

N432 Labor and Delivery Concept Map

Medications

Acetaminophen/Tylenol; 1,000 mg; oral; every 6 hours PRN; Reason- moderate or severe pain
Pharm: "Non-salicylate, para-aminophenol derivative" (Jones & Bartlett Learning, 2021)
Therapeutic: "Antipyretic, nonopioid analgesic" (Jones & Bartlett Learning, 2021)
Key assessment: Assess the patient's pain level & recent doses to avoid overdose (Jones & Bartlett Learning, 2021)

Lactated ringers infusion; 125 mL/hr; intravenous; continuous; Reason- electrolyte maintenance
Pharm: "Electrolyte maintenance" (Jones & Bartlett Learning, 2021)
Therapeutic: "Isotonic fluid" (Jones & Bartlett Learning, 2021)
Key assessment: Assess the patency of the IV (Jones & Bartlett Learning, 2021)

Fentanyl- ropivacaine epidural; 2 mg/mL; spinal epidural; Reason- pain relief for labor & childbirth
Pharm: "Opioid" (Jones & Bartlett Learning, 2021)
Therapeutic: "Opioid analgesic" (Jones & Bartlett Learning, 2021)
Key assessment: Assess patient's oxygen saturation & respirations (Jones & Bartlett Learning, 2021)

Ondansetron HCL (PF)/ Zofran; 4 mg; intravenous push; PRN- Twice daily; Reason- nausea & vomiting
Pharm: "Selective serotonin (5-HT3) receptor antagonist" (Jones & Bartlett Learning, 2021)
Therapeutic: "Antiemetic" (Jones & Bartlett Learning, 2021)
Key assessment: Assess for dizziness & drowsiness (Jones & Bartlett Learning, 2021)

Oxytocin in 0.9% sodium chloride/Pitocin; 20.04 units/hr; 334 mL/hr; intravenous; PRN x1 dose; Reason- after delivery to help uterine contract
Pharm: "Oxytocic agents" (Jones & Bartlett Learning, 2021)
Therapeutic: "Oxytocic hormones" (Jones & Bartlett Learning, 2021)

Demographic Data

Admitting diagnosis: Labor/Spontaneous rupture of membranes
Secondary diagnosis: History of cesarean section
Age of client: 30 years old
Weight in kgs: 73.3 kg
Allergies: No known allergies
Date of admission: 6/6/2023
Support person present: Husband, Bill

Presentation to Labor and Delivery

R.S. is a 30-year-old female, G2P1 who is currently 40 weeks pregnant and presented to Labor and Delivery today due to a spontaneous labor with rupturing of membranes. The patient reports that her contractions began this earlier this morning and started to become more regular this evening. The contractions are currently lasting 2-3 minutes. The patient describes her contractions as sharp and frequent. The patient reported no aggravating or relieving factors. The patient did not use any form of treatment at home instead sought treatment at the hospital. The severity of the pain that the patient is experiencing is rated a 10 on a scale of 0-10.

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

Baseline FHR:	Beginning 120 bpm End 120 bpm
Variability:	Beginning Moderate End Moderate
Acceleration:	Beginning No acceleration End Present
Decelerations:	Beginning Early End Late
Contractions:	Beginning 2-3 minutes End 2-3 minutes
Depth:	Beginning 0-10 seconds End 10-10 seconds
Strength:	Beginning Strong End Strong
Spontaneous response:	Beginning Contractile and pushing effectively End Mild deceleration and successful delivery

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Medical History

Prenatal History: G2P1001; unstable fetal lie

Previous Medical History: Polycystic ovarian syndrome; childhood asthma-
no active problems

Surgical History: Cesarean section (9/22/2022)

Family History: Mother- breast cancer; currently in remission

Social History: Married to Bill. Patient reports never using tobacco,
smokeless tobacco, vaping, or drugs. Patient reports no current alcohol use.

Active Orders

Diet- Sip water & ice chips- to avoid aspirating
in the case of an emergency cesarean section

External fetal monitoring (continuous)- to
monitor fetal heart rate & well-being

Vital signs q4 hours- monitor for pre-eclampsia
& mom's well-being/BP

Strict I & O for patients with IV- to assess
intake & output

**Assess amount of bleeding q 15 minutes every
hour, then q 30 minutes every hour (weigh
pads for accuracy)-** to monitor for hemorrhaging

Prenatal & Current Lab Values/Diagnostics

GBS: Negative

Blood Type: O+

3rd Tri HIV: Negative

RPR: Non-reactive

Hep B: Non-reactive

Antibody: Negative

Rubella: 73.00 IU/mL

Diagnostics: N/A

Stages of Labor

Stage 1

The first stage of labor starts when the mother has her first true contraction and ends when the cervix becomes fully dilated (10 centimeters). The first stage tends to be the longest stage of labor and is split into two phases: latent and active. The latent phase is when the mother's cervix is anywhere from 0 to 6 centimeters dilated and the active phase is when the mother's cervix is anywhere from 6 to 10 centimeters dilated. This stage can last up to 20 hours for first time mothers and 14 hours for mothers who have had a child(ren) before (Ricci et al., 2021). This student RN was not present during this stage but had gotten report that mom took 6 hours to fully dilate as a multigravida.

Stage 2

The second stage of labor starts when the mother's cervix becomes fully dilated (10 centimeters) and ends when the mother delivers the baby. The second stage can last for minutes or even hours. The mother is focusing on actively pushing to deliver the baby during this stage of labor. Contractions are more frequent, typically 2 to 3 minutes apart from one another and the duration of the contractions tend to be anywhere from 60 to 90 seconds (Ricci et al., 2021). This student RN was present for the second stage of labor, and it took the patient 2 hours and 10 minutes to delivery baby. The student RN with the help of RN Rachel administered ondansetron 4mg via intravenous push to the mother as requested for nausea and vomiting. The mother used different techniques to help deliver baby such as, towel pulling, turning on her left side, and using closed knee placement to assist with pushing during labor. The mother had five nurses, a doctor, and her husband, Bill, who supported her during this stage with words of encouragement.

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Stage 3

The third stage of labor starts when the mother delivers the baby and ends when the mother delivers the placenta. The third stage of labor typically lasts from 5 to 30 minutes. During this stage of labor, the uterus continuously contracts to deliver the placenta, and the mother may need to push to deliver the placenta. This student Rn was present for the third stage of labor, and it took the patient 3 minutes to deliver the placenta after the delivery of baby (Ricci et al., 2021). The student RN with the help of RN Rachel, administered oxytocin in 0.9% sodium chloride via intravenous at a rate of 334 mL/hr to the patient help the uterus contract. The mother had skin to skin contact with the baby and dad also held the baby during this stage. Breastfeeding was initiated by the mother shortly after skin to skin for about 10 minutes on each breast. The student RN and RN Rachel gave the mother a checked the fundus and gave fundal massage every 15 minutes for the first hour and every 30 minutes for the second hour to assist the uterus to contract back to normal size and reduce the risk of the mother hemorrhaging after childbirth.

<p align="center">Nursing Diagnosis 1</p> <p>Risk for falls related to patient receiving an epidural as evidence by the patient stating, “I have no feeling in this leg”. (Phelps, 2020)</p>	<p align="center">Nursing Diagnosis 2</p> <p>Risk for infection related to patient’s amniotic membranes rupturing as evidence by the patient having spontaneous rupturing of membranes for 8 hours and multiple portals of entry. (Phelps, 2020)</p>	<p align="center">Nursing Diagnosis 3</p> <p>Risk for hemorrhaging related to childbirth as evidence by third and fourth stage of labor. (Phelps, 2020)</p>
<p align="center">Rationale for the Nursing Diagnosis</p> <p>This nursing diagnosis was chosen due to the patient having an epidural, which can result in decreased sensation in the lower extremities. This nursing diagnosis is listed as number one because the patient had stated, “I have no feeling in this leg” when pointing to her right leg and did not feel that she could stand with a</p>	<p align="center">Rationale for the Nursing Diagnosis</p> <p>This nursing diagnosis was chosen due to the patient having ruptured membranes, which results in multiple portals of entry (e.g., IV, foley catheter). This diagnosis is listed as number two because the patient had an IV and foley catheter but did not have any signs or symptoms of infection. (Phelps, 2020)</p>	<p align="center">Rationale for the Nursing Diagnosis</p> <p>This nursing diagnosis was chosen due to the patient giving birth and hemorrhaging being a leading cause of maternal mortality but is listed number three due to the mother having a loss of 282 mL of blood. (Phelps, 2020)</p>

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<p>two person assist. (Phelps, 2020)</p>		
<p style="text-align: center;">Interventions</p> <p>Intervention 1: The student RN and RN Rachel had used a Sara-Steady machine for ambulating the patient to the bathroom after delivery. (Phelps, 2020) Rationale: This intervention was done to ensure patient safety and safety for the nurses. (Phelps, 2020) Intervention 2: The student RN made sure to have the call light within reach and tell the patient to call if she needed anything. (Phelps, 2020) Rationale: This intervention was done to ensure that the patient had assistance when needed to reduce the risk of patient ambulating. (Phelps, 2020)</p>	<p style="text-align: center;">Interventions</p> <p>Intervention 1: The nursing staff had limited performing vaginal exams on the patient during labor. (Phelps, 2020) Rationale: This intervention was done to reduce the risk of the patient getting an infection. (Phelps, 2020) Intervention 2: The patient’s temperature was checked every 2 hours. (Phelps, 2020) Rationale: This intervention was done to ensure that the patient’s temperature was not elevated, which is a common sign of infection. (Phelps, 2020)</p>	<p style="text-align: center;">Interventions</p> <p>Intervention 1: The student RN and RN Rachel administered oxytocin in 0.9% sodium chloride via intravenous at a rate of 334 mL/hr to the patient. (Phelps, 2020) Rationale: This intervention was done to reduce the risk of hemorrhaging and to also help the uterus contract back to normal size. (Phelps, 2020) Intervention 2: This student RN and RN Rachel gave the patient a checked the fundus and gave fundal massage every 15 minutes for the first hour and every 30 minutes for the second hour. (Phelps, 2020) Rationale: This intervention was done to help the uterus contract back to normal size and reduce the risk of hemorrhaging. (Phelps, 2020)</p>
<p style="text-align: center;">Evaluation of Interventions</p> <p>The patient will remain free from falls. (Phelps, 2020)</p>	<p style="text-align: center;">Evaluation of Interventions</p> <p>The patient will display vital signs within normal range and remain free of infection. (Phelps, 2020)</p>	<p style="text-align: center;">Evaluation of Interventions</p> <p>The patient will remain free from losing over a liter of blood. (Phelps, 2020)</p>

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References (3):

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

Phelps, L. L. (2020). *Sparks & Taylor's Nursing Diagnosis Reference Manual*. Wolters Kluwer.

Ricci, S. S., Kyle, T., & Carman, S. (2021). *Maternity and pediatric nursing* (4th ed.). Wolters Kluwer.