

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

Drug	Pharmacologic Category	Mechanism of Action	Side Effects	Nursing Considerations
Albuterol	Beta2 Agonist	Relaxes bronchial smooth muscle by action on beta2 receptors with little effect on heart rate.	Nervousness or shakiness Headache Throat or nasal irritation Muscle aches More serious: Tachycardia Palpitations Bronchospasm Hypersensitivity reactions (anaphylaxis)	<ul style="list-style-type: none"> - Pregnancy Category C - Make sure the client doesn't have a sympathomimetic allergy. - Monitor client carefully for adverse effects.
Cefazolin	Antibiotic; Cephalosporin (First Generation)	Inhibits bacterial cell wall synthesis by binding to one or more of the penicillin binding proteins which in turn inhibits the final transpeptidation step of peptidoglycan synthesis in bacterial cell walls. Bacteria eventually lyse due to ongoing activity of cell wall autolytic enzymes.	General itching White patches in Mouth Loss of Appetite Heartburn, Gas, and Nausea Dizziness and Confusion CNS Depression Adverse: Rash, hives Swelling in legs and feet Decreased urination Watery or bloody stools	<ul style="list-style-type: none"> - Pregnancy Category B - Antibiotics may diminish the therapeutic effect of vaccines (typhoid). - Contraindicated in patients taking Vitamin K Antagonists. Cephalosporins may enhance the anticoagulant effect of the antagonists. - Monitor for signs of anaphylaxis during first dose. - Monitor renal function periodically, hepatic function tests and CBC.
Dermoplast spray	(Benzocaine) Analgesic, Topical; Local anesthetic	Blocks both the initiation and conduction of nerve impulses by decreasing the neuronal membrane's permeability to sodium ions, which results in inhibition of depolarization with resultant blockade of conduction.	Localized burning, stinging sensation Contact dermatitis, localized erythema, localized rash Local pruritus, edema, tenderness	<ul style="list-style-type: none"> - Pregnancy category C - Monitor for adverse reactions. - Contraindicated in patients with hypersensitivity to benzocaine, para-aminobenzoic acid or any component of the formulation.

Docusate (Surfak/Colace)	Stool softener	Reduces surface tension of the oil-water interface of the stool resulting in enhanced incorporation of water and fat allowing for stool softening.	Abdominal cramping, stomach pain, diarrhea, excessive bowel activity, intestinal obstruction, throat irritation, rash, low electrolyte levels	<ul style="list-style-type: none"> - Pregnancy category C - Some dosage forms may contain sodium benzoate and large amounts may cause fatal toxicity in neonates. - If self-medicating, patients should be instructed to contact a healthcare provider prior to use if nausea, stomach pain, or vomiting is present. - Monitor for sudden change in bowel habits.
Ferrous sulfate (iron)	Iron preparations	Replaces iron, found in hemoglobin, myoglobin and other enzymes; allows the transportation of oxygen via hemoglobin.	<ul style="list-style-type: none"> - Stomach upset and pain - Constipation and diarrhea - nausea 	<ul style="list-style-type: none"> - Pregnancy category N/A - Stool may become black or green. - Educate patients on side effects of ferrous sulfate. - Drug interactions with antacids, levodopa, phosphate supplements, tetracyclines. - Interacts with cereals, dietary fiber, tea, coffee, eggs and milk (decreases absorption).
Ibuprofen (Motrin/Advil)	Analgesic, NSAID	Reversibly inhibits COX-1 and 2 enzymes, which results in decreased formation of prostaglandin precursors; has antipyretic, analgesic and anti inflammatory properties.	<p>** Increased risk of CV and GI events **</p> <p>Common:</p> <ul style="list-style-type: none"> - Headaches - Nausea, vomiting, dizziness - CNS effects <p>Serious:</p> <ul style="list-style-type: none"> - Blood present in stool or urine - Edema - Severe chest or stomach pain - Difficulty with breathing 	<ul style="list-style-type: none"> - Pregnancy category B (D in 3rd trimester) - Monitor patients for anaphylactoid reactions. - Monitor patients for cardiovascular events (monitor blood pressure). - May have impaired response to ACE inhibitors, thiazide and loop diuretics. - Monitor patients for gastrointestinal events.

Lanolin ointment	Topical skin product, emollient	Emollients soften the skin by forming an occlusive oil film on the stratum corneum layer of the epithelium, thus decreasing the transepidermal water loss.	<p>Skin burning, stinging, redness or irritation.</p> <p>Rare:</p> <ul style="list-style-type: none"> - Unusual changes in the skin - Signs of skin infection 	<ul style="list-style-type: none"> - Pregnancy category C
Oxytocin	Oxytocic Agent	Oxytocin stimulates uterine contraction by activating G-protein-coupled receptors that trigger increases in intracellular calcium levels in uterine myofibrils. Oxytocin also increases local prostaglandin production, further stimulating uterine contraction.	<p>Common:</p> <ul style="list-style-type: none"> - Nausea, vomiting - More intense/frequent contractions <p>Rare/severe:</p> <ul style="list-style-type: none"> - Fast, slow, or uneven heart rate - Excessive bleeding long after childbirth - Severe headache, blurred vision, pounding in neck and ears - Confusion, severe weakness - Jaundice in baby 	<ul style="list-style-type: none"> - Pregnancy category C - Monitor for antidiuretic effects, cardiovascular effects and maternal deaths. - Should be used for medical reasons (initiate or improve uterine contractions needed for fetal or maternal reasons).
Polyethylene Glycol	Laxative, Osmotic	Induces catharsis by strong electrolyte and osmotic effects.	<p>Common</p> <ul style="list-style-type: none"> - Brief insomnia - Irritation of the rectum - Excessive Thirst - Nausea, vomiting and stomach cramps - General discomfort <p>Adverse</p> <ul style="list-style-type: none"> - Rectal bleeding - Bloody stool/diarrhea 	<ul style="list-style-type: none"> - Pregnancy Category C - Monitor client for ulcerative colitis, IBS, kidney disease or sudden change in bowel habits. - Contraindicated in patients with eating disorders and bowel obstruction. - Monitor BUN, creatinine, and electrolytes in patients with renal impairment.
Prenatal vitamin	Vitamin	N/A	Gastrointestinal symptoms, dark stools, diarrhea, nausea, vomiting,	<ul style="list-style-type: none"> - Pregnancy category B - Severe iron toxicity may occur in

			hypersensitivity	<p>overdose, particularly when ingested by children,</p> <ul style="list-style-type: none"> - Iron absorption is inhibited by eggs and milk.
Simethicone	Antiflatulent	Decreases the surface tension of gas bubbles thereby disperses and prevents gas pockets in the GI system.	<p>Common</p> <ul style="list-style-type: none"> - Nausea - Constipation - Diarrhea <p>Adverse</p> <ul style="list-style-type: none"> - Dizziness, fainting - Black stools - Palpitations and bradycardia - Shallow breathing - Mental state changes - Vomit that looks like coffee grounds 	<ul style="list-style-type: none"> - Pregnancy Category C - Diarrhea is relieved by antacids that contain only aluminium. - Encourage client to drink plenty of fluids and exercise. - When taking antacids, monitor phosphate levels. - Avoid carbonated beverages and gas-forming foods.
Tucks (witch hazel)	Antihemorrhoidal Agent; Astringent	Helps reduce swelling, help repair broken skin, and fight bacteria.	Might cause minor skin irritation.	<ul style="list-style-type: none"> - Pregnancy category N/A

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**** I couldn't find full texts, but the sources for nursing interventions are taken from the Elsevier Nursing Handbook, and are marked EBP. ** (the last one is a book)**

FULL TEXT LINKS



> [J Addict Med.](#) Sep/Oct 2017;11(5):339-341. doi: 10.1097/ADM.0000000000000331.

To Improve Substance Use Disorder Prevention, Treatment and Recovery: Engage the Family

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Affiliations

PMID: 28787300 DOI: [10.1097/ADM.0000000000000331](#)

Abstract

: Approximately 21 million people in the United States have a substance use disorder (SUD); the number of family members impacted by a loved one's SUD is exponentially greater. Affected family members of individuals with SUDs are at high risk for developing chronic medical and psychiatric health conditions, are high utilizers of the health care system, and have high health care expenditures. Family members play a central role in the lives of many individuals with SUDs; information given to family members can have a significant impact on persons with addiction and therefore the SUD treatment that an individual might receive. Evidence-based interventions targeting affected family members have been shown to: improve health outcomes for all family members, result in better addiction treatment outcomes, and prevent adolescent substance use. Despite mounting evidence, the health care system has been hesitant to engage families in a meaningful way. Health care providers should consider how implicit and explicit assumptions about the role of family members in SUD development, treatment, and recovery may contribute to this underlying reluctance. Antiquated policies and procedures that alienate family members should be modified (e.g., limiting phone access). Family members have a right to receive professional treatment and to be educated about the difference between mutual/peer support and evidence-based treatment options. Despite the potential for family members to move the needle on the country's current addiction crisis they remain an underutilized resource. A paradigm shift will be required to get the current SUD care continuum to adopt a family-centric model.

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Evaluation of a Telephone-based Intervention Program

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Addictive Disorders & Their Treatment: September 2014 - Volume 13 - Issue 3 - p 101-109

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- Buy

Metrics

Abstract

Objective:

Alcohol misuse is prevalent and has been linked to a number of adverse mental and physical health outcomes and disability. Brief interventions may be effective in helping patients to engage in nonharmful drinking. The objective of the current study was to test the implementation of a telephone-based brief intervention (telephone care management; TCM) with heavy drinkers in primary care. The addition of TCM to primary care provider standard care (screening and brief advice) was compared with standard care alone. It was hypothesized that delivery of TCM would be feasible and that patients assigned to TCM would show better drinking outcomes than those in standard care.

Methods:

Heavy drinkers (N=146) at the Philadelphia Veterans Affairs primary care clinics were enrolled and randomly assigned to treatment condition. Participants in the TCM condition received a motivation-based treatment focused on helping patients to reduce their alcohol use.

Results:

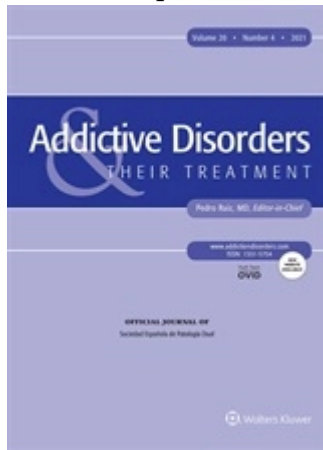
Although both groups significantly decreased their drinking over time, with 40% of participants no longer engaging in heavy drinking at follow-up, the outcomes did not differ between groups at follow-up. Both groups decreased the number of drinking days and the average number of drinks/day over the follow-up period.

Conclusions:

Implementation of the program in primary care proved feasible. Participants reported a decrease in alcohol use frequency and alcohol-related problems. However, contrary to hypotheses, the addition of TCM was not associated with greater improvement in drinking outcomes.

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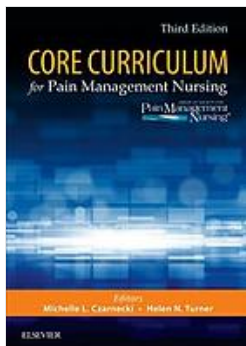
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