N432 Labor and Delivery Concept map template

Medications

Albuterol HFA 90mcg/actuation inhaler two puffs- every 6 hrs. PRN- for SOB
Therapeutic-Bronchodilator
Pharmacologic-Adrenergic
Prior assessment- Breathing/Lung assessment, vital signs, and ask for patients' inhaler if avail
(Jones & Bartlett Learning, 2022).
Fluticasone furocate-vilanterol-100-25 mcg/dose, inhale/puff daily for asthma
Therapeutic- Antiasthmatic, anti-inflammatory
Pharmacologic-corticosteroid
Prior assessment- Be sure there is at least 12 hours between doses, if prescribed more than one
inhaler, use fluticasone last, monitor for hypersensitivity reaction and for ocular adverse reacti
(Jones & Bartlett Learning, 2022).
Ketorolac tromethamine 15 mg IV push injection one time for pain
Therapeutic-analgesic
Pharmacologic-NSAID
Prior assessment- This drug can affect fetal circulation and inhibit uterine contractions, administer over 15 seconds, check for incompatibilities with other drugs, monitor for adverse reactions, monitor CBC and liver panel, and assess skin routinely (Jones & Bartlett Learning, 2022).
Lamotrigine 100 mg tablet daily for major depressive disorder
Therapeutic-Anticonvulsant
Pharmacologic- Phenyltriazine
Prior assessment-Be sure right drug and formulation used, monitor for hypersensitivity and adverse reactions (Jones & Bartlett Learning, 2022).
Levothyroxine sodium 400 mcg tablet once daily for hypothyroidism
Therapeutic-thyroid hormone replacement Pharmacologic-synthetic thyroxine (t4)
Prior assessment- Take with full glass of water before first meal of day and 4 hours before or a
other drugs and monitor for under or over treatment (Jones & Bartlett Learning, 2022).
Morphine injection 2 mg IV push every 10 mins PRN- epidural support for breakthrough pain
Therapeutic-opioid analgesic
Pharmacologic-opioid Controlled substance-II
Prior assessment- Be sure right drug and dose before administering, have naloxone near for antidote, monitor respirations and circulatory status, and monitor for excessive sedation (Jones & Bartlett Learning, 2022).
Ondansetron HCL- 4 mg IV push daily PRN for nausea
Therapeutic-antiemetic
Pharmacologic-selective serotonin receptor antagonist
Prior assessment-Administer over 2-5 minutes, know if hypokalemia or hypomagnesemia is present, monitor for serotonin syndrome, and monitor ECG (Jones & Bartlett Learning, 2022).

Demographic Data

Admitting diagnosis: Repeat Cesarean Delivery (C-section)

Secondary diagnosis: Tubal Removal

Age of client: 32 yrs. old

Weight in kgs: 98 kg

Allergies: Ceclor (cefaclor)-rash-low severity

Date of admission: 05/30/2023

Support person present: Husband

Presentation to Labor and Delivery

Planned Cesarean delivery (2 previous C-sections)

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

At beginning: (end of shift N/A)

Baseline EFH: 155 bpm

Variability: moderate

Accelerations: present

Decelerations: none

Contractions: none

-frequency-N/A

-length-N/A

-strength-N/A

-patient's response-N/A

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Prenatal & Current Lab Values/Diagnostics

First trimester-11/01/22-
Rubella-
normal-immune…results-immune
28 w-03/12/2023
OB GBS status-
normal negative…. results-negative
HIV-
normal-negative…. results- nonreactive
Hep B-
normal-negative…. results- negative
Blood type- A positive
05/30/23
HGB-normal-11.0-16.7 g/dL…. result- <0.40 g/dL
Pregnancy can cause iron deficiency anemia (Pagana et al., 2020).
HCT-normal 34%-47%.... result- 32.6%
Pregnancy can cause iron deficiency anemia (Pagana et al., 2020).
(No other labs available)

Medical History

Prenatal History: C-section x2 (2014 and 2021)

Previous Medical History: Major depressive disorder, hypothyroidism, migraines, moderate persistent asthma, class 2 obesity, impingement syndrome right shoulder, pregnant state; incidental TSH monthly, pulmonary nodules, umbilical hernia without obstruction and without gangrene

Surgical History: lymph nodes biopsy, breast reduction, wisdom tooth extraction, cesarean section x2

Family History: Patient adopted-N/A

Social History: Tobacco- everyday, 0.5 packs/day, unknown start date

Active Orders

Diet- NPO- routine for cesarean
Vital signs q4 hours-routine
Insert foley catheter/IV catheter-routine
Full code- patient advance directives
Complete maternal/fetal assessment- routine 1x occurrence
Assess bleeding q15 min x 1hr, then 30 min x 1hr, weigh pads for accuracy- routine for assessing for hemorrhage
Complete OB hemorrhage risk assessment within initial 15 mins-routine
Fundal assessment initiate with delivery of placenta q15 mins x 1hr, then 30 mins x1hr-routine
Temp x1 during recovery period-routine
Pulse, pulse ox, blood pressure q15 mins x 1r, then q30 mins x 1 hr- routine
May transfer to post-partum per policy- routine

Stages of Labor
Stage 1 **N/A- PLANNED CESAREAN SECTION, HISTORY OF 2**
Stage 2 **N/A-PLANNED CESAREAN SECTION, HISTORY OF 2**
Stage 3 **N/A-PLANNED CESAREAN SECTION, HISTORY OF 2**

Nursing Diagnosis 1 Ineffective breathing pattern related to altered blood flow to alveoli as evidence by abnormal breathing pattern	**Nursing Diagnosis 2** Risk for infection related to invasive procedure as evidence by cesarean delivery	**Nursing Diagnosis 3** Acute pain related to cesarean birth as evidence by reports of discomfort
Rationale for the Nursing Diagnosis Patient has an ineffective breathing pattern due to the patient being a smoker, having asthma, prescribed an opiate.	**Rationale for the Nursing Diagnosis** The patient is at high risk for infection due to having surgery and having multiple portals of entry for microbes (Phelps, 2020). Patients usually receive prophylactic antibiotics to help the prevention of infection in labor and delivery due to the high risk and outcomes.	**Rationale for the Nursing Diagnosis** The patient is at risk for pain postoperatively during healing. The patient may have pain and discomfort due to postpartum contractions to help the uterus to return to normal (Phelps, 2020).
Interventions **Intervention 1:** Elevate the head of bed as client can tolerate. **Rationale:** Elavating the head of bed will help	**Interventions** **Intervention 1:** Encourage and promote use of hand washing techniques and disposal of perineal pads and contaminate linens	**Interventions** **Intervention 1:** Upon complaint of pain, conduct a pain assessment **Rationale:** To be ahead of pain and in control,

to promote chest expansion and lung excursion to make breathing easier. **Intervention 2:** Provide respiratory medication and oxygen. **Rationale:** The patient's Albuterol, a beta-adrenergic agonist helps to relax airway muscles and bronchodilation.	appropriately. **Rationale:** Helps to prevent and limit the spread of infection. **Intervention 2:** Inspection of the exudate abdominal bandage, removing bandage only when indicated. **Rationale:** A sterile dressing covers the wound to help protect the wound from injury and contamination. If the dressing starts to leak or has excessive exudate this may indicate needing changed.	to manage severity and be sure patient is not worsening. Try to help reduce stimuli in the environment and take all least invasive measures at first sign of discomfort or pain. **Intervention 2:** Administer sedatives, narcotics, or preoperative medications as prescribed. **Rationale:** To promote comfort the medication inhibits pain impulses. Assess vital signs frequently and watch signs of respiration depression if administering a narcotic.
Evaluation of Interventions The patient maintains adequate ventilation and an effective breathing pattern without dyspnea (Phelps, 2020). The patient's respirations and oxygen saturation return to and remain stable. The patient's breath sound will be clear upon auscultation.	**Evaluation of Interventions** The patient showed no signs of infection and demonstrated adequate hand washing techniques. Patient verbally expressed the understanding of the importance of trying to prevent infection.	**Evaluation of Interventions** The patient verbally expressed a relief of pain in comparison to before nursing interventions. The patient appears more relaxed and comfortable. The rate of pain on the numeric scale decreased.

References (3):

Jones & Bartlett Learning. (2022). *2022 Nurse's drug handbook* (19th ed.). Jones & Bartlett Learning

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