ▪ Past Surgical History (if none, put N/A) ▪ Family History ▪ Social History (if	**Includes complete information of all criteria:** ▪ Prenatal History ▪ Previous Medical History (if none, put N/A) ▪ Past Surgical History (if none, put N/A) ▪ Family History	

none, put N/A)	▪ Social History (if none, put N/A)	none, put N/A)	Social History (if none, put N/A) 10 pts	
Criteria	**0 points**	**5 points**	**10 points**	**Comments**
Presentation to Labor and Delivery ▪ Information is identified in regards to why the patient came to the hospital ▪ Utilization of OLD CHARTS as appropriate ▪ Written in a paragraph form with no less than 5 sentences ▪ Information was not copied directly from the chart and no evidence of plagiarism ▪ Information specifically stated by the patient using their own words is in quotations	**Missing 3 or more of the following:** ▪ 3 or more components are missing in the HPI. ▪ Paragraph is not well developed, and it is difficult to understand what the patient is seeking care for. ▪ There is evidence of plagiarism noted in the HPI.	**Missing 1-2 of the following:** ▪ The HPI is lacking important information to help determine what has happened to the patient.	**Includes complete information of all criteria:** ▪ Every key component of the HPI is filled in correctly with information such as those identified with (OLD CHARTS). ▪ It is written in a paragraph form, in the student's own words. ▪ There is no evidence of plagiarism identified. ▪ This is developed in a paragraph format with no less than 5 sentences. 10 pts	

Criteria	0 points	5 points	10 points	Comments

Electronic Fetal Heart Monitoring
 	
• Baseline EFH
• Variability
• Accelerations
• Decelerations
 	
• Contractions
 	
  ○ Frequency
  ○ Duration
  ○ Intensity
  ○ Patient's response
 	
❖ At beginning of shift and at the end of shift.
	Missing 3or more of the following:
	
	• Baseline EFH
	• Variability
	• Accelerations
	• Decelerations
	
	• Contractions
	
	  ○ Frequency
	  ○ Duration
	  ○ Intensity
	  ○ Patient's response
	
	❖ At beginning of shift and at the end of shift.
		Missing 1-2 of the following:
		• Baseline EFH
		• Variability
		• Accelerations
		• Decelerations
		
		• Contractions
		
		  ○ Frequency
		  ○ Duration
		  ○ Intensity
		  ○ Patient's response
		
		❖ At beginning of shift and at the end of shift.
			Includes complete information of all criteria:
			• Baseline EFH
			• Variability
			• Accelerations
			• Decelerations
			
			• Contractions
			
			  ○ Frequency
			  ○ Duration
			  ○ Intensity
			  ○ Patient's response
			
			❖ At beginning of shift and at the end of shift.
			
			10 pts	

Criteria	**0 points**	**5 points**	**10 points**	**Comments**
Prenatal & Current Lab Values/Diagnostics • Prenatal Values • All abnormal labs discussed and related to diagnosis or chronic health condition	**Missing 2 or more of the following:** • Prenatal Values • All abnormal labs discussed and related to diagnosis or chronic health condition	**Missing 1 of the following:** • Prenatal Values • All abnormal labs discussed and related to diagnosis or chronic health condition • Includes normal lab	**Includes complete information of all criteria:** • Prenatal Values • All abnormal labs discussed and related to diagnosis or chronic health condition	

▪ Includes normal lab values for all abnormal labs	▪ Includes normal lab values for all abnormal labs	values for all abnormal labs	▪ Includes normal lab values for all abnormal labs 10 pts	

Criteria	0 points	5 points	10 points	Comments
5 Hospital Medications ▪ All medications are listed ▪ Pharmacological and therapeutic classification of each medication included ▪ Why the client is taking the medication ▪ Key nursing assessment(s) prior to administration	**Missing 2 or more of the following:** ▪ All medications are listed ▪ Pharmacological and therapeutic classification of each medication included ▪ Why the client is taking the medication ▪ Key nursing assessment(s) prior to administration	**Missing 1 of the following:** ▪ All medications are listed ▪ Pharmacological and therapeutic classification of each medication included ▪ Why the client is taking the medication ▪ Key nursing assessment(s) prior to administration	**Includes complete information of all criteria:** ▪ All medications are listed ▪ Pharmacological and therapeutic classification of each medication included ▪ Why the client is taking the medication ▪ Key nursing assessment(s) prior to administration 10 pts	
Criteria	**0 points**	**5 points**	**10 points**	**Comments**
Orders ▪ Includes all active orders for treatment ▪ Relate why it is relevant for diagnosis	**Missing 2 of the following:** ▪ Includes all active orders for treatment ▪ Relate why it is relevant for diagnosis	**Missing 1 of the following:** ▪ Includes all active orders for treatment ▪ Relate why it is relevant for diagnosis	**Includes complete information of all criteria:** ▪ Includes all active orders for treatment ▪ Relate why it is relevant for diagnosis 10 pts	
Criteria	**0 points**	**5 points**	**10 points**	**Comments**
Stages 1;2;3 of Labor ▪ Signs/symptoms of the stage ▪ Expected findings related to the stage such as	**Missing 2 or more of the following:** ▪ Signs/symptoms of the stage ▪ Expected findings related to the	**Missing 1 of the following:** ▪ Signs/symptoms of the stage ▪ Expected findings related to the stage such as	**Includes complete information of all criteria:** ▪ Signs/symptoms of the stage ▪ Expected findings related to the	

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vital signs and laboratory findings ■ How the stage of labor is identified ■ Typical nursing interventions and treatments for the stage of labor ■ Assessment findings that would suggest the client is progressing to another stage ■ Listed clinical data that correlates to this particular client ■ Reproductive data is included ■ Description of what the nursing student observed and did during this clinical day.	stage such as vital signs and laboratory findings ■ How the stage of labor is identified ■ Typical nursing interventions and treatments for the stage of labor ■ Assessment findings that would suggest the client is progressing to another stage ■ Listed clinical data that correlates to this particular client ■ Reproductive data is included ■ Description of what the nursing student observed and did during this clinical day.	vital signs and laboratory findings ■ How the stage of labor is identified ■ Typical nursing interventions and treatments for the stage of labor ■ Assessment findings that would suggest the client is progressing to another stage ■ Listed clinical data that correlates to this particular client ■ Reproductive data is included ■ Description of what the nursing student observed and did during this clinical day.	stage such as vital signs and laboratory findings ■ How the stage of labor is identified ■ Typical nursing interventions and treatments for the stage of labor ■ Assessment findings that would suggest the client is progressing to another stage ■ Listed clinical data that correlates to this particular client ■ Reproductive data is included ■ Description of what the nursing student observed and did during this clinical day. 10 pts	

Criteria	0 points	5 points	10 points	Comments
Nursing Diagnoses ■ 3 Nursing diagnoses prioritized appropriately ■ Identify rationale for	**Missing 2 or more of the following:** ■ 3 Nursing diagnoses prioritized appropriately	**Missing 1 of the following:** ■ 3 Nursing diagnoses prioritized appropriately ■ Identify rationale for	**Includes complete information of all criteria:** ■ 3 Nursing diagnoses prioritized appropriately	

why this nursing diagnosis was chosen
▪ Provide 2 interventions per nursing diagnosis to address deficit
▪ Provide rationale for each intervention.
   o Include a source for each rationale.
▪ Evaluation of interventions
	▪ Identify rationale for why this nursing diagnosis was chosen
	▪ Provide 2 interventions per nursing diagnosis to address deficit
	▪ Provide rationale for each intervention.
	   o Include a source for each rationale.
	▪ Evaluation of interventions
		why this nursing diagnosis was chosen
		▪ Provide 2 interventions per nursing diagnosis to address deficit
		▪ Provide rationale for each intervention.
		   o Include a source for each rationale.
		▪ Evaluation of interventions
			▪ Identify rationale for why this nursing diagnosis was chosen
			▪ Provide 2 interventions per nursing diagnosis to address deficit
			▪ Provide rationale for each intervention.
			   o Include a source for each rationale.
			▪ Evaluation of interventions
			
			10 pts	

Criteria	**0 points**	**5 points**	**10 points**	**Comments**
Presentation ▪ Concept map is organized, legible, and used colors/fonts that are easy to read	**Missing 2 or more of the following:** ▪ Concept map is organized ▪ Concept map is legible ▪ Colors/fonts used are easy to read	**Missing 1 or more of the following:** ▪ Concept map is organized ▪ Concept map is legible ▪ Colors/fonts used are easy to read	**Includes all criteria:** ▪ Concept map is organized ▪ Concept map is legible ▪ Colors/fonts used are easy to read 10 pts	
Criteria	**0 points**	**5 points**	**10 points**	**Comments**
Narration ▪ Concepts presented on concept map are explained and related using recorded narration or are	▪ Narration is not present	▪ Concepts presented on concept map are inadequately explained or related ▪ Concept map is narrated or presented	▪ Concepts presented on concept map are well explained and related ▪ Concept map is narrated or presented	

presented in post-conference		in post-conference	in post-conference 10 pts	
Criteria	**0 points**	**5 points**	**10 points**	**Comments**
APA Format ▪ Appropriate APA in text citations and listed all appropriate references in APA format. ▪ 3 Source(s) utilized should be 5 or less years old ▪ Source(s) greater than 5 years old will not be accepted ▪ Reference page complete ▪ Professional writing style, grammar, and spelling was used in all narrative sections.	▪ No in-text citations present ▪ 2 or more references are greater than 5 years old ▪ 3 or more APA errors ▪ No Reference Page present ▪ Grammar, spelling, or writing style did not demonstrate collegiate level writing with 3 or more errors noted.	▪ 1-2 APA errors ▪ 1 reference is greater than 5 years old ▪ In-text citations appropriately cited ▪ Reference Page present 1-2 grammar, spelling errors or overall poor writing style was used.	▪ No APA errors present ▪ In-text citations appropriately cited ▪ Reference page present and formatted appropriately ▪ Grammar and spelling were professional and without errors 10 pts	
			TOTAL	**120 /120=100%**