N432 Labor & Delivery Care Plan

Lakeview College of Nursing

Jessica Donnelly

Demographics (3 points)

Date & Time of Admission 6/11/20 at 14:22	**Patient Initials** J.L.	**Age** 24	**Gender** Female
Race/Ethnicity African American	**Occupation** **Crisis Counseor**	**Marital Status** **Married**	**Allergies** NKA
Code Status Full Code	**Height** 5'4" (64 in., 162.6 cm)	**Weight** 157 lbs (71.4 kg)	**Father of Baby Involved** Yes, present and supportive

Medical History (5 Points)

Prenatal History: The electronic medical record (EMR) indicates that the patient has maintained the recommended schedule of prenatal appointments with a provider through OSF-Danville. It is unclear when prenatal vitamins were started but they are listed under current medications. The patient has been supervised as a high risk pregnancy given that she is a carrier of the sickle cell trait with anemia and there is a uterine size discrepancy based on fundal height measurements, which correlates with the results of ultrasounds revealing that the fetus's anatomical measurements were also low for estimated gestational age. This could be related to an error in estimating the date of conception or a genuine phenomenon related to intrauterine growth restriction. Screening was performed given the history of sickle cell disease and expression of the sickle cell trait in the family, and the results indicate that the fetus also expresses the sickle cell trait. She also has a history of preterm birth with premature rupture of membranes in her only previous pregnancy. The patient's previous pregnancy resulted in the live birth of a daughter with polydactyly. The pregnancy has otherwise been uncomplicated, but the patient has suffered from frequent UTI's, with several positive results indicative of bacterial vaginosis and yeast vaginitis (12/18/19, 1/24/20, 3/27/20, 4/17/20, 6/4/20). This may be the result of increased susceptibility to these infections related to pregnancy and changes in the

vaginal environment or a failure to comply with completing the full dose of prescribed medications on the part of the patient.

Past Medical History: Past gynecologic history includes history of urinary tract infections and pyelonephritis, dysmenorrhea, menorrhagia, preterm labor with premature rupture of membranes, ovarian cyst, and chlamydia. The general medical history includes sickle cell trait and eczema.

Past Surgical History: The patient had ankle surgery, date unknown, and a previous vaginal delivery.

Family History: The patient reports that her paternal grandfather had cancer. Her mother has sickle cell anemia and abdominal aortic aneurysm. Her father expresses the sickle cell trait. She states that her brother and sister are both healthy with no known issues.

Social History (tobacco/alcohol/drugs): The patient reports no use of tobacco, alcohol, or any other substances.

Living Situation: The patient lives in a home with her husband, mother, aunt, and 15 month old daughter.

Education Level: Highest degree earned is a Bachelor's.

Admission Assessment

Chief Complaint (2 points): The patient did not present with any issue, but was referred to Labor & Delivery for induction after a regularly scheduled check-up showed oligohydramnios. The results of a non-stress test (NST) were initially unreactive.

Presentation to Labor & Delivery (10 points): The patient and her husband were calm has they were admitted to the floor and had returned home after the doctor's appointment to collect their things. The patient did not report any pain or other issues.

Diagnosis

Primary Diagnosis on Admission (2 points): Oligohydramnios and non-reactive non-stress test result.

Secondary Diagnosis (if applicable): High risk pregnancy related to sickle cell trait, sepsis secondary to UTI, and vitamin B_{12} deficiency.

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:

There are four stages of labor defined by specific events that occur throughout any birthing process. In the first and longest stage of labor, the mother's body is preparing to deliver the baby through true contractions (not Braxton Hicks) that efface and dilate the cervix (Ricci, Kyle, & Carmen, 2017). This is further divided into substages defined by the amount of effacement and dilation present: the latent phase, with the cervix dilated 0-3 cm with effacement up to 40%; the active phase, with cervical dilation of 4-7 cm and effacement of 40-80%; and finally, the transition phase, where the mother's cervix is 8-10 cm dilated and 80-100% effaced (Ricci, Kyle, & Carmen, 2017). The second stage begins when the mother is fully dilated and effaced, and therefore ready to begin pushing, and ends as the baby is delivered (Ricci, Kyle, & Carmen, 2017). The third stage of labor typically lasts from 5-30 minutes, and involves separation of the placental from the uterine wall and delivery of the placenta, also driven by contractions (Ricci, Kyle, & Carmen, 2017). The fourth and final stage of labor is a period of return to the mother's new homeostasis, with physiologic adjustments that last from 1-4 hours that are typically driven by the endocrine system and hormone release (Ricci, Kyle, & Carmen, 2017).

This patient was admitted to the unit given a diagnosis of oligohydramnios, or too little amniotic fluid, defined as a volume of less than 500 mL (Ricci, Kyle, & Carmen, 2017). This is more commonly seen in the third trimester from 32 to 36 weeks gestation, however our patient was estimated to be at 39 weeks (Ricci, Kyle, & Carmen, 2017). A decline in amniotic fluid volume is a natural occurrence in the final weeks of pregnancy, as baby grows and the mother's body begins to prepare for labor (Ricci, Kyle, & Carmen, 2017). In this patient, the concern became that this may have occurred as a result of an amniotic leak or rupture of the membranes, particularly given her history of PROM in her previous pregnancy. Oligohydramnios also increases the chance that the fetus will be in distress before delivery while increasing the risk of perinatal morbidity and death (Ricci, Kyle, & Carmen, 2017).

Upon being admitted, the patient was having regular, true contractions, indicating that labor may have begun and the provider chose to continue with an induction. Cervidil placement was ordered, which caused mom to dilate from 1.5 to 2 cm, characteristic of the latent part of the first stage of labor. A cervical examination also suggested that the cervix was 50% effaced and that the fetus was at -2 station, so not yet engaged in the pelvis. Again, this is characteristic of the latent portion of the first stage of labor. As the introduction of Cervidil into the vault resulted in tachysystole in this patient, next steps to continue to advance labor may include mechanical methods of promoting cervical dilation and effacement and administration of Pitocin. Amnioinfusion may also be considered if the membranes are not ruptured, the cervix is not softening and changing in preparation for delivery, and there are signs of fetal distress (Ricci, Kyle, & Carmen, 2017). Alternatively, an emergent caesarean birth may be necessary for the best outcome and health of the mother and baby.

Stage of Labor References (2) (APA):

ATI Nursing Education (2019). *RN maternal newborn nursing* (11th ed.) Assessment Technologies Institute, LLC.

Ricci, S.S., Kyle, T., Carman, S. (2017). *Maternity and pediatric nursing* (3rd ed.). Wolters Kluwer.

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 (5/28)	Admission Value (6/11)	Today's Value	Reason for Abnormal Value
RBC	4.1-5.7 x 10^6/mcl	3.87	4.31	N/A	N/A
Hgb	12-16 g/dl	10.5 (low)	11.8 (low)	N/A	Anemia related to pregnancy and exacerbated by sickle cell trait and infection.
Hct	37-51%	32.1 (low)	35.6 (low)	N/A	Anemia related to pregnancy and exacerbated by sickle cell trait and infection.
Platelets	140-400x10^3/mcl	168	157	N/A	N/A
WBC	4-11 x 10^3/mcl	8.90	7.90	N/A	N/A
Neutrophils	1.6-7.7 x 10^3/mcl	63.4	67	N/A	N/A
Lymphocytes	1-4.9 x 10^3/mcl	25.4	23.9	N/A	N/A
Monocytes	0-1.1 x 10^3/mcl	10.1	8.1	N/A	N/A
Eosinophils	0-0.5 x 10^3/mcl	0.6	0.7	N/A	N/A
Bands	0-0.09 x 103/mcl	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, O	A	A	N/A	N/A
Rh Factor	+ or -	Positive	Positive	N/A	N/A
Serology (RPR/VDRL)	Negative	Negative (1/29/20)	N/A or not yet tested	N/A	N/A
Rubella Titer	+ or -	Immune (3/27/20)	N/A or not yet tested	N/A	N/A
HIV	+ or -	Negative	N/A or not yet tested	N/A	N/A
HbSAG	+ or -	Not detected	N/A or not yet tested	N/A	Provide education regarding vaccination in post-partum period
Group Beta Strep Swab	+ or -	Negative (5/21/20)	N/A or not yet tested	N/A	N/A
Glucose at 28 Weeks	Fasting (126 mg/dL) Random (200 mg/dL)	108 (4/10/20)	N/A or not yet tested	N/A	N/A
MSAFP (If Applicable)	+ or -	Not in EMR	N/A or not yet tested	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
N/A	N/A	N/A	N/A	N/A	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, ratio of protein/creatinine (if applicable)	N/A	N/A	N/A	N/A	N/A

Lab Reference (APA):

Ricci, S.S., Kyle, T., Carman, S. (2017). *Maternity and pediatric nursing* (3rd ed.). Wolters Kluwer.

Swearingen, P.L. (2016). *All-in-One nursing care planning resource (4th ed.)*. St. Louis, MO: Elsevier.

Electronic Fetal Heart Monitoring (16 points)

Component of EFHM Tracing	Your Assessment
What is the Baseline (BPM) EFH?	Baseline fetal heart rate is ~140 bpm, with some variability (increases) with contractions.
Are there accelerations? • **If so, describe them and explain what these mean (for example: how high do they go and how long do they last?)** **What is the variability?**	No accelerations were present during the course of our clinical, although there was variation in the fetal heart rate. This is more likely to be a reflection of the fetus or patient moving, as baby was not assessed by the nurse to be engaged in the pelvis using Leopold's manuevers. The fetal heart rate varied from 135-150, but remained in the expected reference range of 110 to 160 before any interventions with the patient.
Are there decelerations? If so, describe them and explain the following: What do these mean?	There were some decelerations towards the end of our time with the patient, after the Cervidil had been in place for ~2 hours. Prior to

o **Did the nurse perform any interventions with these?** o **Did these interventions benefit the patient or fetus?**	that, no decelerations were noted. The patient began exhibiting tachysystole with the Cervidil, causing the fetus to become stressed and decelerations were noted. The nurse removed it and contacted the provider, with the recommendation that a Foley be placed for mechanical versus chemical promotion of effacement and dilation. This occurred as clinical time with the patient ended, but it is likely to have benefited the fetus. The patient may not have benefited, given that mechanical procedures may place pressure on an already tender cervix. Nursing interventions also included switching from supine to side-lying to try to differentiate between the effects of position vs. medication.
Describe the contractions: **Frequency:** **Length:** **Strength:** **Patient's Response:**	The patient was admitted having infrequent contractions and activity with electronic monitoring consistent with irritability of the uterus and cramping (no discernible pattern). Because of this, the Cervidil was held to wait for a more consistent frequency of contractions. At this point contractions were about 4-5 minutes apart and 1 minute or less in duration. After the Cervidil, contractions were ~2 minutes apart and about a minute long, defined by the patient's primary nurse as tachysystole. The patient remained calm and expressed only minor discomfort related to her position.

EFM reference (APA format):

Ricci, S.S., Kyle, T., Carman, S. (2017). *Maternity and pediatric nursing* (3rd ed.). Wolters Kluwer.

Current Medications (7 points, 1 point per completed med)
7 <u>different</u> medications must be completed

Home Medications (2 required)

Brand/Generic	**cyanocobalamin/N/A**
Dose	100 mcg/mL
Frequency	Once weekly
Route	I.M.
Classification	Vitamin B_{12} supplement
Mechanism of Action	Corrects nutritional deficiencies associated with diet or other factors
Reason Client is Taking	Anemia
Contraindications (2)	Level of vitamin B_{12} that meets recommended range for health
Side Effects/Adverse Reactions (2)	Pain or redness at injection site, mild diarrhea
Nursing Considerations (2)	Rotate injection sites. Antibiotics can interfere with measuring levels in the blood.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Serum vitamin levels, CBC.
Client Teaching Needs (2)	Dietary sources of vitamin B_{12} are still important (for ex., organ meats). Proper technique and locations for I.M. injections.

Brand/Generic	**ferrous sulfate/Feosol**
Dose	325 mg, tablet
Frequency	Once daily
Route	P.O.
Classification	Vitamin or mineral supplement
Mechanism of Action	Acts just as dietary iron and the body's iron stores, by enhancing RBC production and oxygen binding capacity.
Reason Client is Taking	Anemia secondary to expression of sickle cell trait and pregnancy
Contraindications (2)	Hemochromatosis, hemolytic anemias, hemosiderosis
Side Effects/Adverse Reactions (2)	Constipation and stool discoloration, tooth discoloration
Nursing Considerations (2)	These supplements should be taken with a full glass of water or juice high in Vitamin C,

	which encourages iron absorption. They should also be given 1 hour before or 2 hours after meals.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	CBC, more specific lab work regarding circulating iron levels, transport capacity, and stored amounts. Head to toe assessment for signs and symptoms of anemia (pallor, fatigue, weak pulses or poor capillary refill).
Client Teaching Needs (2)	Limit dairy products, which can inhibit iron absorption. Stools will be dark brown to dark green, which is normal.

Brand/Generic	**fluconazole/Diflucan**
Dose	150 mg (tablet)
Frequency	Every 3 days
Route	P.O.
Classification	Antifungal
Mechanism of Action	Disrupts metabolism of fungal cells and inhibits formation of the fungal cell membrane.
Reason Client is Taking	Yeast infection
Contraindications (2)	Co-administration with drugs known to prolong the QT interval, such as erythromycin. Hypersensitivity to the drug or any of it's components
Side Effects/Adverse Reactions (2)	Prolonged QT interval and hepatic failure
Nursing Considerations (2)	Patient should monitor closely for rashes throughout treatment. Overdose can results in hallucinations and paranoia
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Urinalysis with culture and sensitivity should be done before beginning treatment. It is also recommended to check BUN, creatinine, and liver enzyme due to potential effects on liver and kidneys. Pelvic exam to assess signs and symptoms.
Client Teaching Needs (2)	Complete the entire course of treatment, even if symptoms are gone and you feel better. Report diarrhea, headache, nausea, rash, pain in the RUQ of the abdomen, or any yellowing or jaundice to the provider.

Brand/Generic	**metronidazole/Flagyl**
Dose	500 mg, tablet
Frequency	Twice daily for one week
Route	P.O.
Classification	Antibiotic

Mechanism of Action	Bactericidal by preventing DNA synthesis and cell replication.
Reason Client is Taking	Bacterial vaginosis
Contraindications (2)	Trichomoniasis during the first trimester of pregnancy, breastfeeding, or hypersensitivity to the drug or its components.
Side Effects/Adverse Reactions (2)	Nausea, vomiting, or diarrhea. Elevated liver enzymes, hepatic failure or hepatotoxicity
Nursing Considerations (2)	Use cautiously with patients who have CNS diseases. Monitor CBC and C&S if therapy is longer than 10 days or a second round of treatment is necessary
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Urinalysis with culture and sensitivity before giving treatment, liver enzyme panel, pelvic exam to determine signs and symptoms.
Client Teaching Needs (2)	Take at evenly spaced intervals throughout the day, with food, to help with GI upset. Do not drink alcohol while on this medication or for 3 days afterward.

Brand/Generic	**Prenatal 27**
Dose	1 mg, tablet
Frequency	Daily
Route	P.O.
Classification	Vitamin supplement
Mechanism of Action	Ensures nutritional needs of client by providing specific dose of vitamins, minerals, and folic acid.
Reason Client is Taking	Prophylactic for pregnancy and during pregnancy
Contraindications (2)	Levels of vitamins or minerals outside published reference ranges.
Side Effects/Adverse Reactions (2)	Stomach cramping or constipation, electrolyte imbalances
Nursing Considerations (2)	OTC preparations should be compared to prescriptions forms to compare strength and efficacy. A well-balanced diet is still important in maintain nutrition to support fetal growth and development.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Metabolic panel, including folate and iron levels
Client Teaching Needs (2)	Reinforce importance of prophylactic and first trimester use to avoid neural defects. Must be taken daily with food to help with absorption of fat-soluble vitamins.

Brand/Generic	**nitrofurantoin/Macrodantin**
Dose	100 mg, capsule
Frequency	Once daily for 90 days
Route	P.O.
Classification	Antibiotic
Mechanism of Action	Interferes with bacterial cell metabolism and all forms of protein synthesis, and either bactericidal or bacteriostatic depending on dose.
Reason Client is Taking	Recurrent UTIs
Contraindications (2)	Anuria, creatinine clearance < 60 mL/min, cholestatic jaundice or hepatic dysfunction with previous treatment.
Side Effects/Adverse Reactions (2)	Nausea, vomiting, diarrhea, pseudomembranous colitis, hepatitis
Nursing Considerations (2)	Give with food or milk to avoid staining teeth. Monitor for signs/symptoms of *C.difficile* (abdominal pain, diarrhea, fever)
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Urinalysis with culture and sensitivity before giving treatment, liver enzyme panel, pelvic exam to determine signs and symptoms.
Client Teaching Needs (2)	Do not take anything with magnesium trisilicate with this medication. Urine may turn dark (orange, brown, or rust-colored).

Hospital Medications (5 required)

Brand/Generic	**dinoprostone/Cervidil**
Dose	10 mg
Frequency	Once
Route	Intravaginally
Classification	Prostaglandin analogue
Mechanism of Action	Mimics the normal action of prostaglandin released in preparation for labor
Reason Client is Taking	Induction of labor
Contraindications (2)	Hyperstimulation of the uterus, amniotic fluid embolism
Side Effects/Adverse Reactions (2)	Nausea, vomiting, diarrhea, headache
Nursing Considerations (2)	Patients need to void before insertion and remain supine for 2 hours after insertion. A second dose can be given 6 hours after the first with no advance in effacement or dilation.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Get a baseline set of vital signs and continue to check, perform cervical check, electronic fetal heart and contraction monitoring

Client Teaching Needs (2)	May produce a warm feeling. Advise patient to notify nurse or provider if contractions become prolonged.

Brand/Generic	**butorpanol**
Dose	1 mg
Frequency	Every 2 hours as needed (q2h PRN)
Route	I.M.
Classification	Opioid analgesic
Mechanism of Action	Alters the perception of pain by binding up receptors in the brain
Reason Client is Taking	For pain relief during labor and delivery
Contraindications (2)	Hypersensitivity to the drug or its components only
Side Effects/Adverse Reactions (2)	Constipation, hypotension, respiratory depression
Nursing Considerations (2)	Use with caution in patients with depression, suicidal tendencies, history of drug abuse, hepatic or renal dysfunction. Stop drug and notify provider if severe hypertension develops.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Vital signs and respiratory rate, health history and ROS, liver panel and BUN, creatinine, creatinine clearance rate.
Client Teaching Needs (2)	Do not try to ambulate without assistance after receiving this medication. Report any sensory changes (vision/hearing) to nurse or provider immediately.

Brand/Generic	**oxytocin/Pitocin**
Dose	30 U/500 mL
Frequency	Once as needed (PRN)
Route	I.V.
Classification	Oxytocic, hormone
Mechanism of Action	Stimulates contractions of uterine smooth muscle, while acting as a vasopressor and antidiuretic
Reason Client is Taking	Induction of labor
Contraindications (2)	Hypersensitivity to drug or any of its components, anticipated nonvaginal delivery
Side Effects/Adverse Reactions (2)	Hypotension, dysrhythmias, electrolyte imbalances
Nursing Considerations (2)	Monitor vital signs frequently throughout administration. Do not administer simultaneously by more than one route.

Key Nursing Assessment(s)/Lab(s) Prior to Administration	Fetal maturity, presentation, pelvic adequacy, cervical check, electronic fetal heart and contraction monitoring
Client Teaching Needs (2)	Can cause hypovolemia, monitor for unusual drowsiness, listlessness, confusion, headache, anuria and notify a provider. Expect increased rate, strength, effectiveness of contractions.

Brand/Generic	**misoprostol/Cytotec**
Dose	25 mg
Frequency	Every 4 hours (q4h PRN)
Route	Intravaginally
Classification	Prostaglandin analogue
Mechanism of Action	Mimics the normal action of prostaglandin released in preparation for labor
Reason Client is Taking	Induction of labor
Contraindications (2)	Hypersensitivity to the medication, other prostaglandin analogues, or any component of the medication. Pregnancy if induction is not the purpose.
Side Effects/Adverse Reactions (2)	Cardiovascular effects (dysrhythmias, chest pain, hyper or hypotension), abnormal taste or vision
Nursing Considerations (2)	Be aware of risk of uterine rupture and bleeding, especially related to hyperstimulation of the uterus. Use cautiously in patients with cerebrovascular disease, CAD, or uncontrolled epilepsy.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Get a baseline set of vital signs and continue to check, perform cervical check, electronic fetal heart and contraction monitoring
Client Teaching Needs (2)	May produce a warm feeling. Advise patient to notify nurse or provider if contractions become prolonged.

Brand/Generic	**methylergonovine/Methergine**
Dose	200 mcg
Frequency	Every 2 hours as needed (q2h PRN)
Route	I.M.
Classification	Oxytocic
Mechanism of Action	Stimulates contractions of uterine smooth muscle and acts as a vasopressor
Reason Client is Taking	To treat postpartum hemorrhage related to uterine atony

Contraindications (2)	Hypersensitivity and breastfeeding
Side Effects/Adverse Reactions (2)	Stroke, dyspnea, cardiovascular effects (dysrhythmias, chest pain, palpitations)
Nursing Considerations (2)	Assess for signs of ergotism (cold, numb fingers and toes, chest pain, nausea, vomiting, headache). Hypocalcemia may make the medication ineffective
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Serum electrolyte levels, vital signs, pelvic exam
Client Teaching Needs (2)	May cause menstrual-like cramps and intensify lochia production. Notify a nurse or provider immediately if cramps intensify and continue to do so.

Medications Reference (APA):

Jones & Bartlett Learning. (2019). *Nurse's Drug Handbook* (18th ed.). Burlington, MA: Jones & Bartlett Learning, LLC.

Assessment

Physical Exam (18 points)

GENERAL (0.5 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Alert and oriented x4. The patient is calm and cooperative. Well-groomed, husband present as support person
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds/Incision:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	Skin color is light to medium brown, with some areas of darker pigmentation on the inner thighs. Tattoos on neck and outer left thigh. Hyperpigmentation is apparent with linea nigra and striae of the abdomen. Skin is warm to the touch, with no rashes, bruises, wounds, or incisions, and elastic with good turgor. Braden Score: 21, low risk for skin breakdown.
HEENT (0.5 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck are symmetrical, carotid pulses are palpable and strong. Teeth and oral mucosa appear healthy.

CARDIOVASCULAR (1 point): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☐** **Edema Y ☐ N ☐** **Location of Edema:**	Clear S1 and S2 sounds auscultated without murmurs, gallops, or rubs. PMI at 5th intercostal space, MCL. Peripheral pulses and strong (2+) and equal bilaterally in all extremities. Capillary refill is >2 sec, likely related to anemia. No evidence of edema.
RESPIRATORY (1 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Respiratory rate 18 with unlabored breathing. Chest rises and falls equally bilaterally. Adventitious breath sounds are absent.
GASTROINTESTINAL (5 points): **Diet at Home:** **Current Diet:** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:**	Bowel sounds are normoactive. Patient notes craving for ice, likely related to anemia. Maintaining simple diet of plain foods due to nausea in third trimester (soup, baked potatoes). Patient expresses they still have a strong appetite. Currently NPO (ice chips only) related to induction
GENITOURINARY (5 Points): **Bleeding:** **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:** **Rupture of Membranes:** **Time:** **Color:** **Amount:** **Odor:** **Episiotomy/Lacerations:**	Unclear whether membranes are ruptured or leaking, but amniotomy not performed at this time. Urine is dark yellow, no odor or visible sediment, moderate volume. Patient currently being treated for UTI, with history of UTIs in pregnancy.
MUSCULOSKELETAL (2 points): **ADL Assistance: Y☐ N ☒**	Independent and ambulating well, no epidural at this point.

Fall Risk: Y ☐ N☐ **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	Morse Fall Risk Score: 35 Low risk for falls under current conditions and status ROM is good, moves all extremities well
NEUROLOGICAL (1 points): **MAEW: Y ☒ N☐** **PERLA: Y ☐ N☒** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:** **Deep Tendon Reflexes:**	Alert and oriented, deep tendon reflexes present.
PSYCHOSOCIAL/CULTURAL (1 points): **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	Patient expresses that she has a lot of support from friends and family in household. Husband is present and verbally and non-verbally supporting patient. Patient expresses that they are a Jehovah's witness and refused blood products in the event of hemorrhage.
DELIVERY INFO: (1 point) **Delivery Date:** **Time:** **Type (vaginal/cesarean):** **Quantitative Blood Loss:** **Male or Female** **Apgars:** **Weight:** **Feeding Method:**	Expected delivery date was 6/19/20 (full term) but proceeding with induction at 39 weeks related to oligohydramnios. Birth plan includes vaginal delivery and epidural.

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal 6/4/20	96	100/67	Not charted in EMR	Not charted in EMR	Not charted in EMR
Admission to L&D 6/11/20	107	109/71	18	99°F Oral	Not measured*

During your care 6/11/20	81	106/71	18	98.8°F Oral	Not measured*

* Nurse stated that there are only 1-2 on unit at a given time and they don't work reliably, so they don't typically measure this with their patients.

Vital Sign Trends: Vitals signs are stable and within expected reference ranges. Slight elevations and variations aren't concerning given the increase in blood volume. The patient exhibited a slight elevation in temperature that may be indicative of infection related to possible amniotic fluid leak, however, is also being treated for a UTI, so it's difficult to establish a correlation. It is likely not concerning given that it dropped once the patient was admitted and settled.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1520	Numeric (1-10)	N/A	0/10	N/A	N/A
1915	Numeric (1-10)	N/A	0/10	N/A	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20G **Location of IV:** Left median vein **Date on IV:** 6/11/20 **Patency of IV:** Patent **Signs of erythema, drainage, etc.:** No **IV dressing assessment:** Clean, dry, and intact.	The I.V. was placed upon patient's arrival to L&D, flushes well, and patient reports no associated pain. No signs of infiltration or phlebitis. Dressing is clean, dry, and intact.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
~600 mL Large cup of ice chips and ice water	2 voids of unknown volume, one was used for a clean catch specimen.

1000 mL I.V. bolus of Lactates Ringers Estimated total ~1600 mL	 Estimated total ~400 mL.

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.**
Electronic Fetal Heart and Contraction Monitoring (N)	Continuous	This is an intervention performed in order to monitor for signs of fetal stress and to assess the length and strength of contractions to determine hypo- or hypertonus and labor progression.
Cervical check before and after initiation of induction (N)	Twice during the period of care, repeated as indicated by length and frequency of contractions	The cervical check is performed to determine how effaced (%) and dilated (cm) the patient's cervix is. This correlates with labor progression and identifies the sub-stage within the first stage of labor the patient is experiencing. When 100% effaced and 10 cm dilated the patient progresses to the second stage of labor and is ready to deliver.
Application of Cervidil (T)	Applied on 6/11/20 at 1725 and removed at 1915 due to tachysystole	This was part of the initiation of induced labor in order to soften the cervix in preparation for birth.

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.
1. Risk for deficient fluid volume r/t massive blood loss as evidenced by refusal of blood products	This diagnosis was chosen based on the refusal of blood products and risk that hemorrhage may be fatal.	1. Strict monitoring of input and output. Rationale: Individuals with sickle cell trait may not experience a traditional crisis but are at risk for pain crises or sudden death. 2.Perform fundal assessment q15min for the first hour and q30min for the next 3 hours of the post-partum period Rationale: The first 4 hours post-partum represent the fourth stage of labor, at which point the fundus should be tight and contracted.	Patient consumes at least 2-3L of fluids, with good skin turgor and lack of hypotension. Lochia production is without large clots and light to moderate in flow. Fundal massage is tolerated as needed without need for analgesics.
2. Ineffective peripheral tissue perfusion: fetal r/t tachysystole as evidenced by contractions <1-2 min apart and late decelerations of fetal heart rate	This diagnosis was chosen as the patient was exhibiting signs of tachysystole both before and after administration of Cervidil and already suffering from oligohydramnios and possible PROM with IUGR based on	1. Administer oxygen using a face mask at 8-10 L/min. Rationale Improving oxygenation of the mother can help improve fetal oxygen saturation. 2.Encourage the client to change position q30min unless a given position eliminates late decelerations, at which point it should be maintained. Rationale	Oxygen saturation for the mother remains at or above 95%. Humidification applied as necessary for comfort. Patient is able to find a position that is comfortable for contractions and helpful to keep baby's heart rate within normal range with absence of decelerations. Cervical dilation and effacement

	ultrasound	Side-lying and semi-Fowler's positions are best to prevent compression of the inferior vena cava and fetal distress. Trendelenburg should be avoided.	progress despite limited ambulation.
3. Readiness for enhanced knowledge r/ t anemia as evidenced by family history and patient's expression of interest regarding management of sickle cell disease and trait.	This diagnosis was chosen given the family history of sickle cell disease and trait, carrier status of mother and fetus, mother's current anemia prior to blood loss associated with labor, and refusal of blood products.	**1.** Perform education once verbally and once with visual materials to explain types of anemia and relationship to nutritional intake, sickle cell trait and disease. Rationale Diet and appropriate fluid intake will be especially critical if patient is breastfeeding. **2.** Help patient identify a support group for individuals with sickle cell disease or trait and/or new mothers that could be attending biweekly or once per month. **Rationale** This will help promote continuing education and identify resources in the community outside professional care.	Patient verbalizes commitment to diet and lifestyle modifications that will help prevent anemia. Expresses understanding of importance of compliance with prescribed iron supplements in the post-partum period and beyond.
4. Readiness for enhanced self-care r/t post-partum period as evidenced by strong family support	Both patient and baby express the sickle cell trait and need to be aware of increased risks associated with fatigue and dehydration.	**1**. Use an appropriate and validated screening tool to assess current of level self-care practices 24 hours prior to discharge. Rationale: Patient may already be well equipped to advocate for needed help and time to self but may not understand the full range of self-care activities available 2.Promote social support by	Patient identifies new techniques to improve psychological, emotional, and physical well-being in the post-partum period through a range of activities. Husband and support persons commit to facilitating appropriate self-care by agreeing to divide caregiver role and committing to

		including husband in developing a post-partum plan for self-care for patient. Rationale: Including individuals in planning helps hold everyone accountable and helps them feel empowered to follow-through.	protected time for patient for related activities.

Other References (APA)

Ackley, B.J., Ladwig, G.B., Flynn Makic, M.B., Martinez-Kratz, M., Zanotti, M. (2020). *Nursing diagnosis handbook: An evidence-based guide to planning care* (12th ed.). St. Louis, MO: Elsevier

Swearingen, P.L. (2016). *All-in-One nursing care planning resource (4th ed.)*. St. Louis, MO: Elsevier.