

**N432 Labor and Delivery Concept Map**

Jonny Matsner C. Yap

Lakeview College of Nursing

N432: Maternal-Newborn Care

Prof. Jodi Bohlen, MSN RN

September 8, 2023

### Medications

- Betamethasone Acetate and Sodium Phosphate**  
 Dosage: 12mg Route: PO Daily  
 Brand Name: Betaject, Celestone Soluspan  
 Pharmacological Classification: Corticosteroids (Vallerand, 2023)  
 Therapeutic Classification: Corticosteroids (Vallerand, 2023)  
 Reasons for taking: (Unlabeled Uses) Short-term administration to high-risk mothers before delivery to prevent respiratory distress syndrome in the newborn (Vallerand, 2023).  
 Assessment before Administration: Monitor I/O and daily weights. Monitor serum electrolytes and glucose. May cause hyperglycemia (Vallerand, 2023).
- Sertraline**  
 Dosage: 50mg Route: PO Daily  
 Brand Name: Zoloft  
 Pharmacological Classification: Selective Serotonin Reuptake Inhibitors (SSRIs) (Vallerand,

### Prenatal & Current Lab Values/Diagnostics

**Prenatal Laboratory Blood Draws:**  
 (No follow-up lab draws were ordered by the provider since admission)

Test	Result	Normal
• Folate	↑ 38.6	7-31.4ng/ml
The client is taking folic acid to prevent neural tube defects in the baby.		
• Reticulocyte %	↑ 2.04	0.86 - 1.36%
Pregnancy may cause an increased reticulocyte count (Pagana et al., 2021).		
• Reticulocyte #	↑ 0.0783	0.0391 - 0.057
Pregnancy may cause an increased reticulocyte count (Pagana et al., 2021).		
• Iron	↑ 191	50 - 170µg/dL
The client takes iron as part of the pregnancy.		
• Hemoglobin	↓ 10.9	11 - 16
In pregnancy, normally, there is increased blood volume because of a chronic state of overhydration. Combined with a relative "malnourished" state, the Hgb is diminished by a decrease in the number of RBCs and the percentage of the total blood volume they make up (Pagana et al., 2021).		
• 1-HR Glucose	↑ 163	<140mg/dL
Gestational diabetes mellitus match indentation (GDM) during the 2 <sup>nd</sup> or 3 <sup>rd</sup> trimester of pregnancy (Pagana et al., 2021).		
• UA Dip: Protein	↑ 100+	Negative
The client might be showing signs of preeclampsia. However, checking the blood pressure did not confirm preeclampsia as the client's last BP reading is 108/59 at 0900.		
• Prenatal UA	GBS+	Negative
Group B Strep infection is caused by bacteria typically found in a person's vagina or rectal area. About 25% of pregnant women have GBS but does not cause symptoms (Cleveland Clinic, 2023b).		

### Demographic Data

**Admitting diagnosis:** *Placenta Previa*

**Secondary diagnosis:** *Velamentous Cord Insertion*

### Medical History

**Prenatal History:** *The client is 31 weeks 1 day gestation. The client's GTPAL is 2-1-0-0-1 with primigravida on 02/03/2020. The client is following scheduled prenatal visits with Maternal Fetal Medicine.*

**Previous Medical History:** *(2023) Dentalgia; (2019) Depression; (2018) Aggressive-Type Unsocialized Behavior.*

**Surgical History:** *The client has no previous surgical history. However, she is scheduled for a Cesarean Section on October 4, 2023, for her second*

### Presentation to Labor and Delivery

The client was admitted directly from the Maternal Fetal Medicine (MFM) on Tuesday, August 22, 2023, for the diagnosis of Marginal Placenta Previa at 29th-week gestation. A placenta previa occurs when the placenta abnormally implants in the lower segment of the uterus near or over the cervical os (opening) instead of attaching to the fundus (Holman, 2021). Risk factors are previous placenta previa, uterine scarring from previous C-sections, maternal age greater than 35 years, multifetal gestation, multiple gestations, or smoking (Holman, 2021). A transvaginal ultrasound was also done to check the position of the placenta, and it was also discovered that the client had a velamentous insertion of the umbilical cord in the 2<sup>nd</sup> trimester. Velamentous cord insertion is a pregnancy complication that happens when the umbilical cord from a fetus does not insert into the placenta correctly (Cleveland Clinic, 2022c). Although the client already has a cesarean section scheduled for Wednesday, October 4, 2023, the MFM provider advised the client to be admitted into the antepartum six weeks early for the high risk of bleeding. According to Holman (2021), the client should adhere to bed rest.

*just because of peer pressure during her teenage years. The client said she quit and stopped smoking 10 years ago, even before her first pregnancy.*

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

*The client's schedule for EFH Monitoring is Q12 at 0900 and 2100. Only one reading is taken during the shift.*

**Baseline EFH: 135bpm**  
*Normal 110-160 bpm (Ricci et al., 2020)*

### Active Orders

- **CPR - Full Code**  
*The client is just 29, with a 3-year-old child and one on the way.*
- **OB Hemorrhage Risk Protocol**  
*Implemented due to the placenta previa diagnosis, which could cause bleeding and hemorrhage.*
- **External Fetal Monitor Q12**  
*EFM is the recommended method of intrapartum fetal surveillance for high-risk pregnancies (Ricci et al., 2020).*
- **BP Q15mins for 8 hours if Systolic >160/ Diastolic >110**  
*The client's protein in UA is abnormal and needs to be monitored due to the risk of preeclampsia (Cleveland Clinic, 2022a).*
- **Medications: Acetaminophen, Bisacodyl Suppository, and Calcium Carbonate**  
*Medications are for the mild to moderate pain, constipation, and heartburn experienced by the client.*
- **Ambulate**  
*To make sure that the client will not have venous stasis while waiting for the scheduled cesarean section.*
- **CPM if unable to ambulate.**  
*To make sure that the client will not have trouble with embolism while in the hospital.*
- **Shower**  
*To ensure the client practices personal hygiene.*

- *Teach the client and their partner about what to expect during labor and implement relaxation measures: breathing, effleurage, stroking of the abdomen in rhythm with breathing, and diversional activities.*
- *Encourage upright positions, application of warm/cold packs, ambulation, or hydrotherapy if not contraindicated to promote comfort.*
- *Encourage voiding every 2 hours.*
- *During the Active Phase:*
  - o *Provide client/fetal monitoring.*
  - o *Encourage frequent position changes.*
  - o *Encourage voiding at least every 2 hours.*
  - o *Encourage deep cleansing breaths before and after modified-paced breathing.*
  - o *Encourage relaxation.*
  - o *Provide nonpharmacological comfort measures.*
  - o *Provide pharmacological pain relief as prescribed.*
- *During the Transition Phase:*
  - o *Continue to encourage voiding every 2 hours.*
  - o *Continue to monitor and support the client and the fetus.*

- o Encourage a rapid pant-pant-blow breathing pattern if the client has not learned a particular breathing pattern.
- o Discourage pushing efforts until the cervix is fully dilated.
- o Listen to client statements expressing the need to have a bowel movement. This sensation is a finding of complete dilation and fetal descent.
- o Prepare the client for the birth.
- o Observe for perineal bulging or crowning.
- o Encourage the client to begin bearing down with contractions once the cervix is fully dilated.

**Nursing Assessments: (Holman, 2021)**

- Leopold maneuver
- Vaginal exam if indicated
- Maternal Vital Signs: BP, PR, and RR  
Latent Phase: Q30-60 mins; Active Phase: Q30 mins; Transition Phase: Q15-30 mins
- Uterine Contractions Monitoring  
Latent Phase: Q30-60 mins; Active Phase: Q15-30 mins; Transition Phase: Q10-15 mins
- Fetal Heart Monitor: expected range 110 to 160 bpm  
Latent Phase: Q30-60 mins; Active Phase: Q15-30 mins; Transition Phase: Q15-30 mins
- Prepare for delivery
- Bladder palpation
- Medications

**Listed Clinical Data: The client was not in labor**

**Reproductive Data: The client was not in labor**

**Observations: The client was not in labor**

**Stage 2: The second stage of labor begins with complete cervical dilation (10cm) and effacement and ends with the birth of the newborn which may last up to 3 hours.**

**Sign and symptoms: (Ricci et al., 2020)**

**Pelvic phase (period of fetal descent)**

**Perineal phase (period of active pushing)**

- Nullipara, lasts up to 3 hours; multipara, lasts up to 2 hours
- Contraction frequency every 2-3 minutes or less
- Contraction duration 60-90 seconds
- Contraction intensity strong by palpation
- Strong urge to push during the later perineal phase

**Nursing Interventions/Treatments: (Holman, 2021)**

- Continue to monitor the client and the fetus.
- Assist in positioning the client for effective pushing.
- Assist in partner involvement with pushing efforts and in encouraging bearing down efforts during contractions.

- Promote rest between contractions.
- Provide comfort measures such as cold compresses.
- Cleanse the client's perineum as needed if fecal material is expelled during pushing.
- Prepare for episiotomy, if needed.
- Provide feedback on labor progress to the client.
- Prepare for care of neonate. A nurse trained in neonatal resuscitation should be present at delivery.
  - o Check oxygen flow and tank on warmer.
  - o Preheat radiant warmer.
  - o Lay out newborn stethoscope and bulb syringe.
  - o Have resuscitation equipment in working order and emergency medications available.
  - o Check suction apparatus.

**Nursing Assessments: (Holman, 2021)**

- BP, pulse, and respirations Q5-30mins
- Uterine Contractions
- Pushing efforts by patient
- Increase in bloody show
- Shaking of extremities
- Fetal heart rate Q15 mins and immediately following birth
- Perineal lacerations

**Listed Clinical Data: The client was not in labor**

**Reproductive Data: The client was not in labor**

**Observations: The client was not in labor**

**Stage 3: The third stage of labor begins with the birth of the newborn and ends with the separation and birth of the placenta usually takes 5-10 minutes but may take up to 30 minutes.**

**Sign and symptoms: (Ricci et al., 2020)**

**Placental separation (detaching from the uterine wall)**

**Placental expulsion (coming outside the vaginal opening)**

**Nursing Interventions/Treatments: (Holman, 2021)**

- Instruct the client to push once findings of placental separation are present. Keep client/parents informed of progress of placental expulsion and perineal repair if appropriate.
- Administer oxytocics as prescribed to stimulate the uterus to contract and thus prevent hemorrhage.
- Administer analgesics.
- Gently cleanse the perineal area with warm water and apply a perineal pad or ice pack to the perineum.
- Promote baby-friendly activities between the family and the newborn which facilitates the release of endogenous maternal oxytocin.
- Promote skin-to-skin contact immediately following birth.
- Allow private time and encourage breastfeeding.

**Nursing Assessments: (Holman, 2021)**

- *BP, Pulse, and Respirations Q15 mins*
- *Clinical findings of placenta separation from the uterus as indicated by:*
  - o *Fundus firmly contracting*
  - o *Swift gush of dark blood from introitus*
  - o *Umbilical cord appears to lengthen as placenta descends*
  - o *Vaginal fullness on exam*
- *Assignment of 1 and 5 min Apgar scores to the neonate.*

**Listed Clinical Data: The client was not in labor**

**Reproductive Data: The client was not in labor**

**Observations: The client was not in labor**

<p align="center"><b>Nursing Diagnosis 1</b> <i>Risk for bleeding related to the client's primary diagnosis of placenta previa as evidenced by the transvaginal ultrasound.</i></p>	<p align="center"><b>Nursing Diagnosis 2</b> <i>Risk for fetal injury related to the client's secondary diagnosis of velamentous cord insertion as evidenced by the transvaginal ultrasound.</i></p>	<p align="center"><b>Nursing Diagnosis 3</b> <i>Difficulty coping related to postpartum depression as evidenced by the client's history of mental health illnesses of depression and aggressive type unsocialized behavior.</i></p>
<p align="center"><b>Rationale for the Nursing Diagnosis</b> <i>Early identification of potential risks for bleeding provides a basis for implementing appropriate preventive measures (Gulanick &amp; Myers, 2021).</i></p>	<p align="center"><b>Rationale for the Nursing Diagnosis</b> <i>The umbilical cord abnormally attaches to the membranes outside of the placenta without the proper protection of the Wharton's jelly, making it vulnerable to bursting and bleeding, which could potentially cause fatal fetal injury (Cleveland Clinic, 2022c)</i></p>	<p align="center"><b>Rationale for the Nursing Diagnosis</b> <i>If the woman has already been diagnosed with depression before the pregnancy, the chance of its recurrence is possible after delivery (Belleza, 2023).</i></p>
<p align="center"><b>Interventions</b></p> <p><b>Intervention 1:</b> Monitor the Fetal Heart Rate (FHR) and uterine contraction continuously. <b>Rationale:</b> Bleeding in the placenta previa occurs gradually in the lower uterine segment in the third trimester as the implantation site area gradually thins in preparation for the onset of labor (Cleveland Clinic, 2022c). <b>Intervention 2:</b> Monitor the mother's vital signs, especially the blood pressure. <b>Rationale:</b> The decrease in the mother's blood pressure could activate the sympathetic adrenergic system to stimulate the heart to increase the heart rate and constrict the blood vessels to increase systemic vascular resistance, thus increasing the risk of bleeding (Cleveland Clinic, 2022c).</p>	<p align="center"><b>Interventions</b></p> <p><b>Intervention 1:</b> Monitor the Fetal Heart Rate (FHR) and Uterine contraction continuously in the antepartum unit until the scheduled cesarean section. <b>Rationale:</b> Having the client stay in the antepartum unit with FHR and UC monitoring will ensure the best outcome for the high-risk pregnancy. <b>Source?</b> <b>Intervention 2:</b> The client should be instructed to rest as much as possible on bed rest. <b>Rationale:</b> The client should avoid activities like running, climbing stairs, exercising, and exerting effort in lifting heavy objects as it may cause rupture and could potentially harm the fetus. <b>Source?</b></p>	<p align="center"><b>Interventions</b></p> <p><b>Intervention 1:</b> Recommend support groups to the client so she can have an additional support system where she can share her feelings. <b>Rationale:</b> Having her husband as the lone support system works great but could be enhanced by offering the client the opportunity to seek comfort aside from her partner. <b>Source?</b> <b>Intervention 2:</b> Advise the client to take time for herself daily to get a break from her regular baby-rearing activities. <b>Rationale:</b> By maintaining time for herself, the mother could care for her mental health and improve her well-being and physical health. <b>Source?</b></p>
<p align="center"><b>Evaluation of Interventions</b></p> <ul style="list-style-type: none"> <li>• The client should be able to keep the fetus healthy without causing complications.</li> <li>• The client will deliver the baby through the C-section scheduled on October 4, 2023, without any complications to herself and the baby.</li> </ul>	<p align="center"><b>Evaluation of Interventions</b></p> <ul style="list-style-type: none"> <li>• The client should be able to keep the fetus healthy without causing complications.</li> <li>• The client will deliver the baby through the C-section scheduled on October 4, 2023, without any complications to herself and the baby.</li> </ul>	<p align="center"><b>Evaluation of Interventions</b></p> <ul style="list-style-type: none"> <li>• The client engages more in social activities and expresses her feelings and insecurities.</li> <li>• The client will improve bonding time with her husband and her two kids after taking time for herself.</li> </ul>

### References (3):

- Belleza, M. (2023, July 22). *Postpartum Depression Nursing Care and Management*. Nurseslabs. Retrieved September 7, 2023, from <https://nurseslabs.com/postpartum-depression/>
- Cleveland Clinic. (2022, November 14a). *Gestational Hypertension: Causes, Symptoms & Treatment*. Cleveland Clinic. Retrieved September 7, 2023, from <https://my.clevelandclinic.org/health/diseases/4497-gestational-hypertension>
- Cleveland Clinic. (2022, April 27b). *Group B Strep In Pregnancy: Test, Risks & Treatment*. Cleveland Clinic. Retrieved September 7, 2023, from <https://my.clevelandclinic.org/health/diseases/11045-group-b-streptococcus--pregnancy>
- Cleveland Clinic. (2022, September 6c). *Velamentous Cord Insertion: Precautions, Outcomes & Risks*. Cleveland Clinic. Retrieved September 7, 2023, from <https://my.clevelandclinic.org/health/diseases/24111-velamentous-cord-insertion>
- Gulanick, M., & Myers, J. L. (2021). *Nursing Care Plans: Diagnoses, Interventions, and Outcomes* (M. Gulanick & J. L. Myers, Eds.). Elsevier. Holman, H. (2021). RN Maternal Newborn Nursing Edition 11. O. Ascend Learning.
- Pagana, T. J., Pagana, T. N., & Pagana, K. D. (2021). *Mosby's® Manual of Diagnostic and Laboratory Tests* (7th ed.). Elsevier - Health Sciences Division.
- Ricci, S. S., Ricci, S., Kyle, T., Kyle, T., & Carman, S. (2020). *Maternity and Pediatric Nursing*. Wolters Kluwer.
- Vallerand, A. H. (2023). *Davis's Drug Guide for Nurses* (18th ed.). Wayne State University.

Criteria	0 points	5 points	10 points	Comments
<b><u>Demographic Data</u></b> <ul style="list-style-type: none"> <li>▪ Date of admission</li> <li>▪ Admission Diagnosis/Chief Complaint</li> <li>▪ Secondary Diagnosis</li> <li>▪ Age</li> <li>▪ Allergies</li> <li>▪ Support person present</li> </ul>	<b>Missing 3 or more of the following:</b> <ul style="list-style-type: none"> <li>▪ Date of admission</li> <li>▪ Admission Diagnosis/Chief Complaint</li> <li>▪ Secondary Diagnosis</li> <li>▪ Age</li> <li>▪ Allergies</li> <li>▪ Support person present</li> </ul>	<b>Missing 1-2 of the following:</b> <ul style="list-style-type: none"> <li>▪ Date of admission</li> <li>▪ Admission Diagnosis/Chief Complaint</li> <li>▪ Secondary Diagnosis</li> <li>▪ Age</li> <li>▪ Allergies</li> <li>▪ Support person present</li> </ul>	<b>Includes complete information of all criteria:</b> <ul style="list-style-type: none"> <li>▪ Date of admission</li> <li>▪ Admission Diagnosis/Chief Complaint</li> <li>▪ Secondary Diagnosis</li> <li>▪ Age</li> <li>▪ Allergies</li> <li>▪ Support person present</li> </ul>	10 pts
Criteria	0 points	5 points	10 points	Comments
<b><u>Medical History</u></b> <ul style="list-style-type: none"> <li>▪ Prenatal History</li> <li>▪ Previous Medical History (if none, put N/A)</li> <li>▪ Past Surgical History (if none, put N/A)</li> <li>▪ Family History</li> <li>▪ Social History (if none, put N/A)</li> </ul>	<b>Missing 2 or more of the following:</b> <ul style="list-style-type: none"> <li>▪ Prenatal History</li> <li>▪ Previous Medical History (if none, put N/A)</li> <li>▪ Past Surgical History (if none, put N/A)</li> <li>▪ Family History</li> <li>▪ Social History (if none, put N/A)</li> </ul>	<b>Missing 1 of the following:</b> <ul style="list-style-type: none"> <li>▪ Prenatal History</li> <li>▪ Previous Medical History (if none, put N/A)</li> <li>▪ Past Surgical History (if none, put N/A)</li> <li>▪ Family History</li> <li>▪ Social History (if none, put N/A)</li> </ul>	<b>Includes complete information of all criteria:</b> <ul style="list-style-type: none"> <li>▪ Prenatal History</li> <li>▪ Previous Medical History (if none, put N/A)</li> <li>▪ Past Surgical History (if none, put N/A)</li> <li>▪ Family History</li> <li>▪ Social History (if none, put N/A)</li> </ul>	10 pts
Criteria	0 points	5 points	10 points	Comments
<b><u>Presentation to Labor and Delivery</u></b> <ul style="list-style-type: none"> <li>▪ Information is identified in regards to why the patient came to the hospital</li> </ul>	<b>Missing 3 or more of the following:</b> <ul style="list-style-type: none"> <li>▪ 3 or more components are missing in the HPI.</li> <li>▪ Paragraph is not well</li> </ul>	<b>Missing 1-2 of the following:</b> <ul style="list-style-type: none"> <li>▪ The HPI is lacking important information to help determine what has happened to the patient.</li> </ul>	<b>Includes complete information of all criteria:</b> <ul style="list-style-type: none"> <li>▪ Every key component of the HPI is filled in correctly with information such as</li> </ul>	10 pts

<ul style="list-style-type: none"> <li>▪ Utilization of OLD CHARTS as appropriate</li> <li>▪ Written in a paragraph form with no less than 5 sentences</li> <li>▪ Information was not copied directly from the chart and no evidence of plagiarism</li> <li>▪ Information specifically stated by the patient using their own words is in quotations</li> </ul>	<p>developed, and it is difficult to understand what the patient is seeking care for.</p> <ul style="list-style-type: none"> <li>▪ There is evidence of plagiarism noted in the HPI.</li> </ul>		<p>those identified with (OLD CHARTS).</p> <ul style="list-style-type: none"> <li>▪ It is written in a paragraph form, in the student's own words.</li> <li>▪ There is no evidence of plagiarism identified.</li> <li>▪ This is developed in a paragraph format with no less than 5 sentences.</li> </ul>	
Criteria	0 points	5 points	10 points	Comments
<p><b><u>Electronic Fetal Heart Monitoring</u></b></p> <ul style="list-style-type: none"> <li>▪ Baseline EFH</li> <li>▪ Variability</li> <li>▪ Accelerations</li> <li>▪ Decelerations</li> <li>▪ Contractions</li> <li>• Frequency</li> <li>• Duration</li> <li>• Intensity</li> <li>• Patient's response</li> </ul>	<p><b>Missing 3or more of the following:</b></p> <ul style="list-style-type: none"> <li>▪ Baseline EFH</li> <li>▪ Variability</li> <li>▪ Accelerations</li> <li>▪ Decelerations</li> <li>▪ Contractions</li> <li>• Frequency</li> <li>• Duration</li> <li>• Intensity</li> <li>• Patient's response</li> </ul> <p>❖ At beginning of</p>	<p><b>Missing 1-2 of the following:</b></p> <ul style="list-style-type: none"> <li>▪ Baseline EFH</li> <li>▪ Variability</li> <li>▪ Accelerations</li> <li>▪ Decelerations</li> <li>▪ Contractions</li> <li>• Frequency</li> <li>• Duration</li> <li>• Intensity</li> <li>• Patient's response</li> </ul> <p>❖ At beginning of shift and at the</p>	<p><b>Includes complete information of all criteria:</b></p> <ul style="list-style-type: none"> <li>▪ Baseline EFH</li> <li>▪ Variability</li> <li>▪ Accelerations</li> <li>▪ Decelerations</li> <li>▪ Contractions</li> <li>• Frequency</li> <li>• Duration</li> <li>• Intensity</li> <li>• Patient's response</li> </ul> <p>❖ At beginning of shift and at the</p>	<p style="text-align: center; color: red;">10 pts</p>

❖ At beginning of shift and at the end of shift.	shift and at the end of shift.	end of shift.	end of shift.	
<b>Criteria</b>	<b>0 points</b>	<b>5 points</b>	<b>10 points</b>	<b>Comments</b>
<b>Prenatal &amp; Current Lab Values/Diagnostics</b> <ul style="list-style-type: none"> <li>▪ Prenatal Values</li> <li>▪ All abnormal labs discussed and related to diagnosis or chronic health condition</li> <li>▪ Includes normal lab values for all abnormal labs</li> </ul>	<b>Missing 2 or more of the following:</b> <ul style="list-style-type: none"> <li>▪ Prenatal Values</li> <li>▪ All abnormal labs discussed and related to diagnosis or chronic health condition</li> <li>▪ Includes normal lab values for all abnormal labs</li> </ul>	<b>Missing 1 of the following:</b> <ul style="list-style-type: none"> <li>▪ Prenatal Values</li> <li>▪ All abnormal labs discussed and related to diagnosis or chronic health condition</li> <li>▪ Includes normal lab values for all abnormal labs</li> </ul>	<b>Includes complete information of all criteria:</b> <ul style="list-style-type: none"> <li>▪ Prenatal Values</li> <li>▪ All abnormal labs discussed and related to diagnosis or chronic health condition</li> <li>▪ Includes normal lab values for all abnormal labs</li> </ul>	10 pts
<b>Criteria</b>	<b>0 points</b>	<b>5 points</b>	<b>10 points</b>	<b>Comments</b>
<b><u>5 Hospital Medications</u></b> <ul style="list-style-type: none"> <li>▪ All medications are listed</li> <li>▪ Pharmacological and therapeutic classification of each medication included</li> <li>▪ Why the client is taking the medication</li> <li>▪ Key nursing assessment(s) prior to administration</li> </ul>	<b>Missing 2 or more of the following:</b> <ul style="list-style-type: none"> <li>▪ All medications are listed</li> <li>▪ Pharmacological and therapeutic classification of each medication included</li> <li>▪ Why the client is taking the medication</li> <li>▪ Key nursing assessment(s) prior to administration</li> </ul>	<b>Missing 1 of the following:</b> <ul style="list-style-type: none"> <li>▪ All medications are listed</li> <li>▪ Pharmacological and therapeutic classification of each medication included</li> <li>▪ Why the client is taking the medication</li> <li>▪ Key nursing assessment(s) prior to administration</li> </ul>	<b>Includes complete information of all criteria:</b> <ul style="list-style-type: none"> <li>▪ All medications are listed</li> <li>▪ Pharmacological and therapeutic classification of each medication included</li> <li>▪ Why the client is taking the medication</li> <li>▪ Key nursing assessment(s) prior to administration</li> </ul>	10 pts
<b>Criteria</b>	<b>0 points</b>	<b>5 points</b>	<b>10 points</b>	<b>Comments</b>
<b><u>Orders</u></b> <ul style="list-style-type: none"> <li>▪ Includes all active orders for treatment</li> <li>▪ Relate why it is relevant for diagnosis</li> </ul>	<b>Missing 2 of the following:</b> <ul style="list-style-type: none"> <li>▪ Includes all active orders for treatment</li> <li>▪ Relate why it is relevant for diagnosis</li> </ul>	<b>Missing 1 of the following:</b> <ul style="list-style-type: none"> <li>▪ Includes all active orders for treatment</li> <li>▪ Relate why it is relevant for diagnosis</li> </ul>	<b>Includes complete information of all criteria:</b> <ul style="list-style-type: none"> <li>▪ Includes all active orders for treatment</li> <li>▪ Relate why it is relevant</li> </ul>	

Criteria	0 points	5 points	10 points	Comments
<b>Stages 1;2;3 of Labor</b> <ul style="list-style-type: none"> <li>▪ Signs/symptoms of the stage</li> <li>▪ Expected findings related to the stage such as vital signs and laboratory findings</li> <li>▪ How the stage of labor is identified</li> <li>▪ Typical nursing interventions and treatments for the stage of labor</li> <li>▪ Assessment findings that would suggest the client is progressing to another stage</li> <li>▪ Listed clinical data that correlates to this particular client</li> <li>▪ Reproductive data is included</li> <li>▪ Description of what the nursing student observed and did during this clinical day.</li> </ul>	<b>Missing 2 or more of the following:</b> <ul style="list-style-type: none"> <li>▪ Signs/symptoms of the stage</li> <li>▪ Expected findings related to the stage such as vital signs and laboratory findings</li> <li>▪ How the stage of labor is identified</li> <li>▪ Typical nursing interventions and treatments for the stage of labor</li> <li>▪ Assessment findings that would suggest the client is progressing to another stage</li> <li>▪ Listed clinical data that correlates to this particular client</li> <li>▪ Reproductive data is included</li> <li>▪ Description of what the nursing student observed and did during this clinical day.</li> </ul>	<b>Missing 1 of the following:</b> <ul style="list-style-type: none"> <li>▪ Signs/symptoms of the stage</li> <li>▪ Expected findings related to the stage such as vital signs and laboratory findings</li> <li>▪ How the stage of labor is identified</li> <li>▪ Typical nursing interventions and treatments for the stage of labor</li> <li>▪ Assessment findings that would suggest the client is progressing to another stage</li> <li>▪ Listed clinical data that correlates to this particular client</li> <li>▪ Reproductive data is included</li> <li>▪ Description of what the nursing student observed and did during this clinical day.</li> </ul>	<b>Includes complete information of all criteria:</b> <ul style="list-style-type: none"> <li>▪ Signs/symptoms of the stage</li> <li>▪ Expected findings related to the stage such as vital signs and laboratory findings</li> <li>▪ How the stage of labor is identified</li> <li>▪ Typical nursing interventions and treatments for the stage of labor</li> <li>▪ Assessment findings that would suggest the client is progressing to another stage</li> <li>▪ Listed clinical data that correlates to this particular client</li> <li>▪ Reproductive data is included</li> <li>▪ Description of what the nursing student observed and did during this clinical day.</li> </ul>	10 pts
<b>Criteria</b>	<b>0 points</b>	<b>5 points</b>	<b>10 points</b>	<b>Comments</b>
<b>Nursing Diagnoses</b> <ul style="list-style-type: none"> <li>▪ 3 Nursing diagnoses prioritized appropriately</li> </ul>	<b>Missing 2 or more of the following:</b> <ul style="list-style-type: none"> <li>▪ 3 Nursing diagnoses</li> </ul>	<b>Missing 1 of the following:</b> <ul style="list-style-type: none"> <li>▪ 3 Nursing diagnoses prioritized appropriately</li> </ul>	<b>Includes complete information of all criteria:</b> <ul style="list-style-type: none"> <li>▪ 3 Nursing diagnoses</li> </ul>	

<ul style="list-style-type: none"> <li>▪ Identify rationale for why this nursing diagnosis was chosen</li> <li>▪ Provide 2 interventions per nursing diagnosis to address deficit</li> <li>▪ Provide rationale for each intervention. <ul style="list-style-type: none"> <li>○ Include a source for each rationale.</li> </ul> </li> <li>▪ Evaluation of interventions</li> </ul>	<p style="text-align: center;">prioritized appropriately</p> <ul style="list-style-type: none"> <li>▪ Identify rationale for why this nursing diagnosis was chosen</li> <li>▪ Provide 2 interventions per nursing diagnosis to address deficit</li> <li>▪ Provide rationale for each intervention. <ul style="list-style-type: none"> <li>○ Include a source for each rationale.</li> </ul> </li> <li>▪ Evaluation of interventions</li> </ul>	<ul style="list-style-type: none"> <li>▪ Identify rationale for why this nursing diagnosis was chosen</li> <li>▪ Provide 2 interventions per nursing diagnosis to address deficit</li> <li>▪ Provide rationale for each intervention. <ul style="list-style-type: none"> <li>○ Include a source for each rationale.</li> </ul> </li> <li>▪ Evaluation of interventions</li> </ul>	<p style="text-align: center;">prioritized appropriately</p> <ul style="list-style-type: none"> <li>▪ Identify rationale for why this nursing diagnosis was chosen</li> <li>▪ Provide 2 interventions per nursing diagnosis to address deficit</li> <li>▪ Provide rationale for each intervention. <ul style="list-style-type: none"> <li>○ Include a source for each rationale.</li> </ul> </li> <li>▪ Evaluation of interventions</li> </ul>	<p>5 pts see comments</p>
<b>Criteria</b>	<b>0 points</b>	<b>5 points</b>	<b>10 points</b>	<b>Comments</b>
<p><b><u>Presentation</u></b></p> <ul style="list-style-type: none"> <li>▪ Concept map is organized, legible, and used colors/fonts that are easy to read</li> </ul>	<p><b>Missing 2 or more of the following:</b></p> <ul style="list-style-type: none"> <li>▪ Concept map is organized</li> <li>▪ Concept map is legible</li> <li>▪ Colors/fonts used are easy to read</li> </ul>	<p><b>Missing 1 or more of the following:</b></p> <ul style="list-style-type: none"> <li>▪ Concept map is organized</li> <li>▪ Concept map is legible</li> <li>▪ Colors/fonts used are easy to read</li> </ul>	<p><b>Includes all criteria:</b></p> <ul style="list-style-type: none"> <li>▪ Concept map is organized</li> <li>▪ Concept map is legible</li> <li>▪ Colors/fonts used are easy to read</li> </ul>	<p>10 pts</p>
<b>Criteria</b>	<b>0 points</b>	<b>5 points</b>	<b>10 points</b>	<b>Comments</b>
<p><b><u>Narration</u></b></p> <ul style="list-style-type: none"> <li>▪ Concepts presented on concept map are explained and related using recorded narration or are presented in post-conference</li> </ul>	<ul style="list-style-type: none"> <li>▪ Narration is not present</li> </ul>	<ul style="list-style-type: none"> <li>▪ Concepts presented on concept map are inadequately explained or related</li> <li>▪ Concept map is narrated or presented in post-conference</li> </ul>	<ul style="list-style-type: none"> <li>▪ Concepts presented on concept map are well explained and related</li> <li>▪ Concept map is narrated or presented in post-conference</li> </ul>	<p>10 pts</p>
<b>Criteria</b>	<b>0 points</b>	<b>5 points</b>	<b>10 points</b>	<b>Comments</b>

<p><b>APA Format</b></p> <ul style="list-style-type: none"> <li>▪ Appropriate APA in text citations and listed all appropriate references in APA format.</li> <li>▪ 3 Source(s) utilized should be 5 or less years old</li> <li>▪ Source(s) greater than 5 years old will not be accepted</li> <li>▪ Reference page complete</li> <li>▪ Professional writing style, grammar, and spelling was used in all narrative sections.</li> </ul>	<ul style="list-style-type: none"> <li>▪ No in-text citations present</li> <li>▪ 2 or more references are greater than 5 years old</li> <li>▪ 3 or more APA errors</li> <li>▪ No Reference Page present</li> <li>▪ Grammar, spelling, or writing style did not demonstrate collegiate level writing with 3 or more errors noted.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1-2 APA errors</li> <li>▪ 1 reference is greater than 5 years old</li> <li>▪ In-text citations appropriately cited</li> <li>▪ Reference Page present</li> <li>▪ 1-2 grammar, spelling errors or overall poor writing style was used.</li> </ul>	<ul style="list-style-type: none"> <li>▪ No APA errors present</li> <li>▪ In-text citations appropriately cited</li> <li>▪ Reference page present and formatted appropriately</li> <li>▪ Grammar and spelling were professional and without errors</li> </ul>	<p>10 pts</p>
<b>TOTAL</b>				<b>115/120=95.8%</b>