Medications

sertraline hydrochloride (Zoloft) 50mg tab at night for sleep
Pharmacologic class: SSRIs
Therapeutic class: Antidepressants
Key nursing assessment: Neonates exposed to this drug during pregnancy have to be monitored for respiratory problems. Caution in breastfeeding.

acetaminophen (Tylenol) 1000mg tablet one time, for pain **Therapeutic class:** Analgesics **Pharmacologic class:** Para-aminophenol derivative
Key nursing assessment: count total daily dose, caution in liver disease

Cefazolin (Ancef) inj. 2g iv push antibiotic preop send to OR with patient
Therapeutic class: Antibiotics
Pharmacological class: First-generation cephalosporins **Key nursing assessment:** monitor for

Prenatal & Current Lab Values/Diagnostics

Prenatal

Albumin 2.5 g/dL **Normal:** 3.5-5.0 g/dL **Reason for abnormal:** increased need for proteins in pregnancy

WBC: 15.11 x10^3/mL **Normal:** 4.00-

Demographic Data

Admitting diagnosis: Endocrine & metabolic problems, obesity, history of c-section, 39w4d

Secondary diagnosis: High risk pregnancy due to history of loss of pregnancy in 1st trimester.

Age of client: 30

Weight in kgs: 87.6 kg

Allergies: codeine, hydrocodone

Date of admission: 7/13/23

Support person present: yes, spouse

Presentation to Labor and Delivery

Patient came to Labor and Delivery for scheduled c-section. Patient is G4P1021 and is 39w4d. She has pain 5/10. Pain has been present for several hours and is increasing slowly in intensity. It started gradually. It is dull pain in her back and lower abdomen. Patient cannot say if anything aggravates the pain or makes it easier.

Active Orders

Anesthesia will be given

IV Access-Existing/ maintain per protocol

Order platelet count within 4 hours of surgery for severe pre-eclampsia

Confirm surgical consent L&D once

Confirm anesthesia consent L&D once

Complete review of prenatal record including labs & sonogram L&D once

Complete OB hemorrhage Risk Score Compare with H&P/ Antenatal score and notify provider if differs L&D once

Review of acceptance of blood products. Notify provider if refused.

Ensure bed side sonogram by provider prior to transferring patient to OR if reason for c/s is breech L&D once

External Fetal monitoring per nursing standard OB549 continuous L&D

Complete maternal and fetal assessment.

Pneumatic compression stocking when pt in OR L&D once.

Insert 16Fr. Foley catheter in OR.

Prep abdomen and mons veneris/pubis per policies L&D once

Vital signs on arrival. Call doctor if BP>/=140 or d>/=90 if sustained for 15 min.

Preop diet until discontinued

Medical History

Prenatal History: Patient had two miscarriages. One miscarriage happened in 15wk gestation and it was with intrauterine demise. She had one baby boy in January of 2021., with c-section, and had a cerclage during the pregnancy due to incompetent cervix. Chorioamnionitis, obesity, PROM were in the past but no detailed description was available.

Previous Medical History: Patient denies any previous or current diseases.

Surgical History: C-section in 2021.

Family History: father & mother have high BP. Sister, one, healthy. Grandparents had cancers but the patient does not remember the details.

Social History: patient denies use of alcohol, drugs, or tobacco. She denies smoking cigarettes or use of vapes.

Stages of Labor

Stage 1 In this stage cervix dilates 0-10 cm and effaced 100%. It has 3 phases: Latent, Active, Transition. This is the longest stage.

In latent phase. Cervix dilates 1-4 minutes. Contractions are every 5-30 minutes and last 30-45seconds. They are very mild, less intense compared to phase 2 and 3. If the woman is at home, she needs to stay at home until water brakes. Mother is usually nervous and talking.

Active phase: In this phase cervix dilates 4-7 cm. Contractions are every 3-5 minutes and last 45-60 seconds. This is time for mom to go to hospital. This phase can last 4-8 hours. In this phase water can broke. It is important to inquire about the color of amniotic fluid. If it is brown-green, meconium may be aspirated by the baby. Nitrazine paper can confirm amniotic fluid in vagina. Nursing interventions are: giving comfort by massage, warm shower, special breathing techniques. Helping woman to empty her bladder every 2hres is good. Also, at this phase mother can get epidural to help with pain. Monitor FHR and mother's contractions and heart function.

Transition stage. Cervix will dilate 8-10 cm. This phase will last ½ hour to 2 hours. Contractions are on every 2-3 minutes and last very long 60-90 seconds. Mother in this phase is in pain. She feels pressure in the rectum. She may shiver, concentrating, not talking. Mother should not start pushing until cervix is fully dilated, because it can damage cervix. Nurse should encourage breathing. Monitor vitals of mother and fetus. FHR has to be 110-160 bpm. Assessment of cervix dilation and effacement. Assess fetal position. Station goes from negative to positive.

Stage 2 This stage starts with the cervix completely dilated 10cm. It has two phases: pelvic and perineal. Pelvic phase is a fetal coming down into the pelvis. Perineal phase is when a woman starts having strong contractions and very strong urges to push**.** In multipara this stage can last 30 minutes.
This phase finishes with the birth of baby**.** In this stage mother feels intense pressure. Station is +4 to +5. Contractions are on 60-90 seconds and every 2-3 minutes. Nurses' intervention is to teach how to push. Positioning the mother in high Fowler and Lithotomy, squatting. Encourage mom, explain her what is going on. Monitor perineum, because baby is low and there is visible bulging. There is bloody mucus and baby's head is showing. Record the time when baby is born.

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Stage 3 This stage takes up to 30 minutes. It involves placental separation from the uterus and expulsion from vagina**.** Umbilical cord becomes

Nursing Diagnosis 1 **Acute pain related to surgical intervention as c-section**	**Nursing Diagnosis 2** **Risk for bleeding related to surgical incision and postpartum complications**	**Nursing Diagnosis 3** **Alteration in body fluids related to NPO status before and during surgery.**
Rationale for the Nursing Diagnosis Acute pain after surgery has to be controlled properly and patient has to start walking (Flynn Makic & Martinez-Kratz, 2023).	**Rationale for the Nursing Diagnosis** C-section is a surgical procedure that can cause bleeding and it requires continuous monitoring until bleeding stops (Flynn Makic & Martinez-Kratz, 2023).	**Rationale for the Nursing Diagnosis** Patient can get dehydrated because it can take several hours until surgery is done. (Flynn Makic & Martinez Kratz, 2023).
Interventions **Intervention 1:** Assess pain level every 4 hours**.** **Rationale:** When the pain level is known adequate medication can be given to lower/stop the pain. **Intervention 2:** Get patient up and moving as soon as possible. **Rationale:** Walking decreases stiffness and pain. Light walk keeps muscles & joints loose.	**Interventions** **Intervention 1:** Assess for bleeding from the wound and amount of lochia. This has to be done on every 15 min in the 1st hour, every 30min in the 2nd hour, and then on every 4 hours. **Rationale:** If bleeding increases report to the doctor. **Intervention 2:** Assess vitals/blood pressure, and fundus. Vitals have to be checked in same intervals like bleeding/lochia. **Rationale:** If blood pressure is getting low and respirations are going up, report to the doctor.	**Interventions** **Intervention 1:** Assess patient for fluid status and vitals. Look for fever, hypotension, tachycardia. **Rationale:** if these signs are present, patient is possibly dehydrated. Encourage oral rehydration with fluids. **Intervention 2:** Provide patient with clear liquids , bland foods or regular diet as tolerated **Rationale:** Appropriate diet can reestablish normal hydration.
Evaluation of Interventions Patient will be able to walk w/o pain in two weeks**.**	**Evaluation of Interventions** Patient will not have complications due to bleeding after 8 hours.	**Evaluation of Interventions** Patient does not show signs of dehydration at the end of shift.

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