

N432 Labor & Delivery Care Plan

Lakeview College of Nursing

Shannon O'Malley

**Demographics (3 points)**

<b>Date &amp; Time of Admission</b> 1/21/2020	<b>Patient Initials</b> A.M.O	<b>Age</b> 40	<b>Gender</b> Female
<b>Race/Ethnicity</b> African American	<b>Occupation</b> Nurse	<b>Marital Status</b> Married	<b>Allergies</b> Ibuprofen: rash
<b>Code Status</b> Full	<b>Height</b> 5'2 (157.5 cm)	<b>Weight</b> 186 lbs (84.4 kg)	<b>Father of Baby Involved</b> Yes

**Medical History (5 Points)**

**Prenatal History:** Patient is G2P0 and is 39 wga. She has multiple fibroids on her uterus and she is 40, so her pregnancy is considered high risk.

**Past Medical History:** Fibroids and a positive TB test. Patient is a Jehovah's Witness and therefore cannot receive blood products

**Past Surgical History:** Appendectomy and exploratory of abdomen

**Family History:** Not on file

**Social History (tobacco/alcohol/drugs):** Patient has never smoked, drank, or done drugs

**Living Situation:** Lives at home with her spouse

**Education Level:** College educated

**Admission Assessment**

**Chief Complaint (2 points):** Induction of labor

**Presentation to Labor & Delivery (10 points):** Patient was able to walk onto the floor with her spouse. She was able to get settled in her room without any difficulty. When she was assessed she was only at 0.5 cm dilated. Patient reports that she has felt fetal movement.

**Diagnosis**

**Primary Diagnosis on Admission (2 points):** Induction of labor at 39 wga

**Stage of Labor Write Up, APA format (20 points) This should include the progression of cervical effacement & dilation as well as pain management techniques:****Stage of Labor References (2) (APA):**

Labor is characterized by a series of physiological and psychological changes experienced by the mother. The patient in question was in the first stage of labor, which consists of cervical changes, lightening, an increased energy level, bloody show, and contractions (Ricci, Kyle, & Carman, 2017). Women who have reached 38 wga will experience these symptoms prior to giving birth. Women who experience these symptoms prior to 38 wga are experiencing preterm labor.

The patient was assessed when she arrived on the floor and was only 0.5 cm dilated. At the beginning of the 6-hour shift she was at 20% cervical effacement. She was given cytotec and cervidil to help soften the cervix and move the process along. By the end of the shift she was only 1 cm dilated so the midwife decided to do a Foley bulb and start her on Pitocin. Throughout the day she was having contractions that were 4 to 6 minutes apart that lasted 60 to 90 seconds. These contractions were mild by palpation. She rated her pain a 6/10 on the numeric scale and stated that she is just feeling uncomfortable. She did not want any interventions to help her pain.

The patient's pregnancy is considered high risk for a number of reasons. She is 40, which is considered to be an advanced age for pregnancy. She has multiple fibroids on her uterus, which could lead to hemorrhage and she cannot receive blood products due to her religious beliefs. The patient requested she have a cesarean section due to her lack of progression throughout the day. "Many studies show that having uterine fibroids increase your odds of having a cesarean section. That could be because the fibroids can keep the uterus from contracting and they can also block your birth canal, slowing down the progress of your labor". (Todd, 2018).

**Stages of labor references (2):**

Ricci, S. S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing*. Philadelphia:

Wolters Kluwer.

Todd, N. (2018, November 4). Uterine Fibroids and Pregnancy: How UF Affects Pregnancy. Retrieved from <https://www.webmd.com/women/uterine-fibroids/what-if-i-have-uterine-fibroids-while-pregnant#2-4>

**Laboratory Data (15 points)**

**CBC Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Prenatal Value	Admission Value	Today's Value	Reason for Abnormal Value
RBC	4.28-5.56	N/A	4.50	4.50	N/A
Hgb	12-17	N/A	12.2	12.2	N/A
Hct	33.2-45.3	N/A	37.7	37.7	N/A
Platelets	150-400	N/A	166	166	N/A
WBC	4.5-11	N/A	6.00	6.00	N/A
Neutrophils	45.3%-79.0%	N/A	65.1	65.1	N/A
Lymphocytes	11.8%-45.9%	N/A	25.3	25.3	N/A
Monocytes	4.4%-12.0%	N/A	8.7	8.7	N/A
Eosinophils	0-6.3	N/A	8.7	8.7	N/A
Bands	<10%	N/A	N/A	N/A	N/A

**Other Tests Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Prenatal Value	Value on Admission	Today's Value	Reason for Abnormal
Blood Type	A, B, AB, O	O+	O+	O+	N/A
Rh Factor	+/-	+	+	+	N/A



**Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Prenatal Value	Value on Admission	Today's Value	Explanation of Findings
Urine protein/creatinine ratio (if applicable)	Negative	N/A	N/A	N/A	N/A

**Lab Reference (APA):**

Van Leeuwen, A. M., & Bladh, M. L. (2017). Davis’s Comprehensive Handbook of Laboratory and Diagnostic Tests with Nursing Implications (7 th ed.). Philadelphia, PA: F.A. Davis Company

**Electronic Fetal Heart Monitoring (16 points)**

Component of EFHM Tracing	Your Assessment
What is the Baseline (BPM) EFH?	150 BPM <ul style="list-style-type: none"> <li>• Continuous monitoring providing audio and visual recordings of baby</li> </ul>
Are there accelerations? <ul style="list-style-type: none"> <li>• If so, describe them and explain what these mean (for example: how high do they go and how long do they last?)</li> </ul>	<ul style="list-style-type: none"> <li>• Negative for accelerations</li> <li>• Variability is moderate (normal)</li> </ul>
What is the variability?	
Are there decelerations? If so, describe them and explain the following: What do these mean? <ul style="list-style-type: none"> <li>o Did the nurse perform any</li> </ul>	<ul style="list-style-type: none"> <li>• No decelerations</li> </ul>

<p><b>interventions with these?</b></p> <ul style="list-style-type: none"> <li>o <b>Did these interventions benefit the patient or fetus?</b></li> </ul>	
<p><b>Describe the contractions:</b>  <b>Frequency:</b>  <b>Length:</b>  <b>Strength:</b>  <b>Patient’s Response:</b></p>	<p>Frequency: 3-5 minutes apart                  Length: 40-60 seconds in length                  Strength: Not palpated                  Patients response: Expressed discomfort</p>

**EFM reference (APA format):**

Ricci, S. S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing*. Philadelphia: Wolters Kluwer.

**Current Medications (7 points, 1 point per completed med)  
 \*7 different medications must be completed\***

**Home Medications (2 required)**

<b>Brand/Generic</b>	Aspirin	Prenatal Vitamin			
<b>Dose</b>	81 mg	1 tablet			
<b>Frequency</b>	PRN	Daily			
<b>Route</b>	Oral	Oral			
<b>Classification</b>	Antiplatelet agent	Multivitamin			
<b>Mechanism of Action</b>	Inhibits synthesis of prostaglandin by cyclooxygenase ; inhibits platelet aggregation	Promote and provide growth and nutrients to the fetus and mother			
<b>Reason Client Taking</b>	Pain management	Pregnancy			

<b>Contraindications (2)</b>	Hypersensitivity to aspirin or NSAIDs, aspirin intolerant asthma	Alcohol Hypersensitivity			
<b>Side Effects/Adverse Reactions (2)</b>	Angioedema, rash	GI effects Tachycardia			
<b>Nursing Considerations (2)</b>	Remind patient that aspirin can prolong labor; the drug will enter the breast milk	Monitor for negative GI effects like constipation and diarrhea			
<b>Key Nursing Assessment(s)/Lab(s) Prior to Administration</b>	CBC, CMP	N/A			
<b>Client Teaching needs (2)</b>	Discontinue therapy if tinnitus develops, take with food to decrease GI effects	Take on an empty stomach Monitor for adverse reactions			

**Hospital Medications (5 required)**

<b>Brand/Generic</b>	Cytotec	Cervidil	Pitocin	Hemabate	Fentanyl
<b>Dose</b>	25 mcg	10 mg	30 units/500 ml	250 mcg	25 mcg
<b>Frequency</b>	Every 4 hours	One time use	Continuous	Every 15 minutes prn	2 hours PRN
<b>Route</b>	Vaginal	Vaginal	IV	IM	SQ
<b>Classification</b>	Gastrointestinal agents	Vaginal Preparation	Oxytocin agents	Prostaglandins	Opioid
<b>Mechanism of Action</b>	Replaces protective prostaglandins consumed with therapies that inhibit	Relaxes cervical smooth muscles; stimulates uterine contractions	Uterine stimulant, vasopressor, & antidiuretic	Inhibits smooth muscle contraction, which results in expulsion of the	Binds to opioid receptor sites altering perception of pain

	prostaglandin synthesis	similar to those observed during labor		products of conception	
<b>Reason Client Taking</b>	Soften cervix	Soften cervix	Induce contractions	For hemorrhaging	Pain PRN
<b>Contraindications (2)</b>	Non compliance, peptic ulcers	Hypersensitivity, C-section history	Cephalopelvic disproportion, obstetric emergencies	Pelvic inflammatory disease, hypersensitivity	Asthma, hypersensitivity
<b>Side Effects/Adverse Reactions (2)</b>	Diarrhea, Abdominal pain	Fever, GI upset	Sinus bradycardia, neonatal seizure	Anxiety, nausea	Agitation, bradycardia
<b>Nursing Considerations (2)</b>	Monitor for bacterial infections after uses; monitor for diarrhea	Monitor for adverse effects, monitor for hypersensitivity	Monitor for hyperactive uterus, monitor for fetal distress	Use strict adherence to recommended dosing, take caution in patients with anemia, jaundice, renal impairment	Do not administer to mothers who plan to breastfeed, not recommended for use during pregnancy
<b>Key Nursing Assessment(s)/Lab(s) Prior to Administration</b>	N/A	N/A	N/A	N/A	N/A
<b>Client Teaching needs (2)</b>	Do not smoke on this medication, may cause premature labor	May excrete in breast milk, use caution in patients with epilepsy	Restrict fluid intake, Medication is distributed through milk	To decrease GI side effects take with antidiarrheal agents, don't take if you have anemia	Know signs of overdose, avoid CNS depressants

**Medications Reference (APA):**

2018 Nurses drug handbook (17th ed.). (2018). Burlington, MA: Jones & Bartlett Learning

**Assessment**

**Physical Exam (18 points)**

<p><b>GENERAL (0.5 point):</b>  <b>Alertness:</b>  <b>Orientation:</b>  <b>Distress:</b>  <b>Overall appearance:</b></p>	<p>Patient is A+O x 4. Patient is not in any distress. Patients overall appearance is clean and put together.</p>
<p><b>INTEGUMENTARY (2 points):</b>  <b>Skin color:</b>  <b>Character:</b>  <b>Temperature:</b>  <b>Turgor:</b>  <b>Rashes:</b>  <b>Bruises:</b>  <b>Wounds/Incision: .</b>  <b>Braden Score:</b>  <b>Drains present: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Type:</b></p>	<p>Patient is African American and has a dark skin tone. She presents with no rashes, bruises, wounds, drains, and incisions. Her Braden Score is 23.</p>
<p><b>HEENT (0.5 point):</b>  <b>Head/Neck:</b>  <b>Ears:</b>  <b>Eyes:</b>  <b>Nose:</b>  <b>Teeth:</b></p>	<p>HEENT is symmetric and within normal limits</p>
<p><b>CARDIOVASCULAR (1 point):</b>  <b>Heart sounds:</b>  <b>S1, S2, S3, S4, murmur etc.</b>  <b>Cardiac rhythm (if applicable):</b>  <b>Peripheral Pulses:</b>  <b>Capillary refill:</b>  <b>Neck Vein Distention: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Edema Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Location of Edema:</b></p>	<p>Assessment not performed</p>
<p><b>RESPIRATORY (1 points):</b>  <b>Accessory muscle use: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Breath Sounds: Location, character</b></p>	<p>Assessment not performed</p>
<p><b>GASTROINTESTINAL (5 points):</b>  <b>Diet at Home:</b>  <b>Current Diet:</b>  <b>Height:</b>  <b>Weight:</b>  <b>Auscultation Bowel sounds:</b></p>	<p>Assessment not performed</p>

<p><b>Last BM:</b>  <b>Palpation: Pain, Mass etc.:</b>  <b>Inspection:</b>              <b>Distention:</b>              <b>Incisions:</b>              <b>Scars:</b>              <b>Drains:</b>              <b>Wounds:</b></p>	
<p><b>GENITOURINARY (5 Points):</b>  <b>Bleeding:</b>  <b>Color:</b>  <b>Character:</b>  <b>Quantity of urine:</b>  <b>Pain with urination: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Inspection of genitals:</b>  <b>Catheter: Y <input type="checkbox"/> N <input type="checkbox"/></b>              <b>Type:</b>              <b>Size:</b>  <b>Rupture of Membranes:</b>  <b>Time:</b>  <b>Color:</b>  <b>Amount:</b>  <b>Odor:</b>  <b>Episiotomy/Lacerations:</b></p>	<p>Patient is not bleeding. Urine was not assessed.          No pain with urination. No catheters present.          Genitals are within normal limits. Membrane was manually ruptured before my shift.</p>
<p><b>MUSCULOSKELETAL (2 points):</b>  <b>ADL Assistance: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Fall Risk: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Fall Score:</b>  <b>Activity/Mobility Status:</b>  <b>Independent (up ad lib) <input type="checkbox"/></b>  <b>Needs assistance with equipment <input type="checkbox"/></b>  <b>Needs support to stand and walk <input type="checkbox"/></b></p>	<p>Assessment not performed</p>
<p><b>NEUROLOGICAL (1 points):</b>  <b>MAEW: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>PERLA: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Strength Equal: Y <input type="checkbox"/> N <input type="checkbox"/> if no -</b>  <b>Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/></b>  <b>Orientation:</b>  <b>Mental Status:</b>  <b>Speech:</b>  <b>Sensory:</b>  <b>LOC:</b>  <b>Deep Tendon Reflexes:</b></p>	<p>Assessment not performed</p>
<p><b>PSYCHOSOCIAL/CULTURAL (1 points):</b></p>	<p>Assessment not performed</p>

<b>Coping method(s):</b> <b>Developmental level:</b> <b>Religion &amp; what it means to pt.:</b> <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b>	
<b>DELIVERY INFO: (1 point)</b> <b>Delivery Date:</b> <b>Time:</b> <b>Type (vaginal/cesarean):</b> <b>Quantitative Blood Loss:</b> <b>Male or Female</b> <b>Apgars:</b> <b>Weight:</b> <b>Feeding Method:</b>	No delivery during my shift

**Vital Signs, 3 sets (5 points)**

<b>Time</b>	<b>Pulse</b>	<b>B/P</b>	<b>Resp Rate</b>	<b>Temp</b>	<b>Oxygen</b>
<b>Prenatal</b>	N/A	N/A	N/A	N/A	N/A
<b>Admission to Labor/Delivery</b>	89	112/68	16	97.6 F (36.6)	100
<b>During your care</b>	105	135/84	16	98.1 F (36.7)	100

**Vital Sign Trends:**

Vital signs increased in pulse, blood pressure, and temperature.

**Pain Assessment, 2 sets (2 points)**

<b>Time</b>	<b>Scale</b>	<b>Location</b>	<b>Severity</b>	<b>Characteristics</b>	<b>Interventions</b>
<b>09:15</b>	0-10	Abdominal/back	6	Cramping	Relax, reposition, rest

<b>12:40</b>	0-10	Abdominal/ back	6	Cramping	Relax, reposition, rest
--------------	------	--------------------	---	----------	----------------------------

**IV Assessment (2 Points)**

<b>IV Assessment</b>	<b>Fluid Type/Rate or Saline Lock</b>
<b>Size of IV:</b> 18 gauge <b>Location of IV:</b> left and right metacarpal vein <b>Date on IV:</b> 1/21/2020 <b>Patency of IV:</b> Flushed without difficulty <b>Signs of erythema, drainage, etc.:</b> No signs of erythema <b>IV dressing assessment:</b> Dry, intact, and patent dressing	Hep lock

**Intake and Output (2 points)**

<b>Intake (in mL)</b>	<b>Output (in mL)</b>
N/A	N/A

**Nursing Interventions and Medical Treatments during Labor & Delivery (6 points)**

<b>Nursing Interventions and Medical Treatments (Identify nursing interventions with “N” after you list them, identify medical treatments with “T” after you list them.)</b>	<b>Frequency</b>	<b>Why was this intervention/ treatment provided to this patient? Please give a short rationale.</b>
N+T: Observed nurse place cytotec in the cervix to soften cervix	Once, check cervix again at 7	Soften the cervix
N+T: Flushed both peripheral IV’s	Once	To ensure patency of IV

**Nursing Diagnosis (30 points)**

**\*Must be NANDA approved nursing diagnosis and listed in order of priority\***  
**Two of them must be education related i.e. the interventions must be education for the client.”**

<b>Nursing Diagnosis</b>	<b>Rational</b>	<b>Intervention/Rational (2</b>	<b>Evaluation</b>
--------------------------	-----------------	---------------------------------	-------------------

<p><b>(2 pt each)</b> Identify problems that are specific to this patient. Include full nursing diagnosis with “related to” and “as evidenced by” components</p>	<p><b>(1 pt each)</b> Explain why the nursing diagnosis was chosen</p>	<p><b>per dx) (1 pt each)</b> Interventions should be specific and individualized for his patient. Be sure to include a time interval such as Assess vital signs q 12 hours.” List a rationale for each intervention and using APA format, cite the source for your rationale.</p>	<p><b>(1 pt each)</b></p> <ul style="list-style-type: none"> <li>• How did the patient/family respond to the nurse’s actions?</li> <li>• Client response, status of goals and outcomes, modifications to plan.</li> </ul>
<p>1. Anxiety related to fear of the unknown as evidence by patient expressing feelings of panic</p>	<p>Patient expressed feelings of anxiety about labor and having her first child</p>	<p>1. Take time to listen and comfort the patient  2. Monitor patient for vital sign changes due to anxiety</p>	<p>Patient was able to calm down when her husband came in and comforted her.</p>
<p>2. Labor pain related to stretching of the cervix as evidence by vocalizing discomfort</p>	<p>Patient expressed feelings of discomfort when getting the Foley bulb filled</p>	<p>1. Patient was able to use deep breathing techniques for the pain  2. Patient had emotional support of husband</p>	<p>Patient lowered her heart rate and became more calm after implementing deep breathing techniques</p>
<p>3. Impaired comfort related labor pain as evidence by a pain rating 6/10 on the numeric scale</p>	<p>Patient expressed feelings of discomfort during each contraction</p>	<p>1. Patient was able to use deep breathing techniques for the pain  2. Patient asked for pain medication as her pain was a 6/10</p>	<p>Patient was able to take pain medication for her discomfort</p>
<p>4. Risk for deficient fluid volume as evidence by fibroids that can cause hemorrhage</p>	<p>Patient is a high risk pregnancy due to her fibroids and advanced age which puts her at risk for excessive blood loss</p>	<p>1. Patient has been prescribed Hemabate to stop bleeding  2. Midwife is considering a C-section</p>	<p>Patient is aware of the risks associated with her high risk pregnancy and can make an informed decision about the C section</p>

**Other References (APA):**

Ladwig, G. B., Ackley, B. J., Makic, M. B. F., Martinez-Kratz, M. R., & Zanotti, M.  
(2020). *Mosbys guide to nursing diagnosis*(5th ed.). St. Louis, MO: Elsevier.