# N432 Labor & Delivery Care Plan

Lakeview College of Nursing

Name Kayley Sollers

## Demographics (3 points)

| | | | |
|---|---|---|---|
| **Date & Time of Admission**<br>**02/24/2020 0620** | **Patient Initials**<br>**N.D.** | **Age**<br>**32** | **Gender**<br>**F.** |
| **Race/Ethnicity**<br>**CAUCASIAN** | **Occupation**<br>**STAY AT HOME MOM** | **Marital Status**<br>**MARRIED** | **Allergies**<br>**NKA** |
| **Code Status**<br>**FULL** | **Height**<br>**5'5"** | **Weight**<br>**179 LB** | **Father of Baby Involved**<br>**YES** |

## Medical History (5 Points)

**Prenatal History: PATIENT ATTENDED ALL PRENATAL APPOINTMENTS BEGINNING 9 WEEKS. G5P3, 1 SPONTANEOUS ABORTION. 32W2D. PATIENT TAKES PRENATAL VITAMINS. PATIENT GAINED 21 POUNDS THROUGHOUT PREGNANCY. NO PRENATAL COMPLICATIONS.**

**Past Medical History: DIABETES MELLITUS (GDM WITH PRIOR PREGNACIES), ECZEMA, GDM**

**Past Surgical History: APPENDECTOMY 1998, BREAST REDUCTION SURGERY 2007, WISDOM TOOTH EXTRACTION**

**Family History: DIABETES MELLITUS – BROTHER, MATERNAL GRANDFATHER, MOTHER**

**Social History (tobacco/alcohol/drugs): DENIES ANY USE OF TOBACCO, ALCOHOL, OR ILLICIT DRUGS**

**Living Situation: LIVES WITH HUSBAND. THIS IS THEIR FOURTH CHILD.**

**Education Level: ASSOCIATES DEGREE**

## Admission Assessment

**Chief Complaint (2 points): LABOR**

**Presentation to Labor & Delivery (10 points): PATIENT IS A 32 YR OLD FEMALE, G5P3 AT 32W2D. ADMITTED FOR COMPLICATIONS DURING PREGNANCY (GDMA1 AND INFLUENZA B) 02/24/2020 AT 0620. THE PATIENT WAS DILATED TO 1.5 CENTIMETERS ON ADMISSSION. NORMAL FETAL MOVEMENTS AND DENIES ANY BLEEDING, FLUID LEAKAGE OR CONSISTANT CONTRACTIONS. PATIENT PLANS TO HAVE EPIDURAL. PATIENT WAS STARTED WITH AN 18 GAUGE IV IN THE TOP OF RIGHT HAND. PATIENT PLANS TO BOTTLE FEED. PATIENT WANTS TO HAVE A VAGINAL BIRTH.**

## Diagnosis

**Primary Diagnosis on Admission (2 points): COMPLICATIONS DURING PREGNANCY (GDMA1 AND INFLUENZA B)**

**Secondary Diagnosis (if applicable): LABOR**

## Stage of Labor

**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):**

**THE FIRST STAGE OF LABOR INVOLVES THE LATENT, ACTIVE, AND TRANSITION PHASES. DURING THE LATENT STAGE THE PATIENT EXPERIENCES THE ONSET OF LABOR INCLUDING DILATION OF THE CERVIX FROM ONE TO THREE CENTIMETERS. THE PATIENT MAY EXPERIENCE CONTRATIONS THAT ARE IRREGULAR, MILDLY MODERATE, HAVE A DURAION OF THIRTY TO FOURTY-FIVE SECONDS, AND HAVE A FREQUENCY OF FIVE TO THIRTY MINUTES. THE PATIENT WILL HAVE SOME DILATION**

**AND EFFACEMENT (RICCI, KYLE, & CARMAN, 2017). VAGINAL EXAMS AND LEOPOLD'S MANEUVERSS ARE PERFORMED DURING THE LATENT PHASE IF NECESSARY. THE ACTIVE PHASE IS WHEN THE PATIENT IS LABORING, WITH A DILATION OF THE CERVIX OF FOUR TO SEVEN CENTIMETERS. THE CONTRACTIONS WILL BE MORE REGULAR AND STRONGER WITH A FREQUENCY OF THREE TO FIVE MINUTES, AND A DURATION OF FOURTY TO SEVENTY SECONDS. THE PATIENT WILL BE RESTLESS, MAY EXPERIENCE ANXIETY AND HAVE RAPID DILATION AND EFFACEMENT (RICCI, KYLE, & CARMAN, 2017). THE TRANSITION PHASE, THE PATIENT IS TRANSITIONING FROM LABOR TO BIRTH CONTAINING A COMPLETE DILATION (EIGHT TO TEN CENTIMENTERS). EXPERIENCING VERY STRONG CONTRACTIONS WITH A FREQUENCY OF TWO TO THREE MINUTES AND DURATION OF FOURTY-FIVE TO NINETY SECONDS. THE PATIENT WILL BE TIRED, IRRIATABLE AND MAY FEEL LIKE SHE CANNOT CONTINUE. THE TRANSITION PHASE IS EXPECTED TO HAVE AN INCREASE IN BLOODY SHOW (RICCI, KYLE, & CARMAN, 2017). THE FINAL STAGE IS THE RESTORATIVE STAGE, LASTING ONE TO FOUR HOURS POSTPARTUM. THE NURSE WILL ASSESS THE FUNDUS, COMFORT LEVEL, AND LOCHIA DURING THIS TIME. THE NURSE WILL BE ASSESSING FOR A RETURN OF MOVEMENT AND SENSATION IN THE LOWER EXTREMITIES DUE TO THE EPIDURAL ANESTHESIA.**

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

**ATI. (2016).** ***RN Maternal Newborn Nursing.*** **(10th ed., Content Mastery Series)**

**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 | 3.8-5.3 | 4.27 | 4.0 | 4.18 | WITHIN NORMAL LIMIT |
| Hgb | 11.7-16 | 13.3 | 13.0 | 11.9 | WITHIN NORMAL LIMIT |
| Hct | 35-47 | 37.8 | 32.2 | 35.2 | WITHIN NORMAL LIMIT |
| Platelets | 150-400 | 224 | 131 | 130 | WITHIN NORMAL LIMIT |
| WBC | 4.5-11 | 8.8 | 5.30 | 4.10 | WITHIN NORMAL LIMIT |
| Neutrophils | 47-73 | 68 | 59.8 | 54.7 | WITHIN NORMAL LIMIT |
| Lymphocytes | 18-42 | 23 | 29.4 | 38.4 | WITHIN NORMAL LIMIT |
| Monocytes | 4-12 | 6 | 6.9 | 5.2 | WITHIN NORMAL LIMIT |
| Eosinophils | 0-5 | 2 | 3.0 | 1.4 | WITHIN NORMAL LIMIT |
| Bands | 0-1 | | | | |

**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 | ABO | O | O | O | NORMAL |
| Rh Factor | +/- | + | + | + | NORMAL |
| Serology (RPR/VDRL) | NON-REACTIVE | NON-REACTIVE | NON-REACTIVE | NON-REACTIVE | NORMAL |
| Rubella Titer | IMMUNE | IMMUNE | IMMUNE | IMMUNE | NORMAL |
| HIV | NEGATIVE | NEGATIVE | N/A | N/A | NORMAL |
| HbSAG | NON-REACTIVE | NON-REACTIVE | N/A | N/A | NORMAL |
| Group Beta Strep Swab | NEGATIVE OR POSITIVE | NEGATIVE | N/A | N/A | NORMAL |
| Glucose at 28 | NEGATIV | NEGATIV | N/A | N/A | NORMAL |

| | | | | | |
|---|---|---|---|---|---|
| **Weeks** | **E** | **E** | | | |
| **MSAFP (If Applicable)** | **NOT DONE** | **N/A** | **N/A** | **N/A** | **N/A** |
| | | | | | |
| | | | | | |
| | | | | | |

**Additional Admission labs 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 |
|---|---|---|---|---|---|
| **NO OTHER TESTING WAS DONE** | | | | | |
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**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** | **NEGATIVE** | **N/A** | **N/A** | **NORMAL** |

**Lab Reference (APA):**

**Capriotti, T. & Frizzell, J.P. (2016).** ***Pathophysiology: Introductory Concepts and Clinical Perspectives.*** **1st ed. F.A. Davis Company: Philadelphia, PA.**

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

| Component of EFHM Tracing | Your Assessment |
|---|---|
| **What is the Baseline (BPM) EFH?** | **NORMAL RANGE 125-135** |
| **Are there accelerations?**<br>• **If so, describe them and explain what these mean (for example: how high do they go and how long do they last?)**<br><br>**What is the variability?** | **ACCELERATIONS PRESENT GREATER THAN/EQUAL TO 15 BPM LASTING 15 SECONDS**<br><br>**VARIABILITY IS MODERATE AMPLITUDE RANGE 6-25 BPM** |
| **Are there decelerations? If so, describe them and explain the following: What do these mean?**<br>o **Did the nurse perform any interventions with these?**<br>o **Did these interventions benefit the patient or fetus?** | **DECELERSTIONS ARE ABSENT.** |
| **Describe the contractions:**<br>**Frequency:**<br>**Length:**<br>**Strength:**<br>**Patient's Response:** | **CONTRACTIONS 1-2 MINUTES LASTING 45-60 SECONDS. STRENGTH MILD BY PALPATION. PT RESPONDING WELL ONLY IN MILD PAIN AND BEING** |

| | |
|---|---|
| | **UNCOMFORTABLE.** |

**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 <u>different</u> medications must be completed***

**Home Medications (2 required) *PATIENT TAKES 3 HOME MEDICATIONS***

| **Brand/Generic** | **ASPIRIN** | **TAMIFLU (OSELTAMIVIR)** | **FOLIC ACID (VITAMIN B9)** | | |
|---|---|---|---|---|---|
| **Dose** | **81 MG** | **75 MG** | **1 MG** | | |
| **Frequency** | **ONCE DAILY** | **BID FOR 5 DAYS** | **QID** | | |
| **Route** | **PO** | **PO** | **PO** | | |
| **Classification** | **NONOPOID ANALGESIC** | **ANTIVIRAL** | **VITAMIN B COMPLEX GROUP** | | |
| **Mechanism of Action** | **DECREASE PLATELET AGGREGATION** | **BLOCKS THE ACTION OF THE INFLUENZA VIRUS IN THE BODY** | **REDUCES NEURAL TUBE DEFECTS** | | |
| **Reason Client Taking** | **PROPHYLACTIC BLOOD THINNER** | **INFLUENZA B** | **PRENATAL VITAMIN** | | |
| **Contraindications (2)** | **GI BLEEDING**<br><br>**BLEEDING DISORDERS** | **CAUTION IF RENAL IMPAIREMENT**<br><br>**CAUTION IF HEREDITARY FRUCTOSE INTOLERANCE** | **HYPERSENSITIVITY**<br><br>**VITAMIN B12 DEFICIENCY** | | |
| **Side Effects/Adverse** | **GI BLEEDING** | **BEHAVIORAL DISTURBANCE** | **BRONCHOSPASMS** | | |

| | | | | | |
|---|---|---|---|---|---|
| **Reactions (2)** | **DYSRHYTHMIAS** | **STEVENS-JOHNSON SYNDROME** | **CONFUSION** | | |
| **Nursing Considerations (2)** | **MONITOR LIVER FUNCTION**<br><br>**MONITOR RENAL FUNCTION** | **MONITOR EFFECTIVENESS OF MEDICATION**<br><br>**MONITOR LIVER LABS** | **ASSESS NUTRITIONAL STATUS**<br><br>**MONITOR LABS** | | |
| **Key Nursing Assessment(s)/Lab(s) Prior to Administration** | **AST/ALT**<br>**BUN**<br>**CREATININE**<br>**CBC**<br>**PT** | **CREATININE**<br>**VITAL SIGNS** | **HGB**<br>**HCT** | | |
| **Client Teaching needs (2)** | **TEACH PT TO NOT EXCEED THE RECOMMENDED DOSE. EDUCATE PT TO TAKE WITH 8 OUNCES OF WATER.** | **TAKE DIRECTLY AS PRESCRIBED.** | **TAKE MEDICATION AS PRESCRIBED. ADVISE PT URINE MIGHT BE MORE YELLOW.** | | |

**Hospital Medications (5 required)**

| **Brand/ Generic** | **OXYTOCIN (PITOCIN)** | **ZOFRAN (ONDANSETRON)** | **FETANYL/ SUBLIMAZE** | **TYLENOL/ ACETAMINOPHEN** | **CYTOTEC /MISOPROSTOL** |
|---|---|---|---|---|---|
| **Dose** | **12 MLU/MIN** | **4 MG** | **25 MCG** | **975 MG** | **1,000 MCG** |
| **Frequency** | **CONTINUOUS** | **Q6** | **ONCE** | **Q4 PRN** | **ONCE** |

| Route | IV | IV | IV | PO | RECTAL |
|---|---|---|---|---|---|
| Classification | OXYTOCIC | ANTIEMETIC | OPOID ANALGESIC | ANTIPYRETIC, NON-OPIOID ANALGESIC | OXYTOCIC |
| Mechanism of Action | INCREASING THE CONCENTRATION OF CALCIUM INSIDE MUSCLE CELLS THAT CONTROL CONTRACTION OF THE UTERUS. | BLOCKS EFFECTS OF SEROTONIN ON VAGAL NERVE AND CNS. | STIMULATES RECEPTORS ON NERVES IN THE BRAIN TO INCREASE THE THRESHOLD OF PAIN. | RELIEVES PAIN BY ELEVATING PAIN THRESHOLD | BINDS TO MYOMETRIAL CELLS. |
| Reason Client Taking | TO STIMULATE CONTRACTIONS | NAUSEA | PAIN RELIEF | PAIN RELIEF | PREVENTION OF POSTPARTUM HEMORRHAGE |
| Contraindications (2) | BREASTFEEDING<br><br>ABNORMAL FETAL POSITION | CAUTION IF ELECTROLYTE ABNORMALITY<br><br>CAUTION IF BRADYCARDIA | CAUTION IF RENAL IMPAIREMENT<br><br>CAUTION IF HYPOVOLEMIA | CAUTION IF HEPATIC IMPAIREMENT<br><br>CAUTION IF RENAL IMPAIREMENT | ULCER HISTORY<br><br>PERVIOUS CESAREAN SECTION |
| Side Effects/ Adverse Reactions (2) | CRAMPING UTERINE HYPERTONICITY | TACHYCARDIA<br><br>DIZZINESS | RESPIRATORY DEPRESSION<br><br>SEIZURES | HEPATOTOXICITY THROMBOCYTOPENIA | CRAMPING CONSTIPATION |
| Nursing Considerations (2) | ADMINISTER THROUGH | ASSESS LUNG SOUNDS | ASSESS VITAL SIGNS | MONITOR FOR BLEEDING | MONITOR FOR CONSTIP |

| | | | | | |
|---|---|---|---|---|---|
| | **IV FOR FAST EFFECT<br><br>DO NOT GIVE TO WOMEN WHO ARE MORE THAN 8 CM DILATED** | **MAINTAIN ADEQUATE FLUID INTAKE** | **OBSERVE PATIENT FOR SIGNS OF RESPIRATORY DEPRESSION** | **MONITOR FOR CHANGES IN VOIDING PATTERN** | **ATION<br><br>MAY CAUSE SEVERE DIARRHEA IN THE NURSING INFANT** |
| **Key Nursing Assessment(s)/Lab(s) Prior to Administration** | **RBC<br>HCT<br>HGB<br>ASSESS FOR GASTRIC BLEEDING** | **ECG** | **CREATININE<br>ECG<br>VITAL SIGNS** | **SKIN COLOR<br>LIVER EVALUATION<br>CBC<br>RENAL FUNCTION TESTS** | **CHECK CERVIX<br><br>MONITOR FHR** |
| **Client Teaching needs (2)** | **ADVISE PT TO EXPECT CONTRACTIONS SIMILAR TO MENSTRAL CRAMPS AFTER ADMINISTRATION HAS BEGAN. CONTACT PHYSICIAN IF EXPERIENCE OF SIDE EFFECTS OCCUR.** | **IF EXPERIENCING SIDE EFFECTS CALL PHYSICIAN.<br>USE CAUTION WHEN DRIVING OR DOING ACTIVITIES THAT INVOLVE BEING ALERT.** | **DO NOT DRINK GRAPEFRUIT JUICE. REPORT SEVERE NAUSEA, VOMITING, PALPITATIONS, SHORTNESS OF BREATH, OR DIFFICULTY BREAHTING.** | **DO NOT EXCEED THE RECOMMENDED DOSEAGE. GIVE DRUG WITH FOOD IF GI UPSET OCCURS.** | **ADVISE PT TO AVOID ALCOHOL AND FOODS THAT MAY CAUSE INCREASE IN GI IRRITATION. INFORM PT THAT DIARRHEA MAY OCCUR.** |

**Medications Reference (APA):**

**Jones & Bartlett Learning. (2019).** ***2019 Nurse's drug handbook (18th ed.).*** **Burlington, MA.**

**Skidmore-Roth, L. (2017).** ***Mosby's drug guide for nursing students.*** **St. Louis, MO: Elsevier.**

## Assessment

**Physical Exam (18 points)**

| | |
|---|---|
| **GENERAL (0.5 point):**<br>**Alertness:**<br>**Orientation:**<br>**Distress:**<br>**Overall appearance:** | **AWAKE ALERT ORIENT X4. NO ACUTE DISTRESS NOTED. OVERALL APPERANCE WELL-GROOMED AND RESTING.** |
| **INTEGUMENTARY (2 points):**<br>**Skin color:**<br>**Character:**<br>**Temperature:**<br>**Turgor:**<br>**Rashes:**<br>**Bruises:**<br>**Wounds/Incision:** .<br>**Braden Score:**<br>**Drains present: Y☐ N ☒**<br>**Type:** | **SKIN IS UNIFORM IN COLOR, PINK, INTACT, WARM DRY. NO PRESCENSE OF FOUL ODOR. HAS GOOD SKIN TURGOR. TEMPERATURE IS WITHIN NORMAL LIMIT. NO RASHES, BRUISES, OR WOUNDS NOTED. BRADEN SCORE: 17. NO DRAINS PRESENT.** |
| **HEENT (0.5 point):**<br>**Head/Neck:**<br>**Ears:**<br>**Eyes:**<br>**Nose:**<br>**Teeth:** | **HEAD IS ROUND; NORMOCEPHALLIC, SYMMETRICAL. NO MASSES, NODULES, DEPRESSIONS WHEN PALPATED. FACE APPEARS SMOOTH, UNIFORM CONSISTENCY, NO MODULES, MASSES NOTED. AURICLES NON-TENDER. PERRLA. NORMAL NASAL MUCOSSA. GOOD DENTITION.** |
| **CARDIOVASCULAR (1 point):**<br>**Heart sounds:**<br>**S1, S2, S3, S4, murmur etc.**<br>**Cardiac rhythm (if applicable):**<br>**Peripheral Pulses:**<br>**Capillary refill:**<br>**Neck Vein Distention: Y ☐ N ☒**<br>**Edema Y ☐ N ☒**<br>**Location of Edema:** | **S1, S2. NO MURMURS AUSCULTATED. NO RUBS, OR GALLOPS NOTED. PULSES EQUAL BILATERALLY. CAP REFILL LESS THAN 3 SECONDS. NO NECK VEIN DISTENTION. NO PITTING EDEMA.** |

| | |
|---|---|
| **RESPIRATORY (1 points):**<br>**Accessory muscle use: Y☐ N ☒**<br>**Breath Sounds: Location, character** | **CTA. NO RALES OR RHONKI AUSCULTATED. NO USE OF ACCESSORY MUSCLE. BREATH SOUNDS CLEAR BILATERALLY. NO REPORTED SOB.** |
| **GASTROINTESTINAL (5 points):**<br>**Diet at Home:**<br>**Current Diet:**<br>**Height:**<br>**Weight:**<br>**Auscultation Bowel sounds:**<br>**Last BM:**<br>**Palpation: Pain, Mass etc.:**<br>**Inspection:**<br>**Distention:**<br>**Incisions:**<br>**Scars:**<br>**Drains:**<br>**Wounds:** | **SOFT NON-TENDER. NO ORGANOMEAGLY NOTED. BOWEL SOUNDS X4. LAST BM 02/24/2020. NORMAL HOME DIET. CURRENT NPO (ICE CHIPS). HEIGHT IS 5'5". WEIGHT IS 179 LBS. AUSCULTATION OF BOWEL SOUNDS AUDIBLE AND NORMOACTIVE IN ALL 4 QUADRANTS. NO DISTENTION, INCISIONS, SCARS, DRAINS, WOUNDS INSPECTED. FUNDUS AT 34 CM FROM PUBIC SYMPHYSIS MIDLINE.** |
| **GENITOURINARY (5 Points):**<br>**Bleeding:**<br>**Color:**<br>**Character:**<br>**Quantity of urine:**<br>**Pain with urination: Y ☐ N ☒**<br>**Inspection of genitals:**<br>**Catheter: Y ☒ N ☐**<br>**Type:**<br>**Size:**<br>**Rupture of Membranes:**<br>**Time:**<br>**Color:**<br>**Amount:**<br>**Odor:**<br>**Episiotomy/Lacerations:** | **NO ABNORMALITIES NOTED. URINE YELLOW/CLEAR. NEGATIVE FOR PAIN OR PROBLEMS WITH URINATION. QUANTITY IS MORE THAN 30 ML/HR. INDWELLING CATHETER 16 FRENCH. INSPECTION OF GENITALS WITHIN NORMAL LIMITS. RUPTURE OF MEMBRANES 1238. AMNIOTIC FLUID COLOR: MECONIUM. AMOUNT: LARGE. ODOR: NONE. NO EPISIOTOMY. PATIENT HAS LACERATIONS.** |
| **MUSCULOSKELETAL (2 points):**<br>**ADL Assistance: Y☐ N ☒**<br>**Fall Risk: Y ☐ N☐**<br>**Fall Score:**<br>**Activity/Mobility Status:**<br>**Independent (up ad lib) ☐**<br>**Needs assistance with equipment ☐**<br>**Needs support to stand and walk☐** | **EQUAL STRENGTH BILATERALLY. NO PEDAL EDEMA, NO CALF TENDERNESS. NO USE OF SUPPORTIVE DEVICES. FALL RISK SCORE: 12 POST EPIDURAL. PATIENT IS INDEPENDENT. PATIENT DOES NOT NEED ASSISTANCE. PATIENT IS ABLE TO COMPLETE ADL'S.** |
| **NEUROLOGICAL (1 points):**<br>**MAEW: Y ☒ N☐**<br>**PERLA: Y ☒ N☐** | **NO SIGN OF ABNORMAL, MAEW, PERRLA. STRENGTH EQUAL BILATERALLY WITH ARMS AND LEGS.** |

| | |
|---|---|
| **Strength Equal: Y ☒ N ☐ if no - Legs ☐ Arms ☐ Both ☒**<br>**Orientation:**<br>**Mental Status:**<br>**Speech:**<br>**Sensory:**<br>**LOC:**<br>**Deep Tendon Reflexes:** | **A/O X4. SPEECH, SENSORY, LOC WITHIN NORMAL LIMITS. MY PATIENT IS MARRIED AND LIVES AT HOME. DTR ARE 2+ BILATERALLY.** |
| **PSYCHOSOCIAL/CULTURAL (1 points):**<br>**Coping method(s):**<br>**Developmental level:**<br>**Religion & what it means to pt.:**<br>**Personal/Family Data (Think about home environment, family structure, and available family support):** | **PATIENT ABLE TO EFFECTIVELY COPE AND APPEARS TO BE DEVELOPMENTALLY MATURE. PATIENT IS CHRISTIAN AND HAS GOOD FAMILY SUPPORT. PATIENT LIVES WITH HUSBAND AND CHILDREN IN SAVOY.** |
| **DELIVERY INFO: (1 point)**<br>**Delivery Date:**<br>**Time:**<br>**Type (vaginal/cesarean):**<br>**Quantitative Blood Loss:**<br>**Male or Female**<br>**Apgars:**<br>**Weight:**<br>**Feeding Method:** | **DELIVERY DATE IS 02/24/2020. DELIVERY TIME IS 1422. TYPE OF BIRTH IS VAGINAL. QUANTITATIVE BLOOD LOSS IS 400 ML. FEMALE. APGARS SCORE 10. WEIGHT IS 7 LB 9 OZ. FEEDING METHOD IS BOTTLE/FORMULA.** |

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

| Time | Pulse | B/P | Resp Rate | Temp | Oxygen |
|---|---|---|---|---|---|
| **Prenatal**<br>**0630** | **82** | **117/74** | **18** | **97.5 ºF**<br>**TEMPORAL** | **100%**<br>**ROOM AIR** |
| **Admission to Labor/Delivery**<br>**0820** | **78** | **122/73** | **18** | **97.7 ºF**<br>**TEMPORAL** | **100%**<br>**ROOM AIR** |
| **During your care**<br>**1350** | **84** | **126/74** | **18** | **97.7 ºF**<br>**TEMPORAL** | **100%**<br>**ROOM AIR** |

**Vital Sign Trends:**

**PATIENT WAS ADMITTED TO THE LABOR AND DELIEVERY FLOOR 02/24/2020 0620. ADMITTING VITALS WERE TAKEN AT 0630 AND WERE STABLE WITH A PULSE OF 82, BLOOD PRESSURE OF 117/74, RESPIRATIONS 18, TEMPORAL TEMPERATURE OF 97.5 ºF, AND OXYGEN SATURATION OF 100% ON ROOM AIR. CONTRACTIONS BEGAN AND VITALS AT 0820 WERE CHARTED AS STABLE WITH A PULSE OF 78, BLOOD PRESSURE 122/73, RESPIRATIONS 18, TEMPORAL TEMPERATURE 97.7 ºF, AND OXYGEN SATURATION OF 100% ON ROOM AIR. AT 1350 PATIENT WAS DILATED AT 3.5 CENTIMETERS, EFFACEMENT AT 70%, AND THE CERVIX CHARACTERIZED AS SOFT. THE VITALS TAKEN DURING MY CARE AT 1350 WERE STABLE WITH A PULSE OF 84, BLOOD PRESSURE OF 126/74, RESPIRATIONS 18, TEMPORAL TEMPERATURE OF 97.7 ºF, AND OXYGEN SATURATION OF 100% ON ROOM AIR.**

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

| Time | Scale | Location | Severity | Characteristics | Interventions |
|---|---|---|---|---|---|
| 1320 | NUMERIC PAIN SCALE | ABDOMEN | 4/10 | MILD DISCOMFORT WITH CONTRACTIONS | TURN PT ON SIDE |
| 1420 | NUMERIC PAIN SCALE | NO PAIN REPORTED | NO PAIN REPORTED | NO PAIN REPORTED | NO PAIN REPORTED |

**IV Assessment (2 Points)**

| IV Assessment | Fluid Type/Rate or Saline Lock |
|---|---|
| Size of IV: | THE SIZE OF THE IV IS A 18 GAUGE. |

| | |
|---|---|
| **Location of IV:**<br>**Date on IV:**<br>**Patency of IV:**<br>**Signs of erythema, drainage, etc.:**<br>**IV dressing assessment:** | **LOCATION OF IV IS THE TOP OF RIGHT HAND. LACTATED RINGER'S RATE 125 ML/HR. OXYTOCIN (PITOCIN) 30 UNITS/500 ML. THE DATE ON THE PATIENT'S IV IS 02/24/2020. THE IV IS PATENT, CORRECTLY PLACED, ALLOWING THE TREATMENT TO FLOW DIRECTLY INTO THE PATIENTS VEIN. NO SIGNS OF ERYTHEMA OR DRAINAGE ASSESSED. IV DRESSING IS CLEAN, DRY, AND INTACT.** |

**Intake and Output (2 points)**

| Intake (in mL) | Output (in mL) |
|---|---|
| **2000 ML** | **300 ML (URINE)**<br><br>**400 ML (BLOOD)** |

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

| Nursing Interventions and Medical Treatments (Identify nursing interventions with "N" after you list them, identify medical treatments with "T" after you list them.) | Frequency | Why was this intervention/ treatment provided to this patient? Please give a short rationale. |
|---|---|---|
| **MONITOR BABY'S RESPIRATORY STATUS "N"** | **THE BABY AND PATIENT'S VITAL SIGNS WERE CONTINUOUSLY BEING MONITORED.** | **THE PATIENT EXPERIENCED MECONIUM.** |
| **PATIENT HAD AN EPIDURAL TO HELP WITH THE PAIN DURING LABOR. DURING THIS TIME THE PATIENT ASKED WHAT SHE SHOULD DO AND I SUGGESTED DEEP BREATHING EXERCISES. "N"** | **THE PATIENT USED DEEP BREATHING EXCERCISES QUITE FREQUENTLY DURING THE STAGES OF LABOR.** | **THE PATIENT WAS ANXIOUS AND THE NURSING INTERVENTION HELPED TO KEEP THE PATIENT CALM AND COLLECTIVE.** |

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| **EDUCATE ON NATURAL PAIN MANAGEMENT. THE USE OF A PEANUT BALL WAS HELPFUL AS THE PATIENT LAYED SIDE-LYING IN BED.** | **THE PATIENT USED THE PEANUT BALL THROUGHOUT THE FIRST STAGES OF LABOR.** | **THE PEANUT BALL WAS HELPFUL FOR PROVIDING NONPHARMACOLOGICAL PAIN MANAGEMENT.** |

**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."**

| **Nursing Diagnosis (2 pt each)** Identify problems that are specific to this patient. Include full nursing diagnosis with "related to" and "as evidenced by" components | **Rational (1 pt each)** Explain why the nursing diagnosis was chosen | **Intervention/ Rational (2 per dx) (1 pt each)** 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. | **Evaluation (1 pt each)** • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan. |
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| **1. RISK FOR ACUTE PAIN R/T PATIENT IN LABOR A.E.B. PATIENT COMPLAINS OF PAIN (4/10).** | **REDUCE THE PATIENT'S ANXETY LEVEL AND ENHANCE COMPLIANCE WITH NURSING INTERVENTIONS .** | **1.CREATE A DATABASE FOR NURSING INTERVENTIONS AND PATIENT TEACHING Rationale: ASSESS AND DOCUMENT THE EXTENT OF NAUSEA AND VOMITING. 2. Rationale** | **THE PATIENT RESPONDED WELL AND ASKED MORE QUESTIONS ABOUT THE DATABASE.** |
| **2. DEFICIENT KNOWLEDGE R/ T LACK OF** | **PATIENT WANTS A NATURAL BIRTH AND WAS** | **1. EDUCATE PATIETN ON SKILLS NEEDED** | **THE PATIENT WAS THANKFUL TO** |

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| **INFORMATION ABOUT BIRTH PROCESS A.E.B. ONLY WANTING TO HAVE A VAGINAL BIRTH** | **NOT WILLING TO DEVIATE FROM THE PLAN.** | **FOR COPING DURING BIRTH Rationale: PROVIDE PATIENT WITH INFORMATION NEEDED ON IF THERE IS AN EMERGENCY 2.ESTABLISH A TRUST BETWEEN THE PATIENT, DEVELOPING GOALS FOR LEARNING Rationale: PROVIDE A GOOD RELATIONSHIP BY HAVING OPEN CONVERSATION AND ESTABLISHING GOALS** | **BE ABLE TO ESTABLISH A TRUST, SHE FELT MORE COMFORTABLE.** |
| **3. INEFFECTIVE BREASTFEEDING R/T LACK OF SUFFICIENT INFORMATION REGARDING BREASTFEEDING A.E.B. STATING THE BABY WILL BE BOTTLE FED.** | **PATIENT WAS NOT OPEN TO SUGGESTIONS OF BREASTFEEDING.** | **1. EDUCATE THE MOTHER IN BREAST CARE AND BREASTFEEDING TECHNIQUES Rationale: REDUCE ANXIETY AND HELP ENSURE PROPER NUTRITION OF THE NEONATE 2. ASSESS THE MOTHERS KNOWLEDGE Rationale: HELP TO DIRECT INTERVENTIONS** | **THE MOTHER DECIDED BOTTLE FEEDING THE BABY WOULD BE THE BEST FOR HER.** |
| **4. RISK FOR ASPIRATION OF BABY R/T MECONIUM A.E.B. PATIENT** | **PATIENT HAD CONCERNS ABOUT THE BABYS RESPIRATION** | **1. EXPLAIN TO THE PARENTS THE REASONS FOR THESE INTERVENTIONS** | **THE PATIENT RESPONDED WELL TO THE INTERVENTION AND HAD LESS** |

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| **STATES THERE WAS A LARGE AMOUNT THAT SECRETED FROM HER.** | **STATUS WHEN DELIEVERED, AS THE RISKS WERE DISCUSSED WITH THE PATIENT.** | **Rationale: GAIN PARENTAL UNDERSTANDING AND COOPERATION, WHICH CONTRIBUTES A POSITIVE OUTCOME.**<br>**2. REGULARLY ASSESS THE BABY'S RESPIRATORY STATUS**<br>**Rationale: EVALUATE RESPIRATORY SYSTEM TRANSITION TO EXTRAUTERINE LIFE** | **CONCERS.** |

**Other References (APA)**

**Lippincott Williams & Wilkins. (2013).** ***Spark & Taylors: Nursing diagnosis reference manual (9th ed.)*****. London.**