N432 Labor and Delivery Concept map template

Medications

Name	Class	Dose	Route	Frequency	Reason	Nursing Assessment
Albuterol HFA	**P:** Adrenergic **T:** Bronchodilator	90 mcg	Inhalation	2 puffs every 6 hours as needed	Asthma	Respiratory assessment, vital signs
Benadryl	**P:** Antihistamine **T:** Antianaphylactic adjunct, antidyskinetic, antiemetic, antihistamine, antitussive, antivertigo, sedative-hypnotic	25 mg	IV Push	Every 4 hours	Post-surgical nausea and vomiting	Monitor I & O's, vital signs and sedation level.
Ketorolac tromethamine	**P:** NSAID **T:** Analgesic	15 mg	IV Push	Every 6 hours as needed for pain	Pain	Fundal assessment, CBC and monitor for adverse reaction.
Morphine sulfate	**P:** Opioid **T:** Opioid analgesic	2 mg	IV Push	Every 10 minutes as needed	Pain	Respiratory assessment, vital signs, sedation level.
Levothyroxine Sodium	**P:** Synthetic thyroxine (T4) **T:** Thyroid hormone replacement	400 mcg	Oral	Daily	Hypothyroidism	Medication interactions, TSH and T4 levels, instruct patient on proper self-administration.
Ondansetron HCL	**P:** Selective serotonin (5-HT3) antagonist **T:** Antiemetic	4 mg	IV Push	One time as needed for nausea	Nausea	Monitor electrolytes, infuse over 2 to 5 minutes, monitor cardiac status.

(Jones and Bartlett Learning, 2022)

Demographic Data

Admitting diagnosis: Planned and scheduled cesarean section.

Secondary diagnosis: Tubal ligation

Age of client: 32

Weight in kgs: 98kg

Allergies: Ceclor

Date of admission: 5/30/23

Support person present: Jay-Husband

Presentation to Labor and Delivery

The patient presented to labor and delivery as instructed on 5/30/23 per her provider's request for her planned and scheduled cesarean section.

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

Baseline EFH: 155 beats per minute

Variability: Moderate

Accelerations: Present

Decelerations: None

Contractions: Absent

- **-frequency** N/A
- **-length** N/A
- **-strength** N/A
- **-patient's response** N/A

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Prenatal & Current Lab Values/Diagnostics

Blood Bank Type & Screen:

ABO: A, RH: Positive, Antibody Screen: Negative

Hepatitis B: Negative/Non-reactive

HIV: Non-reactive

RPR: Non-reactive

GBS: Negative

Rubella: Non-reactive

Hgb: 10.7 g/dL (11-16g/dL) The decrease in hemoglobin occurs due to the result of increased blood volumes and the overall hemodilution of the blood due to the increase in overall blood volume, which leads to iron deficiency anemia (Friel, 2023).

Hct: 32.6% (34.0%-47.0%) The decrease in hematocrit occurs due to the result of increased blood volumes and the overall hemodilution of the blood due to the increase in overall blood volume, which leads to iron deficiency anemia (Friel, 2023).

TSH: 146.97 uIU/mL. (0.35-4.94 uIU/mL) This increase in thyroid stimulating hormone (TSH) is due to the autoimmune response to the pregnancy. The body's own immune system creates antibodies that cause the thyroid to react and produce too much thyroid hormone (U.S. Department of Health and Human Services, n.d.).

T4: <0.40ng/dL (0.70ng/dL - 1.48ng/dL). This decrease in T4 is related to the increase in TSH, they are inversely related (U.S. Department of Health and Human Services, n.d.).

Medical History

Prenatal History: Previous cesarean section x 2. G3P2T2A0L2

Previous Medical History: Abnormal pap smear, HSV-2 infection, Hypothyroidism, migraines, asthma, depressive disorder, irregular period/menstrual cycles.

Surgical History: Previous cesarean section x 2, lymph node biopsy of neck, breast reduction surgery.

Family History: No history patient is adopted.

Social History: Patient is a current smoker, half a pack per day for 14 years. Denies recreational drug use and consuming alcohol.

Active Orders

Diet NPO – routine- pre-op instructions to reduce risk of aspiration.

18-gauge IV Left forearm -routine- medication and fluid administration.

Assess bleeding q 15 min x 1 hour to monitor for postpartum hemorrhage, weigh pads to assess for bleeding– routine.

Complete OB risk assessment to evaluate the risk for postpartum hemorrhage – routine.

Fundal assessments q 15 min x 1 hour, then q 30 min x 1 hour. To monitor lichen and to ensure fundus is firm - routine.

Vitals q 4 hours to monitor patients vital signs and ensure they stay within their baseline – routine.

Assess Temperature one time during recovery – routine.

16 French Foley to monitor urine output – routine for cesarean section.

18-gauge IV Left forearm for medication and fluid administration – routine.

EKG Stat due to poor oxygen saturation post-surgery.

Transfer to post-partum floor per protocol after recovery criteria met – routine.

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Stages of Labor
Stage 1 Does not apply to this patient. Patient had a planned cesarean section.
Stage 2 Does not apply to this patient. Patient had a planned cesarean section.

Stage 3

Does not apply to this patient. Patient had a planned cesarean section.

Nursing Diagnosis 1	**Nursing Diagnosis 2**	**Nursing Diagnosis 3**
Ineffective breathing pattern related to poor ventilation profusion post cesarean section as evidence by oxygen saturation dropping below 90% and patient stating, “my chest feels heavy”. (Phelps, 2020)	Acute pain related to surgical incision due to cesarean section as evidence by patient stating, “my pain is 6 out of 10”. (Phelps, 2020)	Risk for infection related to trauma to abdominal wall as evidence by cesarean section incision. (Phelps, 2020)
Rationale for the Nursing Diagnosis The patient’s oxygen was consistently dropping below 90% on room air while in recovery. The patient has a history of smoking, asthma and was given opioids during her surgery. The patient stated her chest felt heavy. She was placed on supplemental oxygen to bring her oxygen saturation back within normal range.	**Rationale for the Nursing Diagnosis** The patient voiced having pain in her lower abdomen due to her cesarean section incision. The patient also had postpartum uterine contraction pains.	**Rationale for the Nursing Diagnosis** The patient has an intentional abdominal wound from her cesarean section incision which is a major abdominal surgery. This incision has the risk of becoming infected due to the impair skin integrity. The patient was given antibiotics prior to the surgical procedure due to the risk of infection.

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Interventions **Intervention 1:** Albuterol inhaler was used followed by 2 liters of supplemental oxygen was placed on patient. **Rationale:** Albuterol was used to open patient's airways and provided supplemental oxygen to increase the patient's oxygen saturation and provide comfort. **Intervention 2:** Provider was notified when oxygen saturation did not return to baseline after albuterol inhaler and 2 liters of supplemental oxygen, patient was assessed by provider and an electrocardiogram (EKG) was ordered. **Rationale:** When the oxygen did not return to baseline with supplementation provider was notified for further assessment and orders. (Phelps, 2020)	**Interventions** **Intervention 1:** When patient reports pain, complete a pain assessment and administer prescribed pain medication as ordered. **Rationale:** This allows for the determination of if the pain medication is working as it should for the patient as well as observing for any adverse effects. **Intervention 2:** Keep the environment as comfortable as possible and keep external stimuli to a minimum. **Rationale:** This promotes a healthy environment which is important for pain relief and healing. (Phelps, 2020)	**Interventions** **Intervention 1:** Assess abdominal incision frequently and educate patient on the signs of infection to watch out for as well as proper wound care. Have patient report any signs of infection to their provider. **Rationale:** This ensures the patient will be able to monitor and care for their incision when they are discharged to home. **Intervention 2:** Ensure patient understands the importance of adequate nutritional intake. **Rationale:** A healthy diet meeting the proper nutritional requirements will aid in the healing process. (Phelps, 2020)
Evaluation of Interventions The albuterol inhaler and supplemental oxygen provided the patient with enough oxygen to keep her levels above 95%, the EKG was normal, and once the medication given through her epidural for pain control from her surgery wore out of her system, she was able to maintain her own oxygen on room air at 98% where she was then moved to the postpartum floor after 1.5 hours in recovery. (Phelps, 2020)	**Evaluation of Interventions** The IV pain medication provided to patient gave her good relief of her pain. She was able to sit up in bed comfortably holding and feeding her baby. (Phelps, 2020)	**Evaluation of Interventions** The patient demonstrates proper wound care for her incision and knows the signs of infection and when to report abnormal findings to the provider. The patient understands the proper steps to take when preforming dressing changes and the proper dietary considerations to promote wound healing. (Phelps, 2020)

References (3):

Friel, L. A. (2023, May 25). *Anemia in pregnancy - gynecology and Obstetrics*. Merck Manuals Professional Edition. https://www.merckmanuals.com/professional/gynecology-and-obstetrics/pregnancy-complicated-by-disease/anemia-in-pregnancy

Phelps, L. L. (2020). *Sparks and Taylor's nursing diagnosis reference manual* (11th ed.). Wolters Kluwer.

U.S. Department of Health and Human Services. (n.d.). *Thyroid disease & pregnancy - NIDDK*. National Institute of Diabetes and Digestive and Kidney Diseases. https://www.niddk.nih.gov/health-information/endocrine-diseases/pregnancy-thyroid-disease