Medications

Acetaminophen: 1000mg orally

Pharmacological/Therapeutic class: Nonsalicylate, Antipyretic

Reason client taking: For mild pain.

Key nursing assessments: Use of drug at any time during pregnancy may increase risk of attention deficit hyperactivity disorder (ADHD) after birth (Jones & Bartlett Learning, 2022).

Ampicillin: 60ml/ hr IV push

Pharmacological/Therapeutic class: Aminopenicillins

Reason client taking: Positive for GBS

Key nursing assessments: Contraindicated in penicillin allergy, may lead to seizures, diarrhea, anaphylaxis, and superinfection (Jones & Bartlett Learning, 2022).

Calcium carbonate tums: 500 mg chewable tablet

Pharmacological/Therapeutic class: Calcium salts, anti-acid, anti-hyper phosphatemic, calcium replacement cardiotonic

Reason client taking: Heart burn.

Key nursing assessments: Monitor hemodynamics and for hypotension. May cause cardiac arrest and arrhythmias. (Jones & Bartlett Learning, 2022).

Cefazolin (ancef): 2g IV push

Pharmacological/Therapeutic class: First generation cephalosporins

Reason client taking: Treat infection.

Key nursing assessments: Monitor for signs of allergic reactions, anaphylaxis, or leukopenia (Jones & Bartlett Learning, 2022).

Ephedrine sulfate: 5mg IV push

Pharmacological/Therapeutic class: Decongestants, Vasopressors

Reason client taking: Congestion.

Key nursing assessments: Instruct clients to take the last dose around bedtime, if they can, to minimize insomnia. Clients should not use the medication longer than three days (Jones & Bartlett Learning, 2022).

Demographic Data

Admitting diagnosis: Labor assessment

Secondary diagnosis: N/A

Age of client: 23

Weight in kgs: 107.7 kgs

Allergies: No known allergies

Date of admission: 6/21/2023

Support person present: Father of the baby

Presentation to Labor and Delivery

Patient is a 23-year-old female who is 38 weeks gestation. She came to the hospital on 6/21/2023 because her water had broken that morning. Patient reported that her contractions have only been getting stronger and more painful since they started. There are no reports of any vaginal bleeding. Her contractions were 3-4 minutes apart since 1300.

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

Baseline EFH: Start: 135, End: 140

Variability: Start: moderate, End: moderate

Accelerations: Start: present, End: present

Decelerations: Start: not present, End: not present

Contractions: Start: present, End: present

-**frequency:** Start: every 8 minutes, End: every 4 minutes

-**length:** Start: 60 secs, End: 70 secs

-**strength:** Start: moderate, End: moderate

-**patient's response:** Start: relaxed, End: relaxed

Stages of Labor

Stage 1

The first stage of labor is onset of labor to comp[...] include pressure, hot flashes, nausea, vomiting, gas, and pain. Contractions are increa[...] given pain meds during this time such as IV pain meds or epidurals. During this stage, the [...] on, she was only at 6 cm dilated.

Prenatal & Current Lab Values/Diagnostics

Blood type: O+

GBS: Positive The mother tested positive for GBS which means she is a carrier and will need antibiotics while in labor to prevent the baby from getting the disease (Capriotti, 2020).

Albumin: (3.5- 5) 2.8 Low protein levels are indicative of malnutrition and can indicate preeclampsia (Capriotti, 2020).

Alk Phos: (20- 140) 187 This is common in the third semester, alkaline phosphatase high in the third trimester are usually on the higher side and is a normal sign (Capriotti, 2020).

CO2: (35- 45) 20 This is common in pregnancy due to excess Blood Acids Excess acids in your bloodstream drive down your blood HCO 3 level (Capriotti, 2020).

WBC: (4-12) 12.23 High white blood cell count in pregnancy is common as the body's immune system adjusts to support the woman and her unborn baby (Capriotti, 2020).

Absolute Neutrophils: (2.5- 7) 9.27 During pregnancy, the production of new neutrophils is not increased but the counts are raised due to impaired neutrophil apoptosis (Capriotti, 2020).

Medical History

Prenatal History:

G2P1T1P0A0L1

Previous Medical History:

N/A

Surgical History:

C-section 9/9/2019

Family History:

N/A

Social History:

Patient denies using tobacco and drinking alcohol.

Active Orders

Strick I/O: The patient needs her I/Os monitored to ensure adequate fluid output. Helps monitor for edema and urinary patterns.

Pneumatic compression stockings: The patient will wear these to prevent DVT.

Blood pressure Q8: High blood pressure during pregnancy could increase the risk of preeclampsia or preterm birth so it is important to constantly monitor blood pressure.

OB hemorrhage assessment Q8: Assess for any signs of bleeding following the c section.

Pre-op diet: NPO for C section to decrease the risk of aspiration.

Insert foley catheter: Inserted for the C section to monitor how much urine the bladder is producing.

Stage 3

This stage is defined as the delivery of the baby to the delivery of placenta. During this stage of labor, the patient can experience heavy vaginal bleeding for a short time during or after the delivery of the placenta. Some women experience chills or feel feverish afterwards. After the placenta was completely out of my patient, the provider started suturing her up. After her procedure the mother was pleased to see her baby and did skin to skin contact and attempted to breastfeed. After this stage is completed, it is important to monitor for bleeding.

Nursing Diagnosis 1	Nursing Diagnosis 2	Nursing Diagnosis 3
Risk for infection related to cesarean delivery as evidenced by elevated WBC.	Risk for altered sleep patterns related to newborn as evidenced by frequent feeding every two hours.	Risk of pain related to breastfeeding as evidenced by tenderness and redness.
Rationale for the Nursing Diagnosis The patient had invasive surgery. This increases her risk of infection, and her WBC was elevated to begin with.	**Rationale for the Nursing Diagnosis** Newborns do not sleep throughout the night and need to be taken care of hourly.	**Rationale for the Nursing Diagnosis** Breastfeeding can cause breast tenderness.
Interventions **Intervention 1:** Monitor CBC values for WBC count and hemoglobin levels (Phelps, 2021). **Intervention 2:** Assess the clients c-section wound for any discharge or separation (Phelps, 2021).	**Interventions** **Intervention 1:** Assist the patient with developing a support system (Phelps, 2021). **Intervention 2:** Assist the mom with developing schedules (Phelps, 2021).	**Interventions** **Intervention 1:** Give the patient nipple cream to help her breast discomfort (Phelps, 2021). **Intervention 2:** Apply cold compresses between feedings (Phelps, 2021).

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Evaluation of Interventions	Evaluation of Interventions	Evaluation of Interventions
The patient understands risk factors for infection control and the patient's lab values will come back normal.	The patient understands that she will have help from the father of the baby.	The patient will recognize the right comfort measures and experience less pain while breastfeeding.

N432 Labor and Delivery Concept map template

References (3):

Jones &amp; Bartlett Learning. (2022). 2022 Nurse Drug Handbook. Houston, B. T., Chowdhury, Y.

Capriotti, T. M. (2020). Davis Advantage for Pathophysiology Introductory Concepts and

     Clinical Perspectives. [FADavis]

Phelps, L. L. (2021). Sparks & Taylor's nursing diagnosis pocket guide. Wolters Kluwer.