California State University, Long Beach
School of Nursing

N321 Lab
Health Care of the Childbearing Family
Main Clinical Syllabus

Spring 2015

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Course grading is combined with the lecture component of the course. See Lecture syllabus for syllabus guidelines

Clinical Guidelines

Maintaining client safety is the overriding principle in clinical practice. To insure safe client care and ethical, professional practice nursing students will provide care within the guidelines of the Nursing Practice Act, the Academic Standards and policies listed in the syllabus, student handbook, and the NSNA Code of Ethics. Nursing students must function at the expected clinical level as stated in course objectives and clinical evaluation forms. Nursing faculty have the unquestioned authority and responsibility to identify student conduct and performance in the academic and/or clinical area that are unsafe, unethical, and/or unprofessional, take immediate corrective action, and provide remediation contracts, if appropriate.

The faculty member is available to consult with students regarding problems of course work during office hours or other scheduled appointment times. It is the student's responsibility to seek out the faculty member for assistance when needed. The student holds the primary responsibility for learning. The faculty member shall be the facilitator of that process.

Policy on Medical Clearance

Purpose: Students are considered part of the health care team in any clinical setting. Therefore, they are obligated to abide within established policies and procedures for any clinical setting in which they are functioning.

I.1 All students must comply with all required health documentation for immunizations and proofs of immunity required by each clinical agency. Failure to upload these documents onto the Online Health Tracker prior to the semester deadline will result in them being dropped from the class. Once they are dropped from the class they may re-enter on a space available basis as stated in the School of Nursing (SON) Policy on Readmission.

I.2 Illness is defined as a fever (which is generally a temperature of $\geq$ 100.5 ^{0}F or flu-like symptoms) a rash, productive cough or open wound, or other drainage (e.g. from eyes). Students will not be allowed on any of the units with these symptoms. The student must notify both their clinical faculty and the agency when they are ill.

I.3 In the case where a student misses more than one clinical day due to illness, a student will not be allowed to return to the clinical area until a written medical clearance has been obtained.

I.4 In the event that a student experiences an injury or undergoes a surgical procedure that could compromise the safety of either the student or the clients in the student's care, a written medical clearance will need to be submitted to the clinical faculty before the student can return to clinical practice.

I.5 In the event that a theory course is concurrent with the clinical component, the faculty has the discretion to determine whether or not the absence from the clinical will hinder achievement of the combined course objectives. In this event, it may be feasible that the student would not be able to progress in either clinical or didactic components until being released from medical care.

I.6 If an injury or illness creates a significant disability for the student such that patient safety issues arise, progression in the program will be dependent upon the student's ability to function safely in accordance with guidelines specified in the SON's Essential Performance Policy. At that time, an ad-hoc judiciary SON sub-committee will be formed that will have the authority to make determinations regarding the physical or mental fitness of a particular student while in the nursing program. They will work with the Office of Disabled Student Services to determine if safe reasonable accommodation can be made for this student.

I.7 If the student develops an impaired/deficient immune system or becomes pregnant they must notify their clinical faculty and the level coordinator for the particular course. They are also required to submit a written medical clearance to participate further in the program and accept full responsibility for any risk to them. (See Policy on Essential Performance General Health guidelines).

I.8 Missed clinical hours are to be made up, hour for hour, or by completion of an instructor approved assignment in order to earn a passing grade. (See Missed Clinical Hours Policy).

I.9 In all situations, the student will be held to the policies and procedures for any given clinical site and the School of Nursing.

Attendance

It is the philosophy of the School of Nursing, as well as of the California Board of Registered Nursing, that **attendance during orientation and clinical hours is required**. Failure to attend orientation will result in the student being dropped from the course.

Attendance and punctuality are expected for each clinical lab day and post-conference period. Students should anticipate freeway driving needs and plan to arrive a few minutes early to be sure preparation is completed prior to the unit report.

Absences may affect the final course grade or result in a student's failing the course since that student may not be able to meet all of the objectives for successful completion of the course. A MISSED LAB DAY WILL NOT BE MADE UP ON ANOTHER SECTION'S LAB DAY SINCE EACH LAB HAS A FULL COMPLEMENT OF STUDENTS.

A student who is absent due to illness, may be required to present a physician clearance to return to the clinical setting (see Policy on Medical Clearance). A student who for serious and compelling reasons is absent (illness or death in the family) must call the clinical instructor and leave a message for the instructor at least one hour prior to the agency starting time on the scheduled lab day. A student who does not notify the instructor of the intent to be absent shall be considered to have an unexcused absence. **All missed clinical time must be made up at the discretion of the faculty.**

Two absences in the semester, even if made up, may at the discretion of the instructor place the student on clinical probation. If a student is not able to meet the objectives of the course and/or course assignments due to an attendance problem, the consequences to the student may be withdrawal from the course, an incomplete grade or failure of the course per university policy. Readmission into the program is on a space availability basis only.

Policy on Missed Clinical Hours and Tardiness in the Clinical Setting:

Every student in the nursing program is required by the Board of Registered Nursing to meet a minimum number of hours in both lecture and clinical courses. Therefore, it is expected that students will attend all required classes. Students who miss up to a total of eight clinical hours (not necessarily in the same day) during the semester are required to make up the time, hour for hour, or complete an instructor approved assignment in order to receive a passing grade in the course.

The student needs to arrange the make-up time or assignment with the clinical instructor. A contract will be signed by the student and clinical instructor detailing the plan for make-up of clinical time. If the student is unable to complete all the required clinical hours the student may be asked to withdraw from the course per university policy, receive an incomplete grade or receive a grade of F in the course.

Students are expected to be on time for clinical; excessive tardiness or patterns of lateness may be considered an unexcused absence. **Three episodes of being tardy will equal one unexcused absence.** Tardiness should not exceed 30 minutes; after 30 minutes it is considered an absence.

Written Work Policy:

Written work must be submitted on the assigned date to receive full credit. Late work shall be penalized by 5% per day and **no work will be accepted after three days** unless an agreement is worked out with your clinical instructor ahead of time. If the

management plans are not completed as specified, the student will be sent home and the clinical day considered an absence subject to the specified make up guidelines

Written assignments are to be the work of the individual student. Ideas that are not the student's own must be referenced. Plagiarism and cheating as defined by the University (see catalog) on any written assignment or exam will be dealt with according to School of Nursing Policy. For N321 all written assignment will be turned in to the Dropbox and screened for plagiarism. Any work submitted that was originally the property of another person or found to be identical will result in a course failure. All work should be done individually; group work is considered plagiarism will not be accepted and will result in a grade of zero for that assignment.

References are scholarly and evidence-based. Course textbooks and research articles are to be the primary resources for written work. Medical dictionaries or online resources (such as Wikipedia) are insufficient and inappropriate resources.

Evaluation:

The faculty member and student shall meet at the midterm time to discuss the student's progress and again at the end of the semester for the final evaluation. Any student who is in danger of failing the course shall be counseled verbally by the faculty member and notified in writing. The student shall be referred for appropriate academic counseling as needed. Remediation plans will be developed on an individual basis. If necessary, student contracts will be developed.

Clinical Preparation:

Since safety of the client is of critical concern, students will be expected to be well prepared to assume client care. A student who is considered to be unprepared for the clinical day will be dismissed from the clinical unit since client safety may be jeopardized. The student is to be accountable for making sure that preparation is complete for the clinical day. A student who requires assistance with preparation for the clinical day should make a definitive effort to contact a faculty member for assistance.

A student who is overly tired, ill or in an altered state of consciousness shall be dismissed from the clinical agency.

Dress and Behavior Code Guidelines for the Clinical Agencies

1. Female and male students are to wear one of the pre-selected uniforms. It must be clean and unwrinkled when at the clinical site. Necklines, undergarments and

hemlines are to be non-revealing. Garments are to be loose enough to permit freedom of movement. A CSULB patch is to be worn on the left sleeve.

2. Female and male students are to wear picture ID name badge on the upper left side of their uniform one inch below the shoulder seam. Students not having their picture ID will be sent home to retrieve it. Points will be deducted from the clinical day as well as from the behavioral evaluation tool.

3. Female and male students are to wear clean white, black, or blue shoes with enclosed toes and heels. If nylons are worn, they must be white or neutral-shade. No fancy patterns or other color hose are allowed.

4. Students are expected to be equipped with black pen, pencil, a small note pad, bandage scissor, watch with second hand, and stethoscope.

5. Jewelry is to be kept at a minimum. No ornate jewelry or dangling earrings are to be worn. Only **one** pair of earrings per ear can be worn. No facial or oral jewelry can be worn. Rings are to be of smooth metal with no elevated stones. Only short, narrow, non-dangling chains are acceptable.

6. Hair, for both male and female students, is to be off the collar and should appear clean, neatly trimmed and arranged. Hair should not fall forward when the head/neck is flexed or when the student leans forward in the performance of tasks.

7. Use of lightly or non-scented deodorant and oral hygiene products are recommended to manage body odors with clean, odor-free clothing.

8. Fingernails: clean and short without polish. Students **may not** wear acrylic nails.

9. Any visible tattoos that are inappropriate or offensive, i.e. depicting violence, sex, drugs, gang affiliation, or deemed inappropriate by Director/Faculty must be covered at all times.

10. Basic guidelines of courtesy are applicable in addressing and interacting with clients, visitors, staff, faculty and peers, and in the utilization of space, time, supplies, and equipment within the clinical agency. (Remember we are guests on the unit)

11. Students are to comply with agency policies and procedures relative to the management of sound, including voices in the clinical setting.

12. Hallways, elevators, stairways, and cafeteria lines are to be kept open for movement of personnel. It is especially important not to congregate in heavy traffic areas such as the Nurse's Station.

13. Sitting on the floor in any clinical situation is considered to be unacceptable behavior. Exception is in an emergency, i.e., if student has fainted.

14. Gum chewing is not permitted in the clinical areas.

15. Students are to inform the clinical instructor in advance, of any absence and to call the instructor immediately when it appears that an unavoidable late arrival will occur.

16. Questions related to the appropriateness of student's appearance and/or behavior are to be addressed, in private, immediately by the student's instructor and/or agency personnel.
17. Professional nurse role development incorporates dress and behavior. Personal growth and consistently acceptable compliance are expected.

If your instructor deems your appearance to be unprofessional for other reasons, you will be asked to correct it immediately. If this becomes an ongoing problem, it may be interpreted as a violation of the critical behaviors and result in a grade of fail.

Orientation

Preparation for Week Two:

You are required to view three videos BEFORE you come to your assigned date. These are worth 15 points of your clinical grade. *If you fail to view all three of them and complete the quizzes for them by that date, you will receive a score of zero.*

Videos: Newborn Assessment, Newborn Gestational Age Assessment & Postpartum.

Go to the lecture assignment section on BB. You should see the first video. After you view it, click on the marked review button in the right hand top of the page. You should then see a summary or quiz of 5 questions. The second and third videos won't be launched until you take the quizzes. Your grade will be the sum of the scores for these three quizzes or 15 points.

Preparation for Week Three:

You are required to complete the *periFACTS* online student tutorial on electronic fetal monitoring BEFORE you come to your third week of clinical. Go to www.urmc.rochester.edu and sign in (Username: CSUF-CA-01; password: password). Complete the student tutorial and review test. Print the certificate of completion and turn it in to your instructor.

Daily Clinical Participation

Five (5) points will be given each clinical day. Points will be assigned based on the student's preparation for clinical (2), patient report (2), and patient charting (1). Preparation includes but is not limited to being appropriately dressed and groomed; timeliness; having watch with second hand, photo ID badge and hospital ID badge, stethoscope, black pen; and having appropriate care management plan and unit specific forms (i.e. charting, report, fetal monitoring notes, skills checklist, etc.). Patient report includes thoroughness and depth of verbal report of 1 to 2 patients cared for that day (includes mother AND baby on postpartum unit) or team leader assignment. Patient charting includes computerized daily charting and written DAR charting on 1-2 patients cared for that day (includes mother AND baby on postpartum unit).

N321: Health Care of the Childbearing Family Clinical Evaluation Form
Semester/Year: Spring 2015

Student Name:________________________________

Professional Behavior	**(255 points)**	**Midterm**	**Final**
Daily Participation	(65 points)		
Clinical/Behavioral Evaluation (midterm)	(95 points)		
Clinical/Behavioral Evaluation (final)	(95 points)		
	Score		

Care Management Plans	**(80 points)**	**Midterm**	**Final**
Management plan Intrapartum	(30 points)		
Management plan Postpartum	(25 points)		
Management plan Newborn	(25 points)		
	Score		

Projects	**(65 points)**	**Midterm**	**Final**
Mother-Baby Teaching Project	(50 points)		
Newborn assessment and charting	(15 points)		
	Score		

Miscellaneous	**(100 points)**	**Midterm**	**Final**
HIP Simulation/write-up	(25 points)		
Cultural Assessment	(15 points)		
Video Quizzes	(15 points)		
EFM tutorial/test	(25 points)		
March of Dimes	(20 points)		
	Score		

Total Score: ___________ ________/ 500

Midterm:
Student signature: ___________________Instructor Signature: _____________________
Comments:

Final:
Student signature: ___________________Instructor Signature: _____________________

Comments:

California State University, Long Beach

School of Nursing

N321 Clinical and Behavioral Evaluation Tool

Semester/Year: Spring 2015

Name: ___________________________ Hospital:_______________________

Students who violate any of the professional standards/critical behaviors listed in the course syllabus or score less than 70% or 66.5 points at the final will automatically fail the course. Students who score below 70% at the midterm will be expected to meet with their clinical instructor and develop a remediation plan for immediate implementation.

Be sure to bring a self-scored Clinical Evaluation Tool for both your midterm and your final evaluation. Your clinical instructor will make corrections to the score based on their interpretation of your performance. Your scores for midterm and the final will add together for the final grade.

Clinical Tool:

Points	Level of Performance
2.00	Ineffective or incomplete attainment
3.00	Inconsistent performance
4.00	Appropriate level of performance
4.50	Appropriate level of performance with evidence of continued improvement
5.00	Consistently performs at an advanced level

Nursing Process (30 points max)

Gathers required assessment data (i.e., history, physical examination, psychosocial, cultural and family) and compares data with patient's baseline and norms. Assessments are thorough, accurate and plan is well defined and appropriate for patient and family.

Self_______mid/_______final Instructor_______mid/_______final

Demonstrates knowledge of pathophysiology and applies this knowledge during patient care and planning activities.

Self_______mid/_______final Instructor_______mid/_______final

Is aware of patient and family learning needs relevant to the patient's diagnosis or condition, and identifies teaching opportunities.

Self_______mid/_______final Instructor_______mid/_______final

Individualizes plan of care: interventions, tasks and activities are appropriate. Selects best plan of action, has rationale and independently carries out plan after communicating to primary nurse.

Self_______mid/_______final Instructor_______mid/_______final

Evaluates effectiveness (outcomes) of interventions/care provided to patient and family. Identifies when changes to the plan are necessary; adjusts plan of care and priorities accordingly.
Self_______mid/_______final Instructor_______mid/_______final

Demonstrates evidence of thoughtful preparation. Communicates patient's status effectively and to the correct provider always informing primary nurse.
Self_______mid/_______final Instructor_______mid/_______final

Skills (30 points max)

Administers medications in accordance with standards of care. Is able to calculate medication dosages and ranges. Articulates understanding of prescribed medications.
Self_______mid/_______final Instructor_______mid/_______final

Follows appropriate procedures for administration of all medications via all routes, i.e. IM/SQ, IV, IVPB, PO etc.
Self_______mid/_______final Instructor_______mid/_______final

Prioritize duties and approach tasks in an organized logical fashion. Establishes priorities of care and organizes and completes clinical activities within a reasonable time frame.
Self_______mid/_______final Instructor_______mid/_______final

Documents on flow sheets in an accurate and timely manner.
Self_______mid/_______final Instructor_______mid/_______final

Seeks to perform a variety of procedures within scope of practice. Asserts self by gathering equipment and discussing procedure to be completed.
Self_______mid/_______final Instructor_______mid/_______final

Identifies the principals of sterile technique and applies them as appropriate.
Self_______mid/_______final Instructor_______mid/_______final

Environment/Safety (10 points max)

Identifies environmental hazards to patients and self and complies with all hospital standards to ensure a safe work environment (e.g. proper body mechanics, proper disposal of hazardous waste, fall precautions, side rails, restraints, etc.)
Self_______mid/_______final Instructor_______mid/_______final

Demonstrates principles of infection control and universal precautions.
Self_______mid/_______final Instructor_______mid/_______final

Subtotal: Points Earned **_______/70 mid** **________/70 final**

Behavioral Tool:

1. **Uniform and dress code**

Self_______mid/_______final Instructor_______mid/_______final

0= Comes to the clinical area without appropriate professional dress and inattention to personal grooming on two or more occasions.
1= Violation of dress and behavior code on one occasion with subsequent correction of problem.
2= No problems related to uniform and dress code.

2. **Coping**

Self_______mid/_______final Instructor_______mid/_______final

0= At a loss in new/stressful lab situation
1= Needs considerable help and guidance
2= Comfortable in new/stressful situations with minimal guidance
3= Adapts quickly to new/stressful situations, intellectually identifies cause/effect; initiates action

3. **Responsibility/Initiative**

Self_______mid/_______final Instructor_______mid/_______final

0= Forgets assignments; unable to perform tasks without excessive guidance; blames others for personal lack of initiative/responsibility
1= Performs only under constant supervision
2= Meets minimal requirements. Vacillates between excessive dependence and some independence
3= Dependable; assumes initiative in new/unusual situations; asks for help when needed
4= Assumes responsibility for own learning needs, seeks and uses appropriate consultation with instructor, peers, staff, others

4. **Interest/Enthusiasm in the Nursing Profession**

Self_______mid/_______final Instructor_______mid/_______final

0= Appears bored, apathetic, complaining, blaming others for own lack of interest
1= Often indifferent; minimal effort with task; sense of "getting by" avoids more complicated learning opportunities
2= Assumes responsibility for own learning; interested; completes readings; takes

advantage of varied learning options
3= Seeks out additional learning options; enthusiastic; uses recommended readings and activities to expand own learning
4= Shares creativity with peers/faculty; spontaneously reports in-depth application of material with clients

4. **Didactic Application**

Self_______mid/_______final Instructor_______mid/_______final

0= Unprepared to answer didactic questions; missing management plans, fetal monitoring notes, charting forms, report sheets, newborn assessment notes or any other required documents for the unit or facility.
1= Requires prompting, heavily relies on utilizing notes, or needs frequent review of material.
2= Able to provide consistent in depth application of didactic knowledge; systematically and with limited prompting.

5. **Group Participation**

Self_______mid/_______final Instructor_______mid/_______final

0= Silent during group discussion or blocks group discussions with monopolizing; catharsis
1= Infrequent participation; or distracts from process discussion; changes subject with little social sense; insensitive to learning needs of peers
2= Minimal sharing, involvement; not silent or distracting; some sense of saying "minimal possible to get by"
3= Active participation; stays on topic; aware of needs of peers; carries own responsibility in group
4= Initiates and facilitates complicated discussions; assumes leadership role; problem-solver; aware of themes and process

6. **Self-Assessment**

Self_______mid/_______final Instructor_______mid/_______final

0= Hostile, antagonistic when faced with own assets/limitations; denies need for improvement when confronted with limitations; blames others for own limitation
1= No recognition of how own behavior and feelings affect contact with peers/faculty /clients; defensive
2= Able to identify own assets/limitations; genuinely asks for suggestions from peers/faculty, initiates plans for change; requests feedback from others

7. **Accountability**

Self_______mid/_______final Instructor_______mid/_______final

0= Fails to report problems with peers/faculty/clients; denies or avoids serious limitations in learning process
1= Delays reporting of problems with peers/faculty/clients/staff and and/or problems with own learning needs; blames others for own behavior
2= Accepts responsibility for own behavior and consequences; fulfills commitments and notifies appropriate people if problems exist; does not blame others for own failure to assume responsibility
3= Facilitates climate for effective teaching in lab; assesses level of understanding of peers/faculty/patient and adapts material to their learning needs; evaluates effectiveness of teaching
4= Regularly assumes independent responsibility for teaching projects; inspires confidence in peers/patients; volunteers to report on clinical teaching examples during lab activities; approaches more complex situations with confidence

Subtotal Points Earned: ______ /25 mid _________/25 final

(Midterm) Subtotals for Clinical ________ + Behavioral _________ = _________/95
(Final) Subtotals for Clinical ________ + Behavioral _________ = _________/95

Passing Grade is 70% or 66.5 points

Comments:

Student Signature:_________________________________

Instructor Signature:_______________________________

The following are the criteria used to evaluate your clinical performance in the three areas of focus.

Teaching and Verbal communication or reports: Labor/Delivery and Mother/Baby
Identify teaching needs for the childbearing woman and her family.
❑ Teaches health care needs to the childbearing woman and her family based on the assessment data utilizing principles of therapeutic communication and cultural sensitivity.
❑ Demonstrate ability to communicate labor and delivery assessment findings in a verbal format.
❑ Communicates and works effectively with nursing colleagues, other interdisciplinary professionals and peers as part of the healthcare team.
Fetal Monitoring
❑ Assess the health status of the fetus in-utero by recognizing both normal and abnormal patterns of fetal monitoring.
Oral Medications
❑ Demonstrate clinical competence in dispensing oral medications to the childbearing woman or her infant by verbally recognizing the five patient medication rights and having knowledge of the medications being given.
Recovery of the Newborn and Mother in the 4th Stage of Labor:
❑ Assess the health status of the newborn and the mother immediately after birth throughout the transition period.
❑ Demonstrate in an independent manner the ability to assess and care for a well newborn.
Skill Performance:
❑ Demonstrate clinical competence in giving injections and IVPB medications by verbally identifying the appropriate sites, recognizing the five patient medication rights, and having knowledge of the medications being given. Credit for an IVPB must include a drip calculation.
❑ Demonstrates clinical competence in performing foley or straight catheter insertion utilizing principles of sterile technique.
❑ Demonstrates clinical competence at a beginner's level for initiating IV insertion and venipuncture.
Compliance with Safety and OSHA Regulations for all medications and procedures
❑ Complies with OSHA standards in providing a safe work place for themselves, co-workers and their patients.
Management plans and didactic application:
▪ Includes three written management plans of the laboring woman, the postpartum woman, and the newborn.
▪ Includes verbal report on your assigned patient in each area: LDR, MB, and NB. Also includes one report on your day in fetal testing, antepartum, NICU, and as a team leader. Report criteria specified in syllabus. Areas may change based on availability.
❑ Identify needs of the childbearing woman and her family in the antepartum and postpartum periods in both a written and verbal report format.
❑ Demonstrate critical thinking skills in interpreting all assessment data of the childbearing woman, her infant, and her family in the development of a nursing plan of care.
❑ Identifies nursing diagnoses and interventions appropriate for the childbearing woman, her infant, and her family based on her/their physical, psychological, social, cultural, and

	spiritual needs.
❑	Adjusts nursing plan based upon continual re-evaluation of their interventions.
❑	Identifies need for and utilizes management strategies for organizing care of multiple patient assignments.
❑	Manages a group of other students in the role of a team leader by facilitating and being responsible for a group of patient's health care.
Professional Behavior:	
❑	Accepts responsibility and accountability for their own professional behavior utilizing constructive criticism for professional growth (Not denial of limitations, defensive, blaming others or consistent failure to follow through with suggestions, not hostile, antagonistic, or defensive when faced with own limitations or blaming others).
❑	Accountable for being prepared to care for the childbearing woman, her infant, and her family based on her/their physical, psychological, social, and educational needs. (Sufficient knowledge base to deliver safe care).
❑	Utilizes principles of critical thinking and a variety of resources to problem solve (Not consistently dependent on supervision).
❑	Seeks and uses appropriate consultation with instructor, peers or staff when recognizing their own limitations in knowledge.
❑	Adapts quickly to new/stressful situations; intellectually identifies cause/effect; initiates action.
❑	Utilizes free time to assist other members of the healthcare team (Not just getting by).
❑	Accountable for attendance and promptness on all clinical days by complying with expectations for any tardiness or absenteeism.
○	Accountable for turning in assignment on time
❑	Assumes responsibility for own learning in an independent manner; takes advantage of varied learning options; enthusiastic with learning opportunities (Not bored, apathetic, or complaining).
❑	Appropriate use of clinical time by not socializing, reading unrelated materials or using computer for personal interests.
❑	Accountable for possessing knowledge and skills to function competently and independently.

Reading Requirements for Clinical Preparation
(Preplanning)

There is no **inpatient** pre-planning required for this course, therefore you are expected to complete the required reading assignments prior to attending clinical. The listed reading will assist you in preparing your management plans, provide a foundation for didactic/clinical performance and prepare you to educate your client and/or family.

Davidson, M. R., London, M. L., & Ladewig, P. A. (2012). *Olds' maternal-newborn nursing & women's health across the lifespan* (9th ed.). Upper Saddle River, NJ: Prentice Hall.

<u>Intrapartum</u>	
	Chapter 22: Processes and Stages of Labor and Birth Chapter 23: Intrapartum Nursing Assessment Chapter 24: The Family in Childbirth: Needs and Care
	Chapter 25: Pain Management during Labor
	Chapter 27: Labor-Related Complications
<u>Recovery Room</u> <u>Newborn Nursery</u>	Chapter 29: Physiologic Response of Newborn Chapter 30: Assessment of the Normal Newborn Chapter 31: Normal Newborn Care
<u>Antepartum Unit</u>	Chapter 19: Complications of Pregnancy Chapter 20: Concurrent Disorders during Pregnancy
<u>Postpartum Unit</u>	
	Chapter 31: Care of the Normal Newborn Chapter 35: Postpartum Physiologic Adaptations Chapter 36: Postpartum Maternal Complications Chapter 32: Infant Feeding Chapter 39: Postpartum Risks
<u>Fetal Testing</u> Assigned day	Chapter 23: Fetal Assessment

Intrapartum Management Plan (30 points)
APA Referencing Required
Chapter 23 & 24

Complete each section.

I. Nursing Care during labor

List a minimum of 10 supportive measures that can be used during the first and second stage of labor: (p. 612)

II. Care of a Laboring Epidural: (for each section provide at least 4-5 bullet points)

Nursing Care during insertion:

-
-
-
-
-

Nursing Care during labor:

Nursing Care after delivery:

Signs/symptoms of side effects and complications:

III. Describe normal findings during the first and second stage of labor.

Stage 1: From 0-10 cm dilitation

Frequency of assessment

Vital signs:

Fetal Monitoring:

Normal amount of time in each phase

Latent (0-3 cm)

Multip:

Primip:

Active (4-7 cm)

Multip:

Primip:

Transiton (8-10 cm)

Multip:

Primip:

Labor events that require assessment and documentation of fetal wellbeing

Assess FHR before:

Assess FHR after:

Stage 2: Pushing to Delivery

Frequency of assessments

Vital signs:

Fetal monitoring:

Normal amount of time

Multip:

Primip:

Stage 3: Birth of fetus to the delivery of the placenta

Frequency of assessment

Vital signs:

Signs of placental separation:

Define the different degrees of perineal lacerations

1st degree:

2nd degree:

3rd degree:

4th degree:

Normal estimated blood loss

Vaginal delivery (SVD):

Cesarean section:

**Bleeding beyond these normal EBL parameters is considered an obstetrical hemorrhage that requires further evaluation and intervention.*

Antepartum and Labor & Delivery Medications:

Complete the Class and Method of Action section for each medication listed below.

Medication & Route	**Dosage**	**Class Method of Action**	**Nursing Interventions Side Effects Precautions**
Rho(D) immune globulin RhoGAM IM	300 mcg standard dose X 1		Adverse Reactions/Side Effects dizziness, headache, hypertension, hypotension, rash, diarrhea, nausea, vomiting, intravascular hemolysis, arthralgia, myalgia, pain at injection site, fever. Type and crossmatch of mother and newborn's cord blood must be performed to determine need for medication. Mother must be Rho(D)-negative and Du-negative. Infant must be Rho(D)-positive. An infant born to a woman treated with Rho(D) immune globulin antepartum may have a weakly positive direct Coombs' test result on cord or infant blood.

			When using prefilled syringes, allow solution to reach room temperature before administration. Dose should be given within 3 hr but may be given up to 72 hr after delivery, miscarriage, abortion, or transfusion.
Medication & Route	**Dosage**	**Class Method of Action**	**Nursing Interventions Side Effects Precautions**
Nifedipine Procardia PO	• 10–30 mg 3 times daily (not to exceed 180 mg/day), • 30–90 mg once daily as sustained-release (CC, XL) form (not to exceed 90–120 mg/day).		May cause headache, anxiety, confusion, dizziness, weakness, blurred vision, cough, dyspnea, nausea, vomiting, diarrhea, arrhythmias, CHF, peripheral edema, bradycardia, chest pain, hypotension, palpitations, syncope, tachycardia, dysuria, polyuria, flushing, dermatitis, hyperglycemia, thrombocytopenia, muscle Assess BP and pulse before administration. Hold if BP is < 90/60 or HR < 50. Institute fall prevention measures. Do not open, crush, break, or chew extended-release tablets. Avoid administration with grapefruit juice. » Monitor renal and hepatic functions periodically during long-term therapy. Several days of therapy may cause increase in hepatic enzymes, which return to normal upon discontinuation of therapy » Nifedipine may cause positive ANA and direct Coombs' test results

Medication & Route	Dosage	Class Method of Action	Nursing Interventions Side Effects Precautions
Terbutaline Brethaire, Bricanyl PO, SC, IV	• PO (Adults and Children >15 yr): Tocolysis—2.5 mg q 4–6 hr until delivery (unlabeled). • SC (Adults): Tocolysis—250 mcg q 1 hr until contractions stop (unlabeled). • IV (Adults): Tocolysis—10 mcg/min infusion; increase by 5 mcg/min q 10 min until contractions stop (not to exceed 80 mcg/min).		Common side effects: palpitations, tremors, restlessness, weakness, headache. Asses FHR with continuous monitoring when drug is initiated, recording rate & patterns at intervals and with dose increases. Maintain adequate IV or oral hydration. Encourage woman to empty bladder every 2 hours. Notify physician if maternal HR >120, RR>24, dyspnea, pulmonary edema, SBP <80-90, FHR>160, or chest pain is present. Report continuing or recurrent preterm labor and follow up medical care after discharge. Diagnostic studies that may be ordered: ekg, levels of blood glucose and electrolytes, urinalysis.
Medication & Route	**Dosage**	**Class Method of Action**	**Nursing Interventions Side Effects Precautions**
Magnesium Sulfate IV	**Seizures/ Hypertension** • IM, IV (Adults): 1 g q 6 hr for 4 doses as needed. • IM, IV		**High Alert:** Accidental overdosage of IV magnesium has resulted in serious patient harm and death. Have second practitioner independently double check original order, dose calculations, and infusion pump settings. Do not confuse

	(Children): 20–100 mg/kg/dose q 4–6 hr as needed, may use up to 200 mg/kg/dose in severe cases. **Eclampsia/ Pre-Eclampsia** • IV, IM (Adults): 4–5 g by IV infusion, concurrently with up to 5 g IM in each buttock; then 4–5 g IM q 4 hr or 4 g by IV infusion followed by 1–2 g/hr continuous infusion (not to exceed 40 g/day or 20 g/48 hr in the presence of severe renal insufficiency).		milligram (mg), gram (g), or millequivalent (mEq) dosage. Adverse Reactions/Side Effects May cause diarrhea, bradycardia, hypotension, arrhythmias, and decreased respiratory rate, flushing, sweating, hypothermia, muscle weakness drowsiness. • Monitor pulse, blood pressure, respirations, and ECG frequently throughout administration of parenteral magnesium sulfate. Respirations should be at least 16/min before each dose • Monitor neurologic status before and throughout therapy. Institute seizure precautions. Patellar reflex (knee jerk) should be tested before each parenteral dose of magnesium sulfate. If response is absent, no additional doses should be administered until positive response is obtained • Monitor newborn for hypotension, hyporeflexia, and respiratory depression if mother has received magnesium sulfate
Medication & Route	**Dosage**	**Class Method of Action**	**Nursing Interventions Side Effects Precautions**
Betamethasone Celestone IM	Prenatal maternal IM: 12 mg daily for 2 days. Can also be		• **Contraindications** Inability to delay birth Adequate US ratio Presence of a condition that necessitates immediate birth (e.g, maternal bleeding) Presence of maternal infection,

	given 6 mg q 12h for 4 doses.		diabetes mellitus (relative contraindication) Gestational age greater than 34 completed weeks **• Maternal Side Effects** Increased infection in women with PROM; hyperglycemia; insulin- dependent diabetics may require insulin infusions for several days to prevent ketoacidosis. Corticosteroids possibly may increase the risk of pulmonary edema, especially when used concurrently with tocolytics. **• Effects on Fetus/Newborn** Lowered cortisol levels at birth, but rebound occurs by 2 hours of age; Hypoglycemia; Increased risk of neonatal sepsis **• Nursing Considerations** Administer deep into gluteal muscle, avoiding injection into deltoid (high incidence of local atrophy) Periodically evaluate SP, pulse, weight, and edema. Assess lab electrolytes and glucose. Concomitant use of betamethasone and tocolytic agents has been implicated in increased risk of pulmonary edema.
Medication & Route	**Dosage**	**Class Method of Action**	**Nursing Interventions Side Effects Precautions**
Oxytocin (Pitocin) IV, IM, Nasal	Induction/Stimulation of Labor • IV (Adults): 0.5–2 milliunits/min; increase by 1–2		**Adverse Reactions/Side Effects** **CNS:** maternal—COMA, SEIZURES, fetal—INTRACRANIAL HEMORRHAGE. **Resp:** fetal—ASPHYXIA, hypoxia.

	milliunits/min q 15–60 min until pattern established (usually 5–6 milliunits/min; maximum 20 milliunits/min), then decrease dose. Postpartum Hemorrhage • IV (Adults): 10 units infused at 20–40 milliunits/min. • IM (Adults): 10 units after delivery of placenta. Promotion of Milk Letdown • Intranasal (Adults): 1 spray in 1 or both nostrils 2–3 min before breastfeeding or pumping breasts.		**CV**: maternal—hypotension, fetal—arrhythmias. F and E: maternal—hypochloremia, hyponatremia, water intoxication. **Misc:** Maternal—increased uterine motility, painful contractions, abruptio placentae, decreased uterine blood flow, hypersensitivity • Severe hypertension may occur if oxytocin follows administration of vasopressors **Assessment** • Fetal maturity, presentation, and pelvic adequacy should be assessed prior to administration of oxytocin for induction of labor • Assess character, frequency, and duration of uterine contractions; resting uterine tone; and fetal heart rate If contractions occur <2 min apart and are >50–65 mm Hg on monitor, if they last 60–90 sec or longer, or if a significant change in fetal heart rate develops, stop infusion and turn patient on her left side to prevent fetal anoxia. Notify health care professional immediately • Monitor maternal blood pressure and pulse frequently and fetal heart rate continuously throughout administration • This drug occasionally causes water intoxication. Monitor patient for signs and symptoms (drowsiness, listlessness, confusion, headache, anuria). **Lab Test Considerations** • Monitor maternal electrolytes.

			Water retention may result in hypochloremia or hyponatremia • Advise patient to expect contractions similar to menstrual cramps after administration has started
Medication & Route	**Dosage**	**Class Method of Action**	**Nursing Interventions Side Effects Precautions**
Fentanyl or Sublimaze IV, IM	Sedation/Analgesia • IV (Adults and Children > 12 yr): 0.5–1 mcg/kg/dose, may repeat after 30–60 min. Pre and post operative use • IM, IV (Adults and Children > 12 yr): 50–100 mcg 30–60 min before surgery or repeat in 1–2 hr.		**Adverse Reactions/Side Effects** **CNS**: confusion, paradoxical excitation/delirium, postoperative depression, postoperative drowsiness. **EENT**: blurred/double vision. **Resp**: APNEA, LARYNGOSPASM, allergic bronchospasm, respiratory depression. **CV**: arrhythmias, bradycardia, circulatory depression, hypotension. **GI**: biliary spasm, nausea/vomiting. Derm: facial itching. **MS:** skeletal and thoracic muscle rigidity (with rapid IV infusion). • Opioid antagonists, oxygen, and resuscitative equipment should be readily available • Assess blood pressure, pulse, and respirations before and periodically during administration. If respiratory rate is <12/min, assess level of sedation and HOLD further doses. Physical stimulation may be sufficient to prevent significant hypoventilation.

Medication & Route	Dosage	Class Method of Action	Nursing Interventions Side EffectsPrecautions
Oxymorph-one hydrochloride (Numorphan) Sub-Q IM IV Rectal	Moderate to Severe Pain Adult: SC/IM 1–1.5 mg q4–6h prn IV 0.5 mg q4–6h PR 5 mg q4–6h prn Analgesia during Labor Adult: IM 1–1.5 mg		**ADVERSE EFFECTS** **GI:** Nausea, vomiting, euphoria. **CNS**: Dizziness, lightheadedness, dizziness, sedation. **Respiratory**: **Respiratory** depression (see morphine), apnea, respiratory arrest. **Body as a Whole**: Sweating, coma, shock. CV: Cardiac arrest, circulatory depression. • Opioid antagonists, oxygen, and resuscitative equipment should be readily available • Assess blood pressure, pulse, and respirations before and periodically during administration. If respiratory rate is <12/min, assess level of sedation and HOLD further doses. Physical stimulation may be sufficient to prevent significant hypoventilation. • Encourage patient to turn, cough, and breathe deeply every 2 hr to prevent atelectasis. • May cause drowsiness or dizziness. Advise patient to call for assistance when ambulating until response to the medication is known • Caution patient to change positions slowly to minimize orthostatic hypotension
Bupivacaine Marcaine Epidural	• Epidural (Adults and Children > 12 yr): 10–20 ml of 0.25% (partial		Adverse Reactions/Side Effects **CNS:** SEIZURES, anxiety, dizziness, headache, irritability. **EENT:** blurred vision, tinnitus. **CV:** CARDIOVASCULAR COLLAPSE, arrhythmias,

	to moderate block), 0.5% (moderate to complete block), or 0.75% (complete block) solution. Administer in increments of 3–5 ml allowing sufficient time to detect toxic signs/ symptom of inadvertent		bradycardia, hypotension. **GI:** nausea, vomiting. **GU:** urinary retention. **Derm:** pruritus. **F and E**: metabolic acidosis. **Neuro**: circumoral tingling/numbness, tremor. **Misc:** allergic reactions, fever. • Assess for **systemic toxicity** (circumoral tingling and numbness, ringing in ears, metallic taste, dizziness, blurred vision, tremors, slow speech, irritability, twitching, seizures, cardiac dysrhythmias). Report to physician or other health care professional • Monitor BP, HR, and respiratory rate continuously while patient is receiving this medication • Monitor for return of sensation after procedure • Advise patient to request assistance during ambulation until orthostatic hypotension and motor deficits are ruled out.
Medication & Route	**Dosage**	**Class Method of Action**	**Nursing Interventions Side Effects Precautions**
misoprostol (Cytotec) PO	25 mcg vaginally every 4 to 12 hours until spontaneous labor occurs 800 -1000 mcg rectally		**Adverse Reactions** **CNS:** headache. **GI:** abdominal pain, diarrhea, constipation, dyspepsia, flatulence, nausea, vomiting. **GU:** miscarriage, menstrual disorders. • Assess women of childbearing age for pregnancy. Misoprostol is usually begun on 2nd or 3rd day of menstrual period following a negative pregnancy test result

Medication & Route	Dosage	Class Method of Action	Nursing Interventions Side Effects Precautions
promethazine Phenergan PO, IM, IV	Antiemetic • PO, Rect, IM, IV (Adults): 12.5–25 mg q 4 hr as needed; initial PO dose should be 25 mg. Sedation • PO, Rect, IM, IV (Adults): 25–50 mg; may repeat q 4–6 hr if needed. Sedation during Labor • IM, IV (Adults): 50 mg in early labor; when labor is established, additional doses of 25–75 mg may be given 1–2 times at 4-hr intervals (24-hr dose should not exceed 100 mg).		**Adverse Reactions** **CNS:** NEUROLEPTIC MALIGNANT SYNDROME, confusion, disorientation, sedation, dizziness, extrapyramidal reactions, fatigue, insomnia, nervousness. **EENT**: blurred vision, diplopia, tinnitus. **CV:** bradycardia, hypertension, hypotension, tachycardia. **GI:** constipation, drug-induced hepatitis, dry mouth. **Derm:** photosensitivity, severe tissue necrosis upon infiltration at IV site, rashes. **Hemat**: blood dyscrasias. <u>Assessment</u> • Monitor blood pressure, pulse, and respiratory rate frequently in patients receiving IV doses » Assess patient for level of sedation after administration. Risk of sedation and respiratory depression are increased when administered concurrently with other drugs that cause CNS depression » Monitor patient for onset of extrapyramidal side effects (akathisia—restlessness; dystonia—muscle spasms and twisting motions; pseudoparkinsonism—mask-like face, rigidity, tremors, drooling, shuffling gait, dysphagia). Notify physician or other health care professional if these symptoms occur When administering promethazine concurrently with

			opioid analgesics, supervise ambulation closely to prevent injury from increased sedation » Advise patient to change positions slowly to minimize orthostatic hypotension. **Lab Test Considerations** • May cause false-positive or false-negative pregnancy test results » CBC should be evaluated periodically during chronic therapy; blood dyscrasias may occur » May cause increased serum glucose
Medication & Route	**Dosage**	**Class Method of Action**	**Nursing Interventions Side Effects Precautions**
carboprost Hemabate IM	IM (Adults): 100 mcg. **Abortifacient** • IM (Adults): 250 mcg every 1.5–3.5 hr may be increased to 500 mcg if several doses of 250 mcg produce inadequate response (not to exceed 2 days of continuous therapy or total dose of 12 mg). **Hemorrhage** IM (Adults): 250 mcg; may be repeated every 15–90 min (total dose not to exceed		Adverse Reactions/Side Effects **CNS**: dizziness, headache. **Resp**: allergic wheezing **CV:** hypertension **GI**: diarrhea, nausea, vomiting, abdominal pain, cramps. **GU**: UTERINE RUPTURE. **Derm**: flushing. **Misc**: fever 1-16 hours after starting therapy, chills, shivering. Assessment • Monitor frequency, duration, and force of contractions and uterine resting tone. Symptoms of hemorrhage (increased bleeding, hypotension, pallor, tachycardia) Monitor temperature, pulse, breath sounds, and blood pressure • Assess for nausea, vomiting, and diarrhea. Vomiting and diarrhea occur in approximately two-thirds of patients. Premedication with antiemetic

	2 mg).		and anti-diarrheal is recommended.
Methylergono-vine (Methergine) IV, IM, PO	PO (Adults): 200–400 mcg (0.4–0.6 mg) q 6–12 hr for 2–7 days. • IM, IV (Adults): 200 mcg (0.2 mg) q 2–4 hr for up to 5 doses.		Adverse Reactions/Side Effects CNS: dizziness, headache. EENT: tinnitus. Resp: dyspnea. CV: HYPERTENSION, arrhythmias, chest pain, palpitations. GI: nausea, vomiting. GU: cramps. Derm: diaphoresis. Misc: allergic reactions. Assessment • Monitor blood pressure, heart rate, and uterine response Assess for signs of ergotism (cold, numb fingers and toes, chest pain, nausea, vomiting, headache, muscle pain, weakness) Effectiveness of medication is decreased with hypocalcemia » May cause decreased serum prolactin levels
Medication & Route	**Dosage**	**Class Method of Action**	**Nursing Interventions Side Effects Precautions**
Sodium citrate and citric acid (Bicitra) PO	Neutralizing Buffer • PO (Adults): 15–30 ml solution diluted in 15–30 ml of water.		**Adverse Reactions/Side Effects** **GI**: diarrhea. **F and E:** fluid overload, hypernatremia (severe renal impairment), hypocalcemia, metabolic alkalosis (large doses only). **MS**: tetany. When used as preanesthetic, administer 15–30 ml of sodium citrate with 15–30 ml of chilled water More palpable chilled

(Davidson, London, & Ladewig, 2012; Deglin, & Vallerand, 2008)

Maternal Lab Work History

Blood Test	Normal Values	Complications Associated with Abnormal Values For Fetus and/or mother
Hemoglobin	12-16 g/dl	Maternal risks- Fetal risks-
Hematocrit	38-47 %	
RBC	4.2- 5.4 million/mm3	
WBC	5000-12,000/mm3	Maternal risks- Fetal risks-
Platelets	155,000-409,000/mm3	Maternal risks- Fetal risks-
MCV	80-100 fl	Maternal risks- Fetal risks-
Type, Rh and Indirect Coombs antibody screen	A, B, AB, O; positive or negative	Maternal risks- Fetal risks-
UA and C&S	Without the presence of glucose, protein, ketones, and nitrites	Maternal risks- Fetal risks-
Rubella	Immune (>1:10)	Maternal risks- Fetal risks-
VDRL or RPR screens for Syphilis	Non-reactive	Fetal risks-
Hepatitis BsAg	Negative	Fetal risks-
Gonorrhea culture	Negative	Maternal risks- Fetal risks-
Chlamydia culture	Negative	Maternal risks- Fetal risks-
HIV	Negative	Fetal risks-

Herpes Type 2	Negative	Fetal risks-
Group Beta Strep culture at 37 weeks	Negative	Fetal risks-
One hour Glucose Tolerance Test or Fasting Glucose	> 140 mg/dl indicates gestational diabetes; Fasting > 95 mg/dl	Maternal risks- Fetal risks-

<u>Nursing Diagnosis</u>:

Write a Knowledge Deficit problem for the intrapartum woman
- To include the following:

NANDA diagnosis include AEB (as evidenced by)
Short term measurable goal (plan for the day stated correctly)
Interventions (minimum of four) - Describe BRIEFLY actions you would take for the diagnosis selected. Give **rationale** for actions.
Evaluation: Describe BRIEFLY how you could evaluate effectiveness of your goal and actions.

Reference

Intrapartum Management Plan-Grading Rubric
ATTACH TO PLAN

Student Name:____

I. Nursing Care During Labor	**(6 Points Total)**		
1. Nursing care during labor	(2 points)		
2. Epidural Care	(4 points)		
A. Nursing Care during insertion			
B. Nursing Care during labor			
C. Nursing Care during delivery			
D. Signs of Complications			
	Total		
III. Stages of Labor	**(7 Points Total)**		
Stage 1	(3 points)		
Stage 2	(2 points)		
Stage 3	(2 points)		
	Total		
IV. Medications	**(7 Points Total)**		
V. Labs	**(5 Points Total)**		
VI. Nursing Diagnosis	**(5 Points Total)**		
Knowledge deficit problem of a typical patient			
A. NANDA diagnosis	(1)		
B. Short term goal (plan for the day correctly stated)	(1)		
C. Interventions (minimum of four) - Describe briefly actions, Give rationale	(2)		
D. Evaluation: Describe effectiveness of action	(1)		
	Total		
Management Plan Total	**(30 points possible)**		

-

Postpartum Management Plan (25 points)
APA Referencing Required
Chapter 35 & 39

Describe the risk factors, signs/symptoms and interventions for the following potential post-partum complications. **Provide at least 4-5 bullet points for each section.**

I. Hemorrhage due to Uterine Atony:

Risk factors/causes:

-
-
-
-
-

Signs/symptoms:

Interventions during/immediately after hemorrhage:

II. Perineal Infection of Laceration/episiotomy:

Signs/Symptoms:

Comfort measures:

Prevention:

Stage 4: Recovery of Mother (1-4 Hours)

Vitals Assessment: Frequency depends on facility protocol.

Every 15 minutes for the first hour, Every 30 minutes for the second hour

Every 4 hours for the first 24 hours, Every 8 hours thereafter

- Temperature may go to 100.4 due to dehydration and exertion.

Typical Behaviors: Mother shaking, chills, fatigue, hungry

Lochia: Rubra (red, 3 days) - Serosa (pink, 10 days)

Nursing activities: ice pack to perineum, pericare, change pads, assess return of sensation, provide food and quite environment, assist to void or catheterize, pain management

Breastfeeding: Define/describe LATCH score
L

A

T

C

H

Breast Feeding: teach how to care for breasts/nipples **(provide at least 5 bullet points)** (pg 1076-79)

- Wear a well-fitting bra for support.
-
-
-
-

BUBBLE Assessment: Define normal and abnormal findings:

Breast	
Uterus	
Bladder	
Bowel	
Lochia	
Episiotomy	

Recovery of Cesarean Section Mother: explain what you will teach the patient **(provide at least 3 bullet points for each section)**

- Prevention of atelectasis-
- Benefits of ambulation-
- Prevention of incision dehiscence-

Recovery of Postpartum Morphine Epidural (pg. 1045):

- Frequency of respiratory status:
- Priority nursing considerations:

Postpartum Medications:

Complete the Class and Method of Action section for each medication listed below.

Medication & Route	Dosage	Class Method of Action	Nursing Interventions Side Effects, Precautions
Ibuprofen (Motrin) PO	Anti-inflammatory - 400–800 mg 3-4 x daily (not to exceed 3600 mg/day). Analgesic/ anti-dysmenorrhea antipyretic - 200-400 mg q 4-6 hr (not to exceed 1200 mg/day).		Cross-sensitivity may exist with other NSAIDs, including aspirin Can *decrease* platelet count GI bleeding, constipation, nausea, vomiting, anaphylaxis, prolonged bleeding time, dizziness, arrhythmias, drowsiness, renal failure. Assess for bleeding, pain, risk for falls.

Medication & Route	Dosage	Class Method of Action	Nursing Interventions Side Effects, Precautions
Oxycodone (combined with acetaminophen in Percocet) (combined with aspirin in	5–10 mg q 3–4 hr initially, as needed. *Analgesic -15-60 mg q 3-6 hrs as needed.*		**Adverse Side Effects:** **Neuro:** confusion, sedation, dys- or euphoria, floating feeling, hallucinations, HA, unusual dreams **Resp:** respiratory depression **CV:** hypotension, bradycardia,

Percodan) PO ***Same for*** *Codeine (combined with acetaminophen in Tylenol #3)*			flushing, sweating **GI:** constipation, nausea, vomiting **Urinary** retention **Misc:** psychological dependence, tolerance Assess pain before and after using appropriate facility rating scale. Assess BP, P, and R before and periodically during administration. If respiratory rate is <12/min, HOLD and assess level of sedation. Physical stimulation may be sufficient to prevent significant hypoventilation. Dose may need to be decreased by 25–50%. Initial drowsiness will diminish with continued use. Assess bowel function routinely. Prevention of constipation should be instituted with increased intake of fluids, bulk, and laxatives to minimize constipating effects. Stimulant laxatives should be administered routinely if opioid use exceeds 2–3 days, unless contraindicated
Medication & Route	**Dosage**	**Class Method of Action**	**Nursing Interventions Side Effects, Precautions**
Morphine Dura-morph IM, IV, SC Epidural	PO: 30 mg q3-4hr IM, IV, SC: Usual starting dose for moderate to severe pain in opioid-naive patients - 4-10 mg q 3- 4 hrs		**Precautions:** Assess level of consciousness, BP, P, and R before and periodically during administration. If respiratory rate is <10/min, assess level of sedation. Physical stimulation may be sufficient to prevent significant hypoventilation. Hold if BP is < 90/60.

	Epidural: Continuous infusion - 2-4 mg/24 hr; may increase by 1–2 mg/day (up to 30 mg/day)		**Side Effects:** Sedation, dizziness, dys- or euphoria, floating feeling, hallucinations, HA, unusual dreams, blurred vision, diplopia, and miosis. May cause RESPIRATORY DEPRESSION, hypotension, bradycardia, constipation, nausea, vomiting. Encourage patient to turn, cough, and breathe deeply every 2 hr to prevent atelectasis.

(Davidson, London, & Ladewig, 2012; Deglin & Vallerand, 2008)

Nursing Diagnosis:

- Write a potential Knowledge Deficit for the postpartum woman related to her own condition

- To include the following:
-

NANDA diagnosis include AEB (as evidenced by)
Short term measurable goal (plan for the day stated correctly)
Interventions (minimum of four) - Describe BRIEFLY actions you would take for the diagnosis selected. Give **rationale** for actions.
Evaluation: Describe BRIEFLY how you could evaluate effectiveness of your goal and actions.

Reference

Postpartum Management Plan-Grading Rubric
ATTACH TO PLAN

Student Name:____

I. Common Complications (6 points)		
1. Hemorrhage r/t uterine atony (3 points)		
A. Risk factors/causes		
B. Signs/symptoms		
C. Interventions		
2. Perineal Laceration/episiotomy (3 points)		
A. Signs/symptoms		
B. Comfort measures		
C. Prevention		
Total		
II. Stage 4: Recovery of Mother (11 points)		
LATCH score, breast and nipple care (3 points)		
BUBBLE Assessment (4 points)		
Recovery of Cesarean Section (2 points)		
Recovery of Postpartum Morphine Epidural (2 points)		
Total		
V. Medications (3 points)		
Class and Method of Action		
VI. Nursing Diagnosis (5 points)		
Knowledge Deficit problem of the postpartum woman		
A. NANDA diagnosis (1)		
B. Short term goal (plan for the day correctly stated) (1)		
C. Interventions (minimum of four). Briefly describe actions, give rationale (2)		
D. Evaluation: Describe effectiveness of action (1)		
Total		
Management Plan Total **(25 points possible)**		

Newborn Care Management Plan (25 points)

APA Referencing Required

Chapters: 29-31

Define and describe the risk factors, signs/symptoms and interventions for the following newborn risk conditions. Include measures that can be taken to prevent these conditions from occurring. **Provide at least 4-5 bullet points for each section**.

Cold Stress:

Define:

-
-
-
-
-

Risk factors/Causes:

Signs/symptoms:

Interventions:

Preventive measures:

Hypoglycemia:

Define:

Risk factors/Causes:

Signs/symptoms:

Interventions/labs:

Preventive measures:

Hyperbilirubinemia:

Define:

Risk Factors:

Signs/Symptoms:

Interventions/labs:

Preventive measures and Discharge Education:

Initial Newborn Care: See Notes

First Hour after delivery of infant:

First Priority is Respirations –

-
-
-

Second Priority is Temperature-

- Dry Infant Off, Stimulate, and get rid of wet towel
- Continual temperature regulation to prevent heat loss
- Wrap Infant
-
-
-
- Prevent Drafts

Third Priority is Apgar Score- at 1 and 5 minutes

- Heart Rate – absent, above or below 100; count 6 seconds and add a zero
- Respiratory Effort- absent, irregular or good
- Reflex Irritability- absent, grimace or vigorous cry when stimulated
- Muscle Tone- flaccid, some flexion, active motion
- Color- cyanotic, acrocyanotic, pink

Good condition is 7-10
4-7 needs stimulation
< 4 needs resuscitation

Table 24–10 • THE APGAR SCORING SYSTEM

Sign	Score 0	1	2
Heart rate	Absent	Slow—below 100	Above 100
Respiratory effort	Absent	Slow—irregular	Good crying
Muscle tone	Flaccid	Some flexion of extremities	Active motion
Reflex irritability	None	Grimace	Vigorous cry
Color	Pale blue	Body pink, blue extremities	Completely pink

Source: Apgar, V. (1966, August). The newborn (Apgar) scoring system, reflections and advice. *Pediatric Clinics of North America, 13, 645.*

Fourth Priorities include-

- Infant Security
  - Identification Bands: one to mother, one to significant other, two to newborn (one on wrist and one on ankle)
  - Apply bands snuggly with one finger between
  - Keep on until DC
  - Some have alarms on band
  - Staff must all wear Pink ID badges.
  - Instruct all mothers to not give the infant to anyone who does not have this badge and to keep infant away from door
  - Umbilical cord cut and clamp
  - Weight and length

Fifth Priority is Attachment-

-
-
- Skin to skin
- Breast feeding
-

Vital Sign Ranges and Frequency of assessment: (p. 826)

Temp:

Pulse:

Respirations:

Frequency first four hours:

Frequency four to eight hours:

Average Measurements: provide range

Weight:

Length:

Head circumference:

Chest circumference:

Intake

Breastfeeding (Newborn) - Frequency

Benefits of Colostrum:

Bottle-feeding (Newborn) - Frequency & Amount (ml)

- First 12-24 hours – 10-15 ml per feeding (every 3-4 hours)
- Second week – 90-150 ml per feeding (6-8 feedings per day). Increase by 30 ml per feeding during growth spurts – 7-10 days, 3 wks, 6 wks, 3 and 6 months.

(Perry, Hockenberry, Lowdermilk & Wilson, 2010)

Output Norms:

Voiding

First due by-

Frequency-

Stool

First due by-

Frequency-

Meconium (DESCRIBE)-

Transition (DESCRIBE)-

Newborn Screening: Describe rationale for test and timing

- Critical congenital heart defects –
- Hearing screening -
- PKU -
- Congenital hypothyroidism -

(Davidson, London, & Ladewig, 2012; Bowden & Greenberg, 2010; Deglin & Vallerand 2008)

Newborn Medications:

Medication	Dosage	Class	Nursing Interventions

& Route		Method of Action	Side Effects/Precautions
Erythromycin opthamlmic ointment 0.5%	Instill Narrow ribbon or strand, 1/4 inch long, along lower conjunctival surface of eye, start at inner canthus		Wear Gloves May wipe away excess after 1minute. • Sensitivity reaction; may interfere with ability to focus and may cause edema and inflammation. • Side effects usually disappear in 24 to 48 hours. • Educate regarding side effects and signs that need to be reported to the healthcare provider such as redness, swelling, discharge, or excess tearing.
Vitamin K_1 phytonadione (Aquame-phyton)	One-time-only dose of 0.5 to 1 mg IM in vastus lateralis within 1 hour of birth.		Pain and edema may occur at injection site. • Allergic reactions, such as rash and urticaria • Educate Observe for bleeding (usually occurs on second or third day) and jaundice
Hepatitis B Vaccine (Engerix-B, Recombivax HB)	First dose 10 mcg IM vastus lateralis within 12 hour of birth for infants born to HBsAg-positive mothers. Second dose at 1 month of age Final dose at 6 months of age		Soreness at injection site. • Possible erythema, swelling, warmth, and induration at injection site, irritability, or a low-grade fever (37.7 C / 99.8 F).

Nursing Diagnosis:

Write one “Knowledge deficit” diagnosis for the “**mother/infant dyad**”

To include the following:

A. NANDA diagnosis include AEB (as evidenced by)
B. Short term goal (plan for the day stated correctly)
C. Interventions (minimum of four) – Describe BRIEFLY actions you would take for the diagnosis selected. Give **rationale** for actions.
D. Evaluation: Describe BRIEFLY how you could evaluate effectiveness of actions.

Newborn Management Plan-Grading Rubric
ATTACH TO PLAN

Student Name:____

I. Risk Identification **(12 Points Total)**		
1. Risk Cold Stress (4 points)		
A. Define		
B. Risk factors/causes		
C. Signs/symptoms		
D. Interventions		
E. Preventive Care		
2. Risk Hypoglycemia (4 points)		
A. Define		
B. Risk factors/causes		
C. Signs/symptoms		
D. Interventions/labs		
E. Preventive Care		
3. Risk Jaundice (4 points)		
A. Define		
B. Risk factors/causes		
C. Signs/symptoms		
D. Interventions/labs		
E. Preventive Care and Discharge Education		
II. Initial Care of the Newborn **(6 Points Total)**		
1. First, Second and Fifth Priorities 2. Vitals, Measurements, Intake and Output 3. Newborn Screening		
III. Medications **(2 Points Total)**		
Class and Method of Action		
V. Nursing Diagnosis **(5 Points Total)**		
'**Knowledge deficit"** nursing diagnosis		
A. NANDA diagnosis (1)		
B. Short term goal (plan for the day correctly stated) (1)		
C. Interventions (minimum of four) - Describe briefly actions, Give rationale (2)		
D. Evaluation: Describe effectiveness of action (1)		
Management Plan Total **(25 Points Total)**		

Mother-Baby Teaching Project

- **Project:** Prepare a handout for the other students on your topic. Include pertinent data to aid in their future patient teaching. In addition, you will give a 15 minute presentation in post-conference on the topic. The method you use is at your discretion (choose the best way to get the information across). For example, a baby bath would be best taught by demonstration and other topics can only be lectured on.

- **Format:** Please submit a copy of the handout to your instructor. Be sure to use proper spelling, grammar and punctuation. Please reference according to APA format. Submit a list with references not greater than 5 years old and journal articles not greater than 2 years old. At least 2 evidence-based journal articles must be utilized.

- **Due Date:** to be arranged by clinical instructor.

- **Grading Criteria:**
  1. **Handout**
     Evaluated on effectiveness in presenting topic, relevance to teaching, completeness, clarity and organization.
  2. **Presentation:**
     Evaluated on organization, varied sensory stimuli, teaching style, creativity and time management. Must include student interaction.
  3. **Format:**
     Evaluated on grammar, spelling, punctuation, APA format and variety of sources.

Mother-Baby Teaching Project Grading Rubric

Name:____

Topic:____

1. Handout		
Organized and flowed logically (3)		
Clarity, easy to read/follow (3)		
Completeness/Depth (3)		
Effective & Relevant (3)		
Handout Total (12 points possible)		
2. Presentation		
Well Organized and flowed logically (5)		
Poised, spoke clearly and held the attention of the class (5)		
Student interaction, interactive class activities (8)		
Included elements of varied stimuli, Creativity & Teaching style (8)		
Time management, presentation within 15 minutes (4)		
Presentation Total (30 points possible)		
3. Format/References		
References: At least 2 journal articles must be utilized (e.g., video tapes, pamphlets). Journal articles not greater than 2 years old (without instructor permission/review) (4)		
Grammar/punctuation, Spelling (2)		
APA Format in text reference used correctly and reference list constructed properly (2)		
Format/References Total (8 points possible)		
Total Points (50 points possible)		
Comments:		

Teaching Topics
(May be altered for smaller clinical groups)

1. Breastfeeding: frequency, positions, LATCH, pumping, freezing storage and thawing of breast milk

2. Breast feeding problems: prenatal preparation, cracked nipples, engorgement, mastitis, breast care and benefits

3. Mother care: incision, perineal care, rest, when to call MD

4. Mother care: signs of DVT, infection, and hemorrhage

5. Diapering, wrapping, circumcision types and care guidelines for cord and circumcision

6. Baby bath supplies, temperature guidelines of baby and water, demonstrate techniques

7. Formula feeding: types of formula & nipples, burping and positions and benefits

8. Postpartum depression: prevention, assessment, signs, treatment

9. Baby concerns: crying, hunger cues, and normal sleep patterns

10. Safe sleep (SIDS) and when to call the pediatrician

11. California Safely Surrendered Baby Law and car seat safety

12. Adoption/Surrogacy: types of adoption and legal/ethical issues

Newborn Physical Assessment and Charting Form

Student ____

DATE______________

Pt Initials_________________

TRANSITIONAL CARE OBSERVATIONS				
Time				
Temp				

EGA___________wks	Date/time del ❐Female ❐Male	
❐Breast ❐Bottle	❐Skin to Skin __________min ❐Bath given	❐Vaginal ❐ C section ❐Vacuum ❐Forceps
WT	Length	APGAR _____/_______
Head _____cm	Head _____cm	Chest ________ cm

Newborn Meds	Time	Site/Comments
Vit K ____mg IM		❐Declined
Erythromycin OU		❐Declined

Heart rate				
Resp Rate				
Pulse Ox				
Skin Color				
Suction				
Glucose				
Feeding				
Urine				
Stool				

Maternal risk factors requiring Neonatal Septic work up

❐Unknown GBS factor and 1 of the following:
——-❐≤37 weeks gest
——-❐maternal temp > 38 C in labor
——-❐Rupture of Membranes >18 hrs

❐< 35 weeks gestation EGA
❐Suspected or proven chorioamniotis
❐Maternal temp > 38*C even with adequate maternal ABX
❐GBS positive with ABX < 4hrs
❐Previous baby with invasive GBS disease

Respiratory Score: See scoring system below				
Chest movement				
Chest Retractions				
Xiphoid Retract				
Nasal Flaring				
Expiratory grunt				
TOTAL				

Neonates requiring Glucose Monitoring

❐Exhibiting signs/symptoms of hypoglycemia ❐< 37 EGA ❐ IUGR
❐ Sepsis Evaluation ❐LGA or SGA ❐ Post resuscitation ❐ Polycythemia

Mother has any of the following : ❐ Diabetes ❐Pre-eclampsia ❐Hx substance Abuse

During labor/close to delivery mother received:
❐Terbutaline ❐ IV fluids with dextrose ❐Propanolol ❐Oral hypoglycemic agents

Comments

Silverman/Anderson Respiratory Scoring System

SCORE	0	1	2
Chest Movement	EQUAL	lLag between abd & chest movements	"'SEE SAW' breathing
Intercostal retractions	ABSENT	Slight	Involves Entire length of Rib
Xiphoid Retractions	ABSENT	Retractions limited to xiphoid	Retractions involving whole lower Costal
Nasal flaring	ABSENT	Slight	Wide flaring with breath
Expiratory grunt	ABSENT	Heard with stethoscope	Audible with ear

0– no respiratory distress, 4-5 Mod distress, 7-10 severe distress
RESPIRATORY SCORE ≥ 4 should be transferred to Nursery

PHYSICAL ASSESSMENT

Ant. Fontanel: ❐ Flat ❐Soft ❐Full ❐ Bulging ❐Tense ❐Depressed
Sutures: ❐Normal ❐Separated ❐Overriding
Head: ❐ No problems ❐ Bruising ❐Caput ❐Cephalohematoma
❐Paralysis : ❐ Right ❐ Left ❐ **Vacuum Abrasion** _________________
Ear Position : ❐ WNL ❐Low Set **Eyes** :❐ Normal ❐ Abn spacing/slant
LOC ❐Alert, Active ❐Lethargic ❐Active with stim ❐Irritable

Heart Rhythm: ❐Regular ❐ Irregular ❐ tachycardia ❐Bradycardia
Murmur: ❐Absent ❐ Present Precordium : ❐Silent ❐Active
Color: ❐ Pink ❐Plethoric ❐Mottled ❐Jaundiced ❐Pale
Cyanosis : ❐General ❐ Acrocyanosis ❐ Circumoral ❐Periorbital
Capillary Refill: ❐Upper Extremity < 3 sec ❐Other ____________________
❐Lower Extremity < 3 sec ❐Other______________________________

Mouth: ❐Lips/Palate Intact ❐Other_________________________
Abdomen ❐Soft ❐ Tense ❐Flat ❐Full ❐Distended ❐Scaphoid
❐Visible bowel loops ❐ masses (Describe)_____________________________ Cord Vessels ❐ 2 ❐ 3
Bowel Sounds: ❐ Active ❐ Hyperactive ❐Hypoactive ❐Absent
Patent Anus ❐Yes ❐No ❐Passed Meconium
Genitalia: ❐Normal for Gestational age Testes present ❐Right ❐Left
other interventions ❐None ❐Catheter ❐NG Tube __________

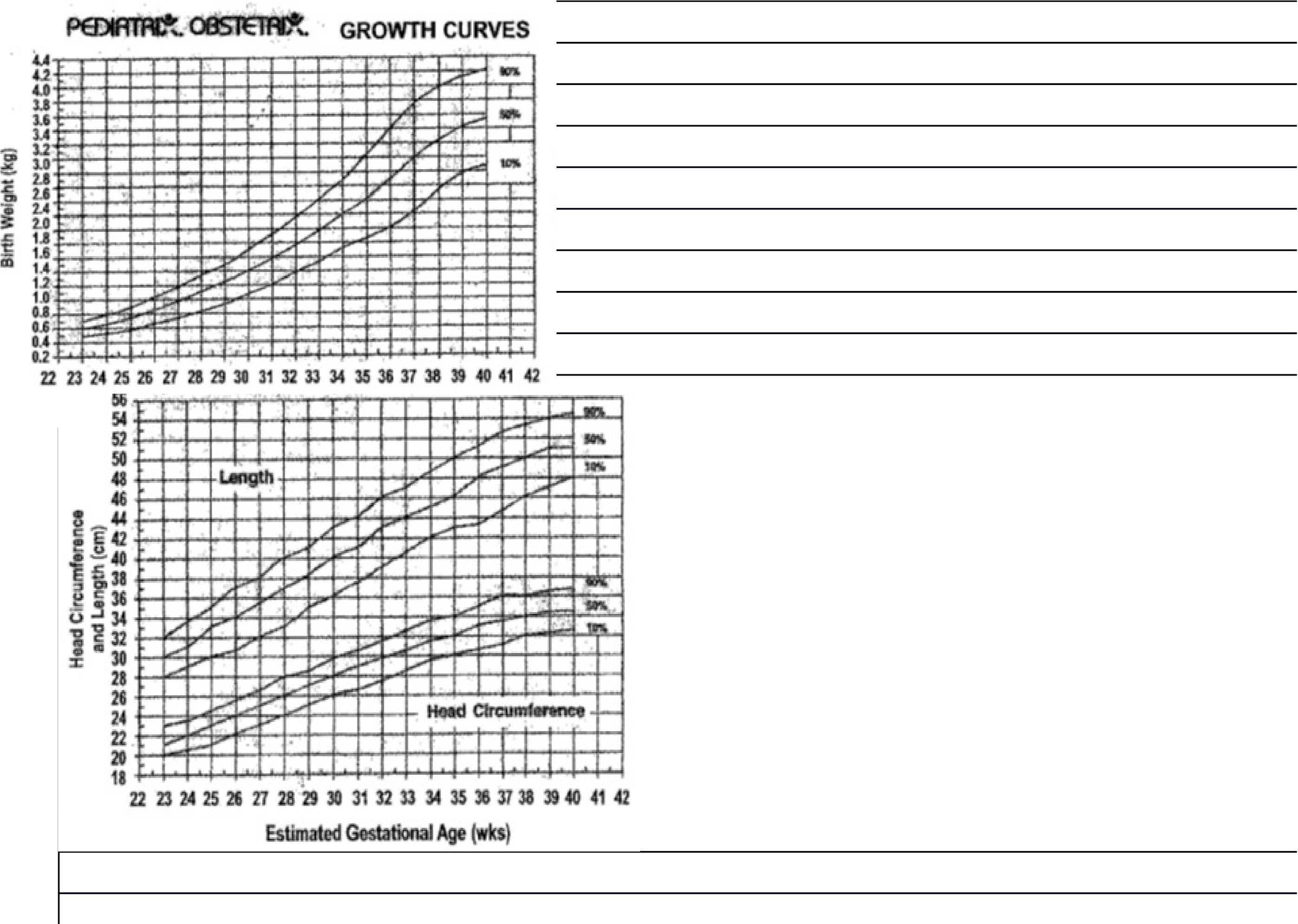
Respiratory Pattern: ❐Normal ❐Periodic Breathing ❐Apneic ❐Tachypneic **Resp effort** ❐No distress ❐shallow ❐Nasal Flaring ❐Grunting
❐Retractions **Patent Nares:** ❐Yes ❐No ❐Secretions
Chest : ❐Normal ❐symmetrical ❐ Abnormal
Describe: ___________________
Breath Sounds: ❐Clear in all lobes and equal Bilaterally
Other (describe) ❐Right _______________❐ Left____________________

SKIN ❐NORMAL FOR GESTATIONAL AGE ❐ ABNORMAL (E.G. LACERATIONS, ABRASIONS, RASH, PETECHIAE, ECCHYMOSIS, FORCEPS MARKS, PEELING, SKIN TAGS, BIRTHMARKS, MONGOLIAN SPOTS)
DESCRIBE/LOCATION ___________________________________
TURGOR:: ❐ GOOD ❐ FAIR ❐POOR
MUCOUS MEMBRANES: ❐PINK/MOIST ❐OTHER : ___________________________
EDEMA: ❐NONE ❐GENERALIZED ❐PERIPHERAL ❐ PERIORBITAL
COMMENTS____

MUSCLE TONE: ❐NORMAL ❐ HYPERTONIC ❐HYPOTONIC ❐JITTERY
MOTOR ACTIVITY: ❐ MOVES ALL EXTREMITIES EQUALLY
❐OTHER DESCRIBE: _________
CRY: ❐NORMAL ❐WEAK ❐HIGH PITCH ❐ UNABLE TO ASSESS
CLAVICLES: ❐ intact ❐ Crepitus
REFLEXES: (N=NORMAL, W=WEAK A=ABSENT)
____SUCK ______ROOT ______PALMAR GRASP _______MORO _____BABINSKI
COMMENTS____

PHYSICAL FINDINGS	WEEKS Gestation: 32 33 34 35 36 37 38 39 40 41 42					
VERNIX	COVERS BODY, THICK LAYER	ON BACK, SCALP, IN CREASES	SCANT, IN CREASES			
BREAST TISSUE AND AREOLA		AREOLA RAISED	1-2 MM NODULE	3-5 MM	5-6 MM	7-10 MM
EAR	FORM	PINNAE SOFT, STAYS FOLDED	BEGINNING INCURIVING SUPERIOR	INCURVING UPPER 2/3	WELL DEFINED INCURVING TO LOBE	
	CARTILAGE	CARTILAGE SCANT, RETURNS SLOWLY FROM FOLDING	THIN CARTILAGE SPRINGS BACK FROM FOLDING	PINNA FIRM. REMAINS ERECT FROM HEAD		
SOLE CREASES	½ ANTERIOR CREASES	2/3 ANTERIOR CREASES	CREASES ANTERIOR 2/3 SOLE	CREASES INVOLVING HEEL		
SKIN THICKNESS & APPEARANCE	SMOOTH ,THICKER, NO EDEMA	PINK FEW VESSELS	SOME DESQUALMATION			
LANUGO	VANISHES FROM FACE	PRESENT ON SHOULDERS				
GENITALIA TESTES	TESTES PALPABLE IN INGUINAL CANAL	IN UPPER SCROTUM	IN LOWER SCROTUM			
	SCROTUM	FEW RUGAE	RUGAE, ANTERIOR PORTION	RUGAE COVERS		
	LABIA & CLITORIS	PROMINENT CLITORIS, LABIA MAJORA SMALL, WIDELY SEPARATED	LABIA MAJORA LARGER, NEARED COVERED CLITORIS	LABIA MINORA & CLIITORIS COVERED		
POSTURE	TESTING	STRONGER HIP	FROG-	FLEXION	HYPERTONIC	
	32 33 34 35 36 37 38 39 40 39 42					

Comments



<u>Hypertension in Pregnancy Simulation/Discussion Instructions (25 points)</u>

If clinical hours permit, your clinical instructor will arrange for a simulation day. For the write-up, please **type the answers** to the following questions for discussion in post conference. See your clinical instructor for the due date. Submit it to the Dropbox by the due date. Bullet or outline format is acceptable. Grade is on the completeness of your answers and contributions to the discussion.

1. What are the major differences between: mild pre-eclampsia, severe pre-eclampsia, eclampsia, chronic and gestational hypertension? Include both subjective and objective/lab data.
2. Briefly describe the pathology that leads to this condition?
3. What is HELLP syndrome?
4. What are the risks to the mother and the baby for hypertension in pregnancy?
5. What management needs to be done to care for HIP patients at home?
6. What assessment must be frequently conducted for management of HIP patients in the hospital? Include why routine labs and diagnostic tests are ordered.
7. Describe deep tendon reflexes and how they are graded.
8. Describe why these patients are at risk for seizures? What are seizure precautions and how are they instituted?
9. What are the risks and nursing management for using magnesium sulfate to treat HIP?
10. Discuss and know how to demonstrate proper use of a Magnesium sulfate infusion in the management of hypertension in pregnancy.

    Protocol for magnesium sulfate: start with a 10% solution (20 grams in 200 cc D5W); infuse loading dose at 2 grams over 20 minutes; infusion at 1 gram per hour.

    What rate do you set the pump at? How do you reverse it?
11. What are the signs of Magnesium sulfate toxicity in the mother and the baby?
12. Why is Lobetalol used to treat HIP? What are the side effects? How do you administer it safely?
13. Discuss how to demonstrate proper use of a Pitocin augmentation in the management of PIH.

    Protocol for Pitocin 10 units (10 units in 500 cc LR)
    Infuse at 1 milliunit per min.
    What rate do you set the pump at (cc/hr)?
    Are magnesium sulfate and Pitocin compatible in IV tubing?
14. What are the side effects of Pitocin for the mother and fetus? What is water intoxication?

Cultural Assessment
Adapted from the March of Dimes Cultural Assessment Tool

Assignment: Using the questions below, you will interview one of your patients either in intrapartum or postpartum on their cultural practices. You will then formulate your patients responses into a 1 ½ - 2 page paper using APA format. **Research the patient's stated culture and include a corelation of your patient's responses to your literature findings.**

Demographics

a.i.1. Patients initials, age, GTPAL, EDD

a.i.2. Emplyment status of patient/partner, financial support system, educational background.

General

1. Where were you born?
2. Are you single or do you have a husband (partner)?
3. What is your ethnic group? Your husband (partners) ethnic group?
4. What language do you speak at home?
5. Where do other members of your family live?
6. How does the family feel about the pregnancy?
7. What is your religion? Any beliefs in regards to pregnancy?
8. Do you have any special cultural practices or beliefs in regards to pregnancy? Foods?
9. Do you have a preference about the gender of your caregivers?

Labor/Birth

1. Who would you like to be with you during the labor and birth?
2. What kinds of comfort measures would you prefer during labor?
3. Do you have any specific cultural practices or beliefs in regards to labor and birth? Care of the umbilical cord or placenta? Position? Activity?

Postpartum

1. When does the postpartum period begin and end?
2. Do you have any specific cultural practices or beliefs in regards to the postpartum period? Foods? Activity?

Newborn

1. Feeding preference? Breast or bottle?
2. How have you prepared for the baby at home? Where will the baby sleep?
3. Who will care for the baby? Have you and your partner discussed each of your role expectations for each other?

4. Do you have any cultural practices or beliefs in regards to the newborn? Circumcision? Umbilical cord? Bathing? Dressing?

Moore, M.L. & Moss, M.K. (2003). Cultural assessment tools. In R.R. Wieczorek and K. Kroder's (Eds.), Cultural competence in the care of childbearing families (pp. 120-123). White Plains, N.Y: March of Dimes

RM 1/2011

Common Cultural Preferences

Group	Norms
Caucasian	- Usually express negative and positive emotions freely and involve fathers during labor and delivery. - May use direct eye contact, and casual manner when addressing a person.
African American	- May not give information other than what was asked. Use open ended questions. May express pain freely and openly - Usually comfortable with close personal space especially with friends and family. - Usually involve fathers and female attendants during labor and delivery.
Latino	- Usually comfortable with close personal spaces and prefer direct eye contact. Mexican Americans may consider staring as confrontational. - Latino men who prefer to wait outside may expect to be informed by professionals. Men may expect to be consulted in decision making. - Latino women are usually vocal and active during labor but may prefer to keep their body covered. - May consider admiring the baby without touching it as placing a curse or "Evil eye".
Asian American	- May only give brief factual answers, may not openly disagree with authority figures, and value modesty. May not express physical discomfort verbally and hide it. - May consider prolonged lingering eye contact as disrespect and invasion of privacy. May prefer personal distance of an arm's length. - May prohibit touching their head by non-relatives (it is considered sacred). May not allow a male other than their husband to touch between their waist and knees (considered private area). - Do not address by first name without asking first. - Usually do not involve father and other males during labor.
Native American	- May not share personal information, make decision for another - Be patient when awaiting answers. - Usually consider lingering eye contact as invasion of privacy and disrespect. - May encourage stoicism of the woman during labor and birth. - Fathers may be absent during delivery but present at other times. - May want the placenta returned.

(Stomboly & French, 2007; Moore & Moss, 2003)

Appendix

This section contains supplemental materials and report sheets. Please look through this section carefully! You must have the correct documents with you **at all times** to receive maximum credit for your clinical day.

Antepartum Prenatal History Table

Bring every day

Look at client's history to elicit recurrent or anticipated problems during labor/postpartum

Demographics-

Age- adolescent < 16 years or over 35 years	Cultural preferences	Religion- spiritual support needs	Occupation or environmental hazards	Marital Status- single or support system
Ethnicity- genetic disorders	Tay-Sachs Disease (nerve cells become distended and mental and physical disabilities occur); Ashkenazi Jewish, French-Canadians, Cajuns			
	Beta or alpha thalassemia; Mean corpuscular vol. MCV < 80%; Greek, Italian, Southeast Asian (Vietnamese, Laotian, Cambodian), Filipino			
	Sickle Cell Anemia; Screen: presence of sickle cell Hgb.; African, Hispanic, Central Americans, South Americans, Arabs, Egyptians, Asian Indians			
Drug Allergies	Substance abuse- ETOH, smoking, or drugs	Risky behavior- sexual or domestic violence need for referrals	Nutrition- weight gain (25-35 lbs), under/over weight, or teen	Socioeconomic- finances- need for referrals
Medications taken, vitamins and immunizations	Family History	Birth Plan: pain mgt, support, classes, or breast feeding	Cultural practices used in pregnancy or preferences for labor, or PP	Planned pregnancy

Medical History-

Cardiovascular- HTN, heart disease, clotting or bleeding disorders	Respiratory- asthma	Endocrine- diabetes or thyroid	STD- HSV, HIV, Hepatitis, Syphilis, Gonorrhea or Chlamydia	Blood Type- Rh negative or O, and antibody screen
Surgical history- VBAC, cesarean section, uterine surgery, type of incision	Urinary- frequent UTI	Gastrointestinal- last BM, last meal, nausea and vomiting	Group Beta Strep culture	Psychiatric Disorder- medications or need for referrals

Obstetric History- Previous Pregnancy

GTPAL- stillbirth, LGA/SGA, primip versus grand multip > 3	preterm or postterm GA at birth	Single versus multiple gestations	VBAC, cesarean section or induction of labor	ROM status- PROM	Age of living children
Pregnancy Complications	Pre-eclampsia/eclampsia, gestational diabetes, anemia, hyperemesis, hydramnios (poly or oligo), placenta previa, SAB, or molar pregnancy				

Previous Labor Complications	Dystocia (malpresentation, CPD, macrosomia, failure to progress), precipitous or prolonged labor, prolonged pushing, hemorrhage, placenta (abruption or accreta), cord prolapse, embolism, mechanical delivery (forceps or vacuum), pain management (epidural or medications), episiotomy/laceration
Previous Post-Partum Complications	Hemorrhage, infection, thrombus, postpartum depression, difficulty breast feeding

Fetal Monitoring Handout

Bring every day

Normal Baseline range:	**Implications:**	**Nursing Interventions:**
110-160 bpm, round to increments of 5 beats/minute during a 10 minute segment		
Tachycardia range: More than 160 bpm lasting at least 10 minutes	maternal fever, maternal dehydration, fetal hypoxia/asphyxia, fetal acidosis, maternal/fetal anemia, maternal hyperthyroidism, drugs administered to mother, anxiety, maternal supraventricular tachycardia, fetal infection, prematurity, prolonged fetal stimulation	- antipyretics for fever - cooling measures - antibiotics - treatment of underlying cause - notify doctor if interventions are unsuccessful
Bradycardia range: Less than 110 bpm, lasting at least 10 minutes	fetal head compression, anesthesia and regional analgesia, maternal hypotension, umbilical cord compression, fetal dysrhythmia, hypoxemia or late fetal asphyxia, accidental monitoring of maternal pulse	- notify MD - d/c oxytocin - help mother into side lying position - administer 8-10L/min oxygen - stimulate fetal scalp - administer tocolytic if cause is excessive contractions
Variability: **Describe:** fluctuations in the baseline fetal heart rate within a 10 minute window that causes an irregular line rather than a smooth one	**Causes of decreasing variability:** fetal sleep, sedatives given to the mother, alcohol, illicit drugs, fetal sepsis, fetal tachycardia, gestation less than 28 weeks,	Explain that the presence is reassuring and it means that the regulation of heart rate by the central nervous system is able to respond to stressors

Ranges: Absent: None Minimal: <5 bpm Moderate: 6-25 bpm Marked: > 25 bpm	fetal anomalies that affect CNS, hypoxia, maternal academia or hypoxemia	
Accelerations: **Describe:** brief & temporary visually apparent increases in the FHR from the baseline with onset to peak at least 15 bpm for 15 seconds but less than 2 minutes with return to baseline	**Presence of indicates:** fetal movement with uterine contractions, there may have been scalp stimulation or a pelvic exam to cause this	Explain that this is a reassuring sign that shows a responsive, non-acidotic fetus and no treatment is needed at this time.
Early Decelerations: non concerning sign of fetal head compression **Describe:** gradual decrease & return to baseline associated with a contraction that is uniform in shape and mirrors the contraction	**Presence of indicates**: the fetus may be crowning or dropping, there is some sort of head compression that is altering cerebral blood flow causing the vagal nerve to lower the heart rate	Explain that this is a reassuring sign that requires no treatment
Late Decelerations: concerning finding, associated with uteroplacental insufficiency **Describe**: gradual decrease & return to baseline. Onset, nadir & recovery of deceleration occurs after the beginning, peak and end of contraction	**Presence of indicates**: inadequate fetal oxygenation due to maternal hypertension/hypotension, placental decay, or hyperstimulation of uterus	Change maternal position to left lateral, administer oxygen at 8 liters via mask, administer IV bolus, discontinue pitocin, terbutaline to stop contractions if indicated and ordered by MD
Variable Decelerations: potentially concerning depending on depth/length **Describe:** abrupt decrease in FHR > 15 BPM, lasting >15 seconds, U or V shape, uniform Concerning if - >60 seconds/<70 bpm	**Presence of indicates:** reduction in blood flow through the umbilical cord causing hypoxia usually due to cord compression. > risk of cord compression in oligohydramnios, ROM rapid labor, prolapsed cord, short/nuchal cord	Reposition mother (side to side, knee chest, or reverse trendelenberg), administer oxygen at 8 liters via mask, stop oxytocin infusion, perform vaginal exam to assess for prolapsed cord, report to physician
Normal contraction pattern:	**Abnormal Frequency of**	**Abnormal Duration of**

- 5 contractions or less in 10 minutes - Contractions occurring every 2-3 minutes, lasting 60-90 seconds - Moderate to strong intensity - Resting tone is soft or 10 mmHg **Abnormal Intensity:** - intensity greater than 90 mmHg - resting tone greater than 25 mmHg	**contractions:** - occurring less than 2 minutes apart - Tachysystole is greater than 5 contractions in 10 minutes	**contractions:** - greater than 90-120 seconds - intervals shorter than 30 seconds - contraction lasting longer than 2 minutes
Category I (includes ALL of the following) NORMAL • Baseline rate: 110-160 beats/min • Baseline FHR variability: moderate • Late or variable decelerations: absent • Early decelerations: present or absent • Accelerations: present or absent		
Category II (all tracings not categorized as I or III and may include any of the following) INDETERMINATE • Baseline rate: bradycardia without absent variability, tachycardia • Baseline FHR variability: minimal or marked variability, absent variability without recurrent decelerations • Periodic or episodic decelerations: recurrent variable decelerations with minimal or moderate variability, prolonged decelerations of 2 minutes or more but less than 10 minutes, recurrent late decelerations with moderate variability, or variable decelerations with slow return, overshoots or shoulders • Accelerations: absent after fetal stimulation		
Category III (include either) ABNORMAL • Absent variability and recurrent late decelerations or recurrent variable decelerations or bradycardia • Sinusoidal pattern		

Davidson, M.R., London, M.L., & Ladewig, P.A.W. (2012). *Olds' maternal-newborn nursing & women's health: Across the lifespan*. (9th ed.). Pearson: Upper Saddle River, New Jersey.

Team Leader on Mother/Baby Unit

Before your leadership day, read the following chapter and answer the following questions. Your instructor has a copy of the chapter for you to borrow!!!

Kozier, B., Erb, G., Berman, A., & Snyder, S. (2004). *Fundamentals of nursing :Concepts, process, and practice (7th ed.),* Chapter 26. Upper Saddle River, NJ: Pearson Education

Each student will have the opportunity to observe and function in the role of team leader on the Mother/Baby Unit. On the assigned day, he/she will:

- Show up at 6:30 to get the night shift report along with the charge nurse for that day. Time may vary per clinical site.
- Develop student assignments for the day and communicate them with the other students
- Gather an end-of-shift report from the other students and present a summary to the instructor prior to post conference.

- **Report to also include answers to the following questions**

1. What was the role of the charge nurse for the day?
2. What organizational and management skills did she utilize over the course of the day?
3. What was her management style?
4. How did she prioritize and delegate the assignments?
5. What challenges or issues arose on that day?
6. How did she handle them?
7. How would you do things differently if you were in charge?

**Grade will reflect the completeness and organization of the report!

TEAM LEADER WORKSHEET

N372 Student Leader

Student	Delivery Diagnosis & day	Important Information: Complications or identified needs	Nursing Interventions and teaching

Antepartum Report Worksheet

Patient Initials:

1. History:

Age: ______ GTPAL: ____________ Gestational Age ___________

EDD: __________ Blood Type: _______ Antibody Screen: ________

Rubella: Immune/Non-Immune Hepatitis B: Positive/Negative

GBS: Positive/Negative (if applicable)

2. Hospitalization:

Date of Admission: ______ Reason for admission: ____________________________

Diagnosis: ____

3. Medications: List all medications the client is taking and why (Put on back of page)

4. Laboratory and Diagnostics:

Pertinent laboratory and/or diagnostic test (i.e. HbA1c, glucose, liver enzymes, H&H, ultrasound, etc…):____

____

____

5. Assessment: (see next page)

6. Diagnosis: Give one to two priority complications that you focused your plan of care for the day for this patient. Include what nursing interventions you performed for these complications.

____

Antepartum Shift Assessment

Primary Nurse:		**Vitals** **BP:** **P:** **R:** **Sat:**	
Neuro		**Genitourinary**	
LOC		Bladder	
DTRs		Urine color	
Clonis		Urine characteristics	
Dizziness		Frequency	
Blurred Vision		Dysuria	
Extremity numbness/tingling		CVA tenderness	
Extrapyramidal effects		**Perineal**	
Pain		Vaginal bleeding	
Location/characteristics		Discharge	
Cardiovascular		Discharge characteristics	
Heart rhythm		**Integumentary**	
Murmurs		Skin color	
Edema		Temperature	
Capillary refill		Moisture	
Pedal pulses L/R		Dressing	
Homan's sign L/R		REEDA	
TED hose		**Psych/social**	
Sequential Compressions		Support person present	
Pulmonary		Emotional status	
Respiratory effort		**Musculoskeletal**	
SOB		ROM	
Breath sounds – Left		Activity level	
Breath sounds – Right		Assistive devices	
TC&DB		**OB**	
Gastrointestinal		Fetal assessment	
Abdominal contour		Contraction pattern	
Bowel sounds		Fetal movement	
N/V		**Safety**	
Epigastric Pain		Call bell w/in reach	
Last BM		Armbands	
Flatus		Allergies	
Diarrhea		Bed safety	
Constipation		Isolation	
Hemorrhoids		Monitor alarms on	
Diet			
% eaten			

Fetal Testing Report Worksheet

<u>Check all tasks you were able to perform or observe:</u>
Apply fetal monitor: _____
Fetal Testing: NST_____ CST______ Biophysical Profile __________
Identify reactive strip: _________ Amniocentesis: _____________
Diagnostic Ultrasound: _________ Leopold's Maneuver: _____________

<u>Choose 1 client that was seen today and briefly describe:</u>

Client Initials: ______ **Diagnosis (Reason for Testing): _____________**

Describe Test Criteria: _________________________________

Standard Medical Management (MD's prenatal plan, lab work & tests):

Standard Nursing Management (Nurse's responsibilities?):

Medications:
List any medications the client is taking and why

Diagnosis: Give one to two priority complications that you focused your plan of care for the day for this patient. Include what nursing interventions you performed for these complications

<u>NICU Report Worksheet</u>)

Choose one of the babies you have observed today and describe the following:

1. Collaboration of care (interdisciplinary approach to infant care):

Describe who was involved in the collaborative care for this baby. What was their role? Why is it important? How does it meet the needs of this baby?

1. Describe the nurse's role in the NICU.

2. Describe the family dynamics observed. What is the impact of the hospitalization on this family?

3. Give a nursing diagnosis related to the family dynamics (psychosocial implications:

4. Describe the plan of care:

5. Give one example of how the nursing assessment affected the plan of care for this baby.

Skills Checklist

Student Name: ____________________________

This skills checklist is to be with you during your **entire clinical rotation** and updated on a **weekly basis**. This form will be turned in at the end of each clinical day.

<u>**Skills**</u>: Medication administration (PO), injections (IM, SQ), sterile table set-up, catheter (foley, I&O), baby bath, removal of staples with placement of steri-strips, baby care. IV starts and IVPB administration and management (**4th semester only**). **NO** vaginal examinations and **NO** IV push medications at any time.

Date	Skill Completed	Unit	Primary Nurse

C/section (date observed)	
Vaginal (date observed)	

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