

N432 concept map
Lakeview College of Nursing
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N432 Labor and Delivery Concept map template

Medications	
Cytotec 50 mcg:	<ul style="list-style-type: none"> Pharmacological: prostaglandin E1 analogue (RxList, 2023). Therapeutic: NSAID (RxList, 2023). The client was taking this medication for labor induction. When Cytotec is administered to induce labor the risk of uterine rupture increases with advancing gestational ages and prior uterine surgery (RxList, 2023).
Oxytocin	<ul style="list-style-type: none"> Pharmacological: oxytocic hormones (RxList, 2023). Therapeutic: oxytocic hormones (RxList, 2023). The client was taking this medication to induce labor. Frequent monitoring of pt. contractions and fetal heart rate throughout the infusion oxytocic hormones (RxList, 2023).
Calcium Carbonate 500 mg:	<ul style="list-style-type: none"> Pharmacological: Calcium salt (Jones & Bartlett, 2021). Therapeutic: Antacid (Jones & Bartlett, 2021). The client was taking this medication to help treat acid reflux. Take this drug at bedtime or in the morning (Jones & Bartlett, 2021).
Famotidine 20mg:	<ul style="list-style-type: none"> Pharmacological: Histamine (Jones & Bartlett, 2021). Therapeutic: Antiulcer (Jones & Bartlett, 2021). The client was taking this medication treat and prevents the symptoms of acid reflux. Take this drug at bedtime or in the morning (Jones & Bartlett, 2021).
Acetaminophen	<ul style="list-style-type: none"> Pharmacological: Nonsalicylate, para-aminopheno, derivative (Jones & Bartlett, 2021). Therapeutic: Antipyretic, nonopioid analgesic (Jones & Bartlett, 2021). The client was acetaminophen for pain as needed. Assess the patient vitals and make sure no other medication has acetaminophen in it (Jones & Bartlett, 2021).

Demographic Data
Admitting diagnosis: Pre-eclampsia
Secondary diagnosis: N/A
Age of client: 19 years old
Weight in kgs: 113.4
Allergies: Unknown allergies
Date of admission: 9/6/23
Support person present: Husband and mother
Presentation to Labor and Delivery
The patient is a 19-year-old pregnant female that was seen due to elevated BP during a clinic visit. She was admitted for pre-eclampsia in the third trimester. Prior to pre-eclampsia the patient hasn't had any medical history or surgical history. Prenatal history is G1PO. The patient denies headaches, abdominal pain or swelling.

Electronic Fetal Heart Monitoring: (At the beginning and the end of shift.)	
Start	End
Baseline EFH: 140	135
Variability: Moderate	Moderate
Accelerations: Present	Present
Decelerations: None	None
Contractions: irregular	irregular
-frequency - 5 mins	3-5 mins
-length - 90-200 sec.	40-50 sec.
-strength none	none
-patient's response -	Not so super strong Not strong

Stages of Labor

Stage 1

The first stage of labor lasts from when labor f

Prenatal & Current Lab Values/Diagnostics

Protein/Creatine (0.021-0.127)
 Abnormal: 0.350 Reasoning: During pregnancy, it's a sign of preeclampsia or kidney disease (Cleveland Clinic, 2022).

Creatinine (47.00 - 110.00)
 Abnormal: 21.03 Reasoning: Pregnancy can also cause low levels (NorthShore, 2023).

Albumin (3.5-5.0)
 Abnormal: 2.7 Reasoning: Pregnancy can also cause low levels (MedlinePlus, 2022).

Alkaline Ph: (40-150)
 Abnormal: 179 Reasoning: Pt. has low CO2, and it can cause low Alkaline Ph. (MedlinePlus, 2022).

Chloride: 98-107
 Abnormal: 108 Reasoning: High blood pressure (MedlinePlus, 2022).

CO2 (22.0-29.0)
 Abnormal: 21.0 Reasoning: Pt. body is removing CO2 little more than normal (Cleveland Clinic, 2022).

WBC (4.00-11.00)
 Abnormal: 11.56 Reasoning: The pt. body is fighting off infection or inflammation (Cleveland Clinic, 2022).

Medical History

Prenatal History: G1P0

Previous Medical History: None

Surgical History: None

Family History: None

Social History: Never smoke and drink.

stage, and it is further broken into three

Active Orders

- Position Change - To monitor the fetal heart rate.
- Ambulate - To increase the intensity of uterine contractions.
- Regular diet - For the pt. to continue receiving nutrients for her and the baby.
- BP Q4H - Monitor the pt. blood pressure.
- External fetal heart monitor- To measure the fetus's heart rate.
- Sterile vaginal exam - For determining the progress of dilation and effacement of the cervix.
- IV Access - For the pt. to receive fluids and oxytocin.

Stage 2

Baby delivery occurs during the second stage of labor. This phase lasts till delivery of the child and starts with full cervical dilation and effacement. This stage involves moving the fetus through the birth canal and out of the body, also known as the pushing stage. Signs and symptoms the woman could experience are pressure on her rectum, and an uncontrollable urge to push and bear down with each contraction until the fetal head is presented on the vaginal opening or until crowning. The time it takes to bring the baby into the world might range from a few minutes to many hours or longer. This phase could take longer for first-time mothers and women who have had an epidural. Soon after the head is out, the remainder of the baby's body will be delivered (Nursestudy, 2023). Interventions during stage 2 of labor is continuous fetal monitoring, looking for symptoms of distress should be used to monitor the mother's vital signs and the baby's heart before, after, and during contractions (RegisteredNurseRN, 2020). The patient hasn't experienced stage 2 of labor.

Stage 3

The third stage of labor is when the fetus is delivered and next is the delivery of the placenta. Milder, less uncomfortable, more frequent contractions will keep helping the woman push the placenta through the birth canal. After the placenta is delivered, the uterus will continue to shrink until it reaches its normal size (Nursestudy, 2023). Signs and symptoms include extension of the umbilical cord, a gush of blood at the vagina, and a globular-shaped uterine fundus on probing are the three cardinal signals that the placenta has separated from the uterine interface. The time it takes for the placenta to expel itself spontaneously ranges from 5 to 30 minutes. A delivery that takes longer than 30 minutes may require manual removal or other intervention due to the increased risk of postpartum hemorrhage (National Library of Medicine, 2023). Interventions include monitoring blood pressure both before and after placenta birth and giving oxytocin "Pitocin" as directed by a doctor AFTER placenta delivery. Makes mother comfortable and encourages bonding with the baby, changes linens, and provides peri-care. It also aids in uterus contraction following placenta birth and reduces hemorrhage (RegisteredNurseRN, 2020). The patient hasn't experienced stage 3 of labor.

<p align="center">Nursing Diagnosis 1</p> <p>Decreased cardiac output related to hypertension as evidenced by pre-eclampsia (NurseTogether, 2022).</p>	<p align="center">Nursing Diagnosis 2</p> <p>Acute Pain related to muscled contractions as evidenced by verbalization of pain (NurseTogether, 2022).</p>	<p align="center">Nursing Diagnosis 3</p> <p>Deficient knowledge related to misconceptions about preeclampsia as evidenced by unawareness of symptoms (NurseTogether, 2022).</p>
<p align="center">Rationale for the Nursing Diagnosis</p> <p>This diagnosis was given because the patient was diagnosis with hypertension.</p>	<p align="center">Rationale for the Nursing Diagnosis</p> <p>This diagnosis was given because the patient reported pain during a pain assessment.</p>	<p align="center">Rationale for the Nursing Diagnosis</p> <p>This diagnosis was given because the patient lacked education about preeclampsia.</p>
<p align="center">Interventions</p> <p>Intervention 1: Position the patient comfortably on the left side-lying position (NurseTogether, 2022).</p>	<p align="center">Interventions</p> <p>Intervention 1: Administer pain medication (NurseTogether, 2022). Rationale: The nurse can discuss and explain options for pain relief and help the mother decide what is best for them (NurseTogether,</p>	<p align="center">Interventions</p> <p>Intervention 1: Give instructions on symptoms to report (NurseTogether, 2022).</p>

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<p>Rationale: This position makes it easier for nutrient-rich to flow from the heart to the placenta (NurseTogether, 2022). Intervention 2: Encourage reduced activity (NurseTogether, 2022). Rationale: Physical activity diverts blood away from the placenta (NurseTogether, 2022).</p>	<p>2022). Intervention 2: Provide comfort measures (NurseTogether, 2022). Rationale: Back rubs, pillows for better positioning, and ice cubes can provide short-term relief (NurseTogether, 2022).</p>	<p>Rationale: The nurse will provide verbal and written instructions on symptoms to report to a healthcare provider, such as headaches or blurred vision (NurseTogether, 2022). Intervention 2: Get the pt. support system involved (NurseTogether, 2022). Rationale: The nurse can provide information to a support person to monitor the patient (NurseTogether, 2022).</p>
<p>Evaluation of Interventions The patient reported improve sign and symptoms of hypertension.</p>	<p>Evaluation of Interventions The patient reported less pain on her side with pillows against her back.</p>	<p>Evaluation of Interventions The verbized a better understanding of her medical diagnosis of preeclampsia.</p>

References (3):

Jones & Bartlett Learning. (2020). *2021 nurse's drug handbook* (20th ed.). Jones & Bartlett Learning.

Stages of labor nursing nclex review. Registered Nurse RN. (2020, February 7). <https://www.registerednurse.com/stages-of-labor-nursing-nclex-review/>

Oxytocin (pitocin): Drug Basics and Frequently asked questions. GoodRx. (n.d.). <https://www.goodrx.com/oxytocin/what-is>