OBSTETRIC NURSING CARE PLAN

Obstetric Nursing Care Plan 2006

Tina Kloepfer

Glendale Community College

**Patient Profile**

G.B. is an intelligent, confident, 5 feet and 4 inches tall, ABO B+, 28-year-old Caucasian female patient: G1P1, LMP is February 2, 2006, EDC is November 18, 2006 and gestation of 396/7 weeks confirmed by an ultrasound per chart. Pre-pregnancy weight was 137 lbs and pregnancy weight is 174 lbs for a total gain of 37 pounds. G.B. stated she eats a “semi-strict vegetarian diet” (no dairy, no red meat), rarely drinks alcohol (no alcohol while pregnant), and she has never smoked cigarettes or taken recreational drugs. Prenatal labs are negative. G.B. was admitted to GAMC after an attempted home birth via midwife assistance with intact membranes at 0710 hrs on November 16, 2006. The patient stated her cervix dilated to “only 3 cm after laboring over 24 hours at home”. G.B. stated she prepared for labor and delivery by learning the Bradley method and she hired a doula for the postpartum period. G.B. plans on breastfeeding her neonate for at least 1 year. She is allergic to penicillin, amoxicillin, and erythromycin. Significant medical history includes systemic lupus erythematosus (SLE), past positive PPD and negative xray within last 5 years, and adenomyosis (endometriosis interna) via laparoscopy in 2002 per chart. No significant family medical history. G.B.’s supportive, caring, and protective husband was at bedside throughout the labor and delivery and postpartum.

IV Lactated Ringers 1000 mL at 125 mL/hr and external fetal monitoring was initiated shortly after admission. Throughout the labor phases, there were several accelerations, but no late decelerations of the FHR per chart. G.B. was placed on continuous epidural of Fentanyl, 0.2% Noropin and 0.25% Marcaine at 14 mL/hr for pain at 4 cm dilation. A stress dose of 100 mg of hydrocortisone was given IM at 5 cm dilation. An AROM was performed at 1815hrs resulting in clear amniotic fluid and negative meconium stain. The fetus was in vertex presentation and LOA position. A right mediolateral 2° episiotomy was performed before a normal spontaneous vaginal delivery without maneuvers or complications. A healthy male neonate was delivered at 0054hrs on November 17, 2006: birth weight 3203 gr (7.1 ½ oz), length 51 cm (21 in) and APGARs 81 and 95. The umbilical cord had 2 arteries and 1 vein. The placenta was delivered intact and spontaneously with minimal assistance. Estimated maternal blood loss was 200 mL. After bulb suctioning, the newborn was transferred to the nursery.

The mother and newborn bonded very well after birth per chart. G.B.’s IV in her left forearm and Foley catheter were immediately discontinued per the patient’s request. The parents refused PKU and signed a state refusal form. The parents also denied the initial bath, “eyes and thighs” (erythromycin eye ointment and Vitamin K injection), and hospital photographs of the newborn per chart. The parents are allowing a hearing test to be conducted in the afternoon per patient. According to the night RN, no one has visited with the new parents yet, but the mother-in-law is coming to visit in the afternoon to allow the husband to rest per the patient.

**Assessment**

*Subjective Data:* The patient complains of feeling slightly dizzy while sitting, an increase of dizziness upon standing, and she is experiencing tinnitus “whistling, ringing and loud whooshing like a jet engine” in her ears bilaterally. The patient denies history of tinnitus, balance problems, or syncope. Pain scale is 3/10 in uteral and perineal areas. The patient stated she has not yet experienced any flatulence after the birth of her son. G.B. stated she already experiences the letdown (milk ejection) reflex whenever her son cries and he “breastfeeds often and heartily”.

*Objective Data:* Prior to my assessment, the mother was gazing, smiling, and talking softly to her newborn and seemed slightly reluctant to give the newborn to the father in order for me to perform an assessment. The father looks tired as he holds the newborn closely and fondly. The father smiles at his son when he opens his eyes and excitedly informs his wife. The patient’s vital signs are WNL: oral temperature is 36.8°C (98.2°F), apical pulse is 60, respirations are 20, and blood pressure is 110/60. Lung sounds are clear bilaterally. The trachea is midline, respirations are regular and symmetrical on room air, and there is no use of accessory muscles. S1 and S2 are present, rhythm is regular and there are no murmurs, clicks, thrills, or heaves. Radial, femoral, popliteal, pedal pulses are 2+ bilaterally and cap refill <3 seconds on all digits. Skin is slightly pale, warm, and dry. No edema in the lower extremities bilaterally.

*BUBBLE-HE:* Breasts are semi-soft, non-tender without any erythema or areas of increased warmth. Nipples are not inverted bilaterally. The fundus of the uterus is firm, centered, and located 1.5 finger breadths below the umbilicus. Facial grimacing and furrowed brows occur upon brief, gentle palpation of fundus. The bladder is not distended or palpable. G.B. has voided a total of 450 ml of clear, yellow urine this morning. The last bowel movement was November 16, 2006 per patient. Bowel sounds are hypoactive in all 4 quadrants. Abdomen is soft, non-tender, and rounded. Lochia rubra is scant, without clots or odor. RML 2° episiotomy is intact without erythema or edema. There are no visible hemorrhoids. Homan’s sign is negative bilaterally. Upon gentle palpation bilaterally of the posterior lower extremities, there are no areas of warmth, tenderness or swelling. Emotional issues are G.B.’s deep, deep desire to control her environment and the disappointment of not adhering to her well-researched birthing plan. The patient is bonding very well to her newborn and enjoys watching her husband bond with their newborn too.

*Pertinent Labs*

|  |  |  |  |
| --- | --- | --- | --- |
| **Laboratory** | **11/17/2006**  **0950hrs** | **11/16/2006**  **0700hrs** | **Before / During**  **Pregnancy**  ***MS Text*** |
| **Hematology** | | | |
| WBC | **H** 20.2 | **H** 11.9 | 4.5-10 / 5-15 |
| HGB | **L** 10.8 | 12.7 | 10-14 / 12-16 |
| HCT | **L** 32.5 | 37.0 | 37-47 % / 32-42 % |
| RBC, MCV, MCH, MCHC, RDW, PLT, PLT Est., MPV **WNL** | | | |
| **Differential Type** | | | |
| Neuts % |  | **H** 83 | \*3-7 |
| Lymphs % |  | **L** 12 | 38-46 % / 15-40 % |
| Abs Neut Count |  | **H**  9.877 | \*1.5-8 |
| Bands%, Monos%, Eos%, Basos%, Abs Eos Ct, Nucleated RBCs, RBC Morph  **WNL** | | | |
| **Chemistry** | | | |
| Chloride | **H** 108 |  | \*96-106 |
| Random Glucose | **H** 170 |  | \*60-110 |
| BUN/Creatinine Ratio | **L** 10.0 |  | \*10:1-20:1 |
| Calcium | **L** 7.7 |  | \*8.8-10.4 |
| Sodium, Potassium, CO2, Anion Gap, BUN, Creatinine, GFR **WNL** | | | |
| **Blood Bank** | | | |
| Band Pt, Hold Tube in Blood Bank |  | Drawn @ 2311hrs |  |

\**Fischbach’s Lab & Diagnostic Book Values for Adult Norms*

*Lab Results:* Neutrophilia observed during labor and early postpartum is caused by the physiologic response to the stress of labor and delivery (London, Ladewig, Ball & Bindler, 2007). Lymphopenia can occur in SLE and long-term hydrocortisone therapy (Fischbach, 2004). Low hemoglobin and hematocrit (H&H) can reflect the condition of physiologic or relative anemia due to blood loss during delivery (London, et. al., 2007). High chloride levels can be caused by dehydration and long term hydrocortisone therapy (Mann, D. and Chang, L., 2006). The patient requested to discontinue her IV post delivery which probably contributed to a dehydrated state. Hyperglycemia can cause glucosuria which causes an increase in urine output (Fischbach, 2004) and can result from being pregnant (slight elevation) and long-term hydrocortisone therapy. SLE required a stress dose of 100 mg hydrocortisone IM before delivery per chart. The patient’s dizziness may be also related to hyperglycemia (Fischbach, 2004). Decreased BUN/creatinine ratio can be caused by the state of pregnancy and a low-protein diet (Fischbach, 2004). Low calcium levels can be caused by not receiving enough calcium in the diet (Fischbach, 2004).

**Achievement of Erikson’s Developmental Tasks**

*Intimacy* *vs. Isolation [18-40 yrs]:* G.B. is basking in the wonder of her first newborn and handles her son with such care, concern, protection, and love. She holds him close and softly sings and talks to him as she caresses his back and the tuft of hair on his head. The newborn reciprocates sustained eye contact with his mother. G.B. and her husband admire their newborn together as a couple and solo as a proud parent. The patient stated her husband had not slept in “over 30 hours”. G.B. stated her husband would not go home unless someone could be with her and their son. G.B. stated she is going to call her mother-in-law to come to the hospital this afternoon in order for her husband to finally go home and rest.

**Problem Identification**

*HUMAN NEEDS - Level 5 Esteem and Recognition:* The patient stated she feels extremely disappointed that she did not deliver her son at home as she and her husband had planned. “I feel like I didn’t do something right somehow…like it is somehow my fault we’re here [in the hospital].” “I know the L&D nurses thought I was a pain in the ass and possibly an idiot because I didn’t want them to wash my son, but I wanted to continue our bonding experience. I just couldn’t give him up even for a little while.”

*PHYSIOLOGICAL NEEDS*

*Level 1:* Pain Avoidance (Postpartum 3/10 - mild pain), Oxygenation/Perfusion

(dizziness, blood loss, physiologic anemia), Hydration (unsatisfactory PO intake of fluid, refusal of IV fluids, hyperglycemia), and Rest (exhaustion from L&D).

*Level 2:* Activity (dizziness requires assistance and/or bed rest), and Cognitive & Perceptual (dizziness, tinnitus).

**Primary Nursing Diagnosis**

Disturbed Auditory Sensory Perception related to physiological stress from labor and delivery and SLE manifested by dizziness and “whistling, ringing and whooshing like a jet engine” in the ears bilaterally (Ackley & Ladwig, 2006 and Mann, D. and Chang, L. MD, 2006).

*GOALS*

1. The patient will report relief of symptoms by using the 10/10 scale from the current ranking of 9/10 to an acceptable 4/10 by the end of shift.

2.The patient will demonstrate understanding of coping methods by the end of shift.

*INTERVENTIONS*

1. Assess the characteristics of the dizziness and the type, intensity, duration, and frequency of the bothersome noises heard by the patient.

*The patient’s description of the characteristics of the dizziness and noises can help to determine the course of nursing actions taken to treat the causes and alleviate the patient’s symptoms (Information on tinnitus, 2000).*

2. Encourage good communication by speaking distinctly and facing the patient when speaking to her.

*Good communication increases the chances of good outcomes and increases patient’s morale and satisfaction with her medical care.*

3. Instruct the patient to ask for assistance to walk to the bathroom. If the dizziness is severe, instruct the patient to call for assistance to use the bedpan.

*The patient’s safety is maintained and the risk for falls is decreased.*

4. Consult with the physician to monitor the patient’s blood glucose and utilize a sliding scale for insulin coverage.

*Patients on long-term steroid therapy often develop increased blood glucose levels especially when under physiological stress. Hyperglycemia can cause dizziness* *(Mann, D. and Chang, L., 2006).*

5. Encourage a high intake of fluids and nutrition.

*Oral fluid intake increases the blood volume and decreases dehydration after blood loss and refusal of intravenous fluids. Dizziness is a symptom of dehydration. Good nutrition will decrease fatigue, aid in stabilizing blood sugar levels, and increase energy levels depleted by physiologic anemia.* *(London, et.al., 2007).*

6. Encourage the patient to take a nap whenever her son sleeps.

*The new mother needs to sleep to decrease fatigue and to conserve energy. Fatigue can contribute to the severity of her symptoms (London, et.al., 2007).*

7. Teach and encourage the patient to use visual relaxation and concentration exercises.

*The increased relaxation and circulation achieved by these exercises may reduce any anxiety and the intensity of the whistling and ringing heard by the patient (Information on tinnitus, 2000).*

8. Encourage the use of masking by choosing a competing sound.

*Choosing a sound such as radio static (white noise) played at a constant low level competes with the bothersome sounds. The competition makes the bothersome ringing and whistling sounds less noticeable (Information on tinnitus*, 2000).

*EVALUATION*

1. Goal partially met: The patient rated her discomfort level as 6/10 by the end of shift.

The patient’s symptoms were assessed. I reported my findings to the RN and she said, “We’ll wait to see if oral fluids decrease her symptoms.” I respectfully asked if we could monitor her blood sugar (170 after breakfast) and consult with the physician to order a sliding scale of insulin for coverage and the RN replied, “Let’s just wait and see.” The patient increased her PO fluid intake. Urine output remained clear and straw colored. The patient stated the dizziness decreased “some what” from this morning’s assessment, but she still experiences low-moderate dizziness. G.B. allowed herself to take only two naps while her son slept during the shift.

2. Goal met: The patient verbally and physically demonstrated an understanding of the coping methods by the end of shift. The patient asked for assistance to use the bedpan during a severe dizzy spell and she asked for assistance each time she walked to the toilet. The patient experienced a slight decrease of the whistling and ringing in her ears by performing relaxation exercises and her daily meditation. G.B. called her mother-in-law to ask her to bring a radio when she came to relieve the husband in the afternoon. The patient has high hopes that by creating a competing sound, it will lessen the incessant distraction of the whistling and ringing in her ears.

References

Ackley, B.J., & Ladwig, G.B. (2006). *Nursing diagnosis handbook: A guide to planning*

*care.* (7th ed.). St. Louis: Mosby.

*Anesthetics (topical): benzocaine* (1994). Retrieved November 25, 2006, from Drug

Information Online: http://www.drugs.com/cons/Benzocaine\_Topical.html#GXX02

Deglin J.H., & Vallerand A.H. (2007). *Davis’s drug guide for nurses.* (10th ed.).

Philadelphia: F.A. Davis.

Fischbach, F. (2004). *A manual of laboratory and diagnostic tests* (7th ed.). Philadelphia:

LWW.

*Information on tinnitus* (2000). Retrieved November 25, 2006, from St Luke’s Episcopal

Health System, Houston, Texas: http://www.sleh.com/sleh/Section004/index.cfm?

pagename=Tinnitus&PageMD=TINNITUS

*Lanolin* (n.d.). Retrieved November 25, 2006, from American Meds: http://www.

americanameds.com/prodinfo.php?func=search&proid=479

London, M.L., Ladewig, P.W., Ball, J.W., & Bindler, R.C. (2007). *Maternal & child*

*nursing care.* (2nd ed.). Upper Saddle River: Pearson.

Mann, D. and Chang, L. MD (2006). *Risks for pregnant women with lupus,* Retrieved

November 25, 2006, from Medicinenet: http://www.medicinenet.com/script/main/

art.asp?articlekey=77573

*Rubella virus vaccine live: systemic* (1997). Retrieved November 25, 2006, from

Drug Information Online: http://www.drugs.com/cons/Meruvax\_II\_Systemic.html

*Tucks medicated pads* (n.d.). Retrieved November 25, 2006, from Pfizer Consumer

Healthcare: http://www.pfizerch.com/product.aspx?id=457