

History:

Medical: Hypertension
Asthma

Surgical: No surgical history

Social: No significant social history

Family: No significant family history

Lines & Fluids/Tubes/Drains

- 20g IV on left forearm
- Lactated ringers solution 30mL/hr
- cefazolin 1000mg in dextrose 50mL ivpb
- temporary in/out urinary catheter

Medications

Scheduled:

- pitocin 5mU/min
- cefazolin 1000mg in dextrose 50mL ivpb
- ibuprofen 600mg
- docusate sodium 100mg
- ferrous sulfate 325mg
- prenatal tablet

PRN:

- benzocaine-menthol 20-0.5% topical spray
- lanolin cream
- polyethylene glycol 17g oral
- simethicone 80mg oral
- witch hazel-glycerin pad
- albuterol 2.5mg

*See attached med chart

NURS 315: Labor and Delivery Concept Map

Student Name: Jamie Lee **Client Initials:** TA **Date of care:** 11/22/2021

Admit Date: 11/21/2021 **Age:** 18 **GTPAL:** 1/1/0/0/0 **Gestation:** 40w4d

Delivery date/time: 11/22 10:20am **Delivery Type:** Vaginal **EBL:** 500mL

Incision type/Perineum: Intact **ROM:** Spontaneous 4:00pm **Allergies:** NKA

Admitting Diagnosis: Hypertension and rupture of membrane

Nursing Diagnosis

- *1. (priority)** Acute pain as evidenced by client's verbal expression of pain and related to swelling of vagina post-delivery.
2. Risk for altered family processes related to incarcerated FOB and client's young age.

Goal:

Client's pain will be managed and verbalized as below 3/10 before transfer to the postpartum unit.
Client and client's family will verbalize plan of care for newborn without the presence of the FOB before discharge.

Nursing Interventions:

- *Nurse will regularly reassess the client for the presence of pain and response to pain management interventions, including effectiveness and the presence of adverse effects related to pain management interventions. (Eksterowicz & DiMaggi, 2018).
- Nurse will administer pharmacologic pain management such as NSAIDS and other analgesics as needed before pain becomes severe.
- *Nurse will assess if the client is able to provide a self-report of pain intensity, and if so, assess pain intensity level using a valid and reliable self-report pain tool, such as the 0 to 10 numerical pain rating scale. (Drew & Peltier, 2018).
- *Nurse will provide brief education and individual counsel as a routine part of primary care. (Helstrom et al, 2014.)
- *Nurse will refer for family therapy and other family-oriented resources. (Ventura & Bagley, 2017.)
- Nurse will evaluate strengths, weaknesses, coping skills and support system of client.

A. Helstrom E. Ingram Wei W. : Treating heavy drinking in primary care practices: Evaluation of a telephone-based intervention program , Addictive Disorders & Their Treatment 13: (3): 101- 109 , 2014.
A.S. Ventura S.M. Bagley : To improve substance use disorder prevention, treatment and recovery: Engage the family , Journal of Addiction Medicine 11: (5): 339- 341 10.1097/ADM.0000000000000331 , 2017.
D.J. Drew C.H. Peltier : Pain assessment M.L. Czarnecki H.N. Turner Core curriculum Mosby Elsevier St Louis , 2018.
N. Eksterowicz T.J. Dimaggio : Acute pain management M.L. Czarnecki H.N. Turner Core curriculum Mosby Elsevier St Louis , 2018.

***Please indicate which intervention has evidence based rationale- attach journal article**

Evaluation:

Client verbalizes improved pain (2/10) after receiving pain medication (acetaminophen and ibuprofen).
Client expresses understanding of newborn care with and without presence of the father.
Family agrees to working with social services in order to get the resources needed.

Neonate

Sex: F

APGARS: 8/2/6/9

Weight: 7lbs8oz

Feeding Method: Breast

Kangaroo Care: Performed

Other: Infant coded 8 minutes after birth

Lab Values

Blood Type and Rh: O+

H&H: 11.8mg/dl & 40%

GBS: Negative

Rubella: Negative

HepB: Immune

VDRL: Negative

HIV: Negative

Other:

Diagnostic Tests/Procedures

Physical Assessment:

- Fundus boggy, unresponsive to fundal massage. (IM methergine and rectal misoprostol was given with significant improvement in uterine tone.)
- Edema in lower extremities bilaterally
- Breasts soft and equal bilaterally
- Rubra lochia
- No perineal, periurethral or labial lacerations

Vaginal Exams/Labor

Progress

TA was brought in with spontaneous ROM at 4:00pm. Contractions were irregular and was put on 5mU/min pitocin for 6 hours.

FHR Tracing/Contractions

- Category 2 (see below)
- Rare intermittent late decelerations and accelerations
- (Fetus) Baseline 125bpm
- Moderate variability
- (Mother) Irregular contractions

Mother was on 5mU/min pitocin