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### **Journal Entry#6**

In the last clinical session, I was assigned to the Labor & Delivery department and observed a patient named J.V. This patient is a 29-year-old G2P1 female, who is at 41 weeks and 2 days gestation, that was admitted to Nyack Hospital on 3/4/20. She was 5-6 cm dilated, 80% effaced, and at stage 0 of labor. The external fetal monitoring was good as it had a baseline of 130-140s, sufficient accelerations, and no deceleration. HCP administered cervidil to induce labor at 20:30 on 3/4/20 and performed AROM at 01:29 on 3/5/20. As she was having inadequate contractions, they gave 20 milliunits of pitocin and also gave an epidural for pain. The physician wanted to increase the pitocin to 21 milliunits of pitocin and also wanted the patient to do nipple stimulation to increase the release of natural oxytocin. In her PMH, the patient is a cystic fibrosis carrier and also had bacterial vaginosis during her pregnancy in 2020 (unspecified date).

In this clinical experience, I communicated well with the patient, her mother and brother, L&D nurses, midwife, classmates, Dr. Thomas, and my fellow partner, Christine. I observed and assisted the L&D nurses during their care for the patient. I learned more on the intrapartum process, complications, and the immediate care required. I communicated with Christine on the patient's situation, PMH, prenatal history, and prescribed medications. My self-evaluation of technical skills would be good as I helped the nurse during assessment, medicine administration, and whatever else that was permitted by her.

The greatest accomplishment of this clinical day was having further understanding of the intrapartum care. Although I was not able to see the actual delivery, I was able to visualize the intrapartum concepts that were learned in the coursework. For an example, I saw that the nurses made sure to remove the foley catheter to prevent trauma as the patient was dilating. Another example is that instead of giving too much oxytocin and risking a tachysystole situation, the HCP requested that the patient would be educated on how to stimulate the nipples in order to release the body's natural oxytocin. The challenge from this clinical experience was the increased concern in regards to coronavirus. I made sure to perform adequate hand hygiene and follow protocol but it was still worrisome to know that it is spreading.

This clinical experience has helped me to grow professionally, personally, and spiritually. Professionally, I grew on my understanding of intrapartum care and the important interventions to ensure safe delivery for the baby and mom. Personally, I was able to learn more on the pain and fear that the expecting mother feels. Seeing her emotions had helped me to further understand that it is very important to provide proper support, comfort, education, and nursing care to help relieve some of that anxiety. Spiritually, I grew on my understanding that through all hardships, the best comfort of all is God himself. The biblical reference that guided me in this clinical day is from Lamentations 3:22-23, which states, "The steadfast love of the Lord never ceases; his mercies never come to an end; they are new every morning; great is your faithfulness." This verse emphasizes that His love for us is never-ending and although we may feel that everything is out of place or wrong, His love will always be unchanged.