

**Acute Care Case Study**  
**NURS 333 – Clinical Management of The Growing Family**  
**NURS 481- Transition to Professional Nursing Practice**

**Purpose of Assignment**

The purpose of this paper is for the student to conduct an in-depth assessment of a childbearing woman and her family in order to plan nursing care specific to that client, based on nursing research and AWHONN Standards of Care. The assessment will include the appropriate physiological, psychological, social, cultural, and environmental influences pertaining to the client and her family as it relates to preconception, conception, antepartum, intrapartum, postpartum, and neonatal care.

**Student Approach to Assignment**

The patient selected for this assignment was a 38-year-old Hispanic female who was admitted at 36 weeks, 5 days gestation with increasing contractions since her last obstetrics visit. The patient has had over five pregnancies which classifies as grand multigravida. A cervical cerclage was placed to prevent premature birth during her most recent pregnancy due to four of her previous pregnancies being complicated due to a shorted cervix. Additionally, she has a history of a pulmonary embolism in 2017 that was developed two weeks postpartum. The patient was diagnosed with Hypothyroidism in 2014 as well as Gestational Diabetes during her current pregnancy. A few hours after oxytocin was administered, late decelerations were observed when reviewing fetal strips and immediate interventions were required. The care provided throughout the patient's hospitalization allowed an opportunity to examine and identify factors that can drastically affect health outcomes. As a result, I have obtained a greater understanding of the nursing role as it pertains to the field of obstetrics and gynecology, which has further emphasized the importance of implementing preventative health measures in the prevention of potential complications.

**Reason for Inclusion of this Assignment in the Portfolio**

The inclusion of this assignment into my portfolio is to explore the existence of physiological, psychological, social, cultural, and environment influences pertaining to the patient and her family as it relates to antepartum, intrapartum, postpartum, and neonatal care. This assignment illustrates the care that I provided while in the hospital as well as the interventions that could be implemented to reduce complications from occurring. The following end-of-program outcomes are identified below.

## ❖ Critical Thinking

- *Uses decision-making skills in making clinical or professional judgments.*
  - Example: As discussed in this paper, a postpartum assessment was completed shortly after the patient gave birth. The foley catheter was removed and the patient was educated to try and used the bathroom once every two hours to prevent uterine atony. A fundal massage was performed to aid the uterus to continue to contract and prevent postpartum hemorrhage. Additionally, the promotion of breastfeeding occurred within the first hour of birth due to there being a higher chance of successful breastfeeding and also aids in contracting the uterus and preventing maternal hemorrhage. As a result, the patient was regularly assessed to prevent complications from occurring.
- *Revises actions and goals based on evidence rather than conjecture.*
  - Example: As discussed in this paper, one of the nursing diagnoses I selected was impaired fetal gas exchange. The patient was administered oxytocin to help facilitate the labor process, a hormone that stimulates uterine contractions and aids in milk ejection, labor induction, augmentation, and control of postpartum bleeding. However, after a few hours the patient started experiencing tachysystole which is described as having more than five contractions within ten minutes averaged over thirty minutes. Because of this, the fetus started experiencing late decelerations which are caused by a fetal response to transient hypoxemia during a uterine contraction that reduces the delivery of oxygenated blood to the intervillous space of the placenta. This required immediate intervention with the goal of keeping the mother and baby safe. The patient's oxytocin was immediately decreased, she was placed on her left side, and 200 ml of IV bolus was administered. This stopped the late decelerations and I continued to carefully monitor the fetal heart rate along with the contractions every fifteen minutes while slowly increasing the patient's oxytocin when it was appropriate.
- *Engages in creative problem solving.*
  - Example: As discussed in this paper, I was able to use nursing interventions to prevent complications and facilitate the labor process. For example, a foley catheter was placed to prevent urinary retention so it would not interfere with fetal descent. Additionally, I helped reposition the patient every thirty minutes and educated the patient on the use of the peanut ball. I was able to explain the importance and how they can assist in the labor process. This allowed the patient to remain comfortable while still allowing me to properly monitor the patient.

## ❖ Nursing Practice

- *Applies appropriate knowledge of major health problems to guide my practice.*

- Example: As discussed in this paper, the patient was diagnosed with Hypothyroidism secondary to Hashimoto's disease in 2014. Her thyroid-stimulating hormone values were above the normal range. The fetus depends on maternal thyroid hormones until about eighteen weeks gestation. This guided my nursing practice because Hypothyroidism is significant to the patient's health due to it not being seen often during pregnancy and when left untreated the patient is at increased risk for miscarriage, preeclampsia, placental abruption, low birth weight, cognitive impairment of the fetus, preterm birth, and stillbirth. The presenting symptoms of the patient included thin brittle hair, brittle nails, muscle aches, menstrual irregularities, and fatigue. The patient was taking 137mcg of Levothyroxine by mouth once a day which prompted me to perform medication reconciliation as it may interact with many other medications such as Insulin, Warfarin, and Estrogen. I was then able to explain to the patient that it is a lifelong therapy and the importance of medication adherence to help improve the outcomes of both her and her baby. Lastly, I made sure to explain to her that Levothyroxine is considered safe while breastfeeding and that eating well-balanced meals will help ensure an adequate intake of nutritional foods to meet both maternal and fetal needs.
  
- *Performs therapeutic interventions that incorporate principles of quality management and proper safety techniques.*
  - Example: As discussed in this paper, safety precautions were taken when infusing oxytocin to prevent errors or fluctuations in the rate of administration which may cause inadequate contractions or late decelerations. Oxytocin was administered to the patient at two milliunits a minute and the intensity of the contractions along with fetal strip reviews was conducted every fifteen minutes.
  
- *Implements traditional nursing care practices as appropriate to provide holistic health care to diverse populations across the lifespan.*
  - Example: As discussed in this paper, traditional nursing care practices discussed in this case study included continuous intrapartum and postpartum assessments, medication administrations, and interventions for the three nursing diagnoses prioritized for this patient. The patient was at risk for unstable blood glucose after being diagnosed with Gestational Diabetes during her current pregnancy. While completing vital sign checks, I also performed blood glucose checks every four hours. Additionally, I assessed her cultural practices as well as social determinants of health that may affect her ability to adhere to proper medication and nutrition guidelines. She informed me that she had been adhering to the medication regimen ordered by her provider, however, did not follow proper dietary recommendations due to her family only knowing how to cook Hispanic meals. I was then able to educate the

patient on long-term implications and how to minimize risks with lifestyle modifications.

❖ Communication

- *Uses therapeutic communication within the nurse-patient relationship.*
  - Example: As discussed in this paper, I was able to care for the patient during the intrapartum and postpartum periods. Through communication during my assessments, I learned that the patient's wishes were to have spontaneous rupture of the membranes, a natural birth, delayed cord clamping, skin-to-skin contact, and wanted the father to cut the umbilical cord. She explained that it was extremely important to her due to her culture and beliefs. Respecting the patient's autonomy helps facilitate optimal care and create an effective nurse-patient relationship.
- *Adapts communication methods to patients with special needs.*
  - Example: As discussed in this paper, the patient's primary language was Spanish. She did speak some English, however, her family appeared to only communicate in Spanish. While conducting my intrapartum and postpartum assessments, I greeted the family in Spanish and asked how they were doing. Additionally, while providing education I made sure to ask if she or her family would prefer a translator to be present. Overall, this helped create a therapeutic relationship with the patient and family through effective communication which helped foster trust between us.

❖ Teaching

- *Provides relevant and sensitive health education information and counseling to patients, families, in a variety of situations and settings.*
  - Example: As discussed in this paper, education was provided to the patient and family during the postpartum stage. This included breast and bottle feeding, crib safety, car seat safety, umbilical cord care, shaken baby syndrome, and complications to report such as infection, excessive bleeding, and postpartum depression. I was then able to utilize the teach-back method to determine understanding of the education received.
- *Uses information technologies and other appropriate methods to communicate health promotion, risk reduction, and disease prevention across the lifespan.*
  - Example: As discussed in this paper, during the intrapartum period I was able to educate the patient on medications and vaccines the infant can receive after birth which included Erythromycin ointment, a Vitamin K shot, and a Hepatitis B vaccine. I was able to explain that Erythromycin ophthalmic ointment is prophylaxis to prevent Ophthalmia Neonatorum in newborns, the Vitamin K injection is prophylaxis to prevent Vitamin K deficiency in newborns, and the Hepatitis B vaccine is for immunizing the newborn against infection caused by all known subtypes of the

Hepatitis virus. The patient was then able to make an informed decision and provided consent for her baby to receive them after birth.

➤ *Evaluate the efficacy of health promotion and education modalities for using a variety of settings with diverse populations.*

- Example: As discussed in this paper, the patient had a history of a pulmonary embolism. Due to the patient's history and pregnancy, she was at an increased risk of developing this complication again. I was able to educate the patient on deep vein thrombosis and how to reduce the risks such as encouraging leg exercises, early ambulation, frequent position changes, and increased fluid intake. I was then able to frequently assess for possible signs and symptoms of deep vein thrombosis which include pain and tenderness in the lower extremities, warmth, and enlarged or hardened veins. Overall, the goal of preventing deep vein thrombosis was met due to the patient complying to the education and no complications developing during my care.

❖ Research

➤ *Evaluates research that focuses on the efficacy and effectiveness of nursing interventions.*

- Example: As discussed in this paper, research shows that integrating an Oxytocin checklist can help improve outcomes and decrease complications of labor. The checklist included no more than one late deceleration, no more than five contractions in ten minutes, uterus palpates soft between contractions, along with a few others. If the checklist criteria could not be met due to fetal heart rate abnormalities and abnormal contraction patterns, the Oxytocin would be decreased or stopped. The nurse and I utilized a similar checklist when providing care to the patient. When tachysystole was present and the fetus started experiencing late decelerations the nurse and I immediately started interventions such as decreasing her Oxytocin, turning the patient on her left side, and administering 200 mL of IV bolus. I then continued to carefully monitor the fetal heart rate along with contractions every fifteen minutes.

➤ *Applies research-based knowledge from the arts, humanities and sciences to complement nursing practice.*

- Example: As discussed in this paper, the patient was diagnosed with Gestational Diabetes based on a hemoglobin A1c of 7.0. Research shows that early breastfeeding can help stabilize newborn blood sugars, aid in maternal weight loss, and decrease the risk of developing Type 2 Diabetes Meletus. This allowed me to encourage breastfeeding due to the added diabetes-related benefits to both the mother and newborn.

## ❖ Professionalism

- *Differentiates between general, institutional, and specialty-specific standards of practice to guide nursing care.*
  - Example: As discussed in this paper, Standard I (Assessment) of the Association of Women's Health, Obstetric, and Neonatal Nursing (AWHONN) was utilized while caring for this patient. This requires the nurse to collect pertinent health data in the context of woman, newborn, and family-centered care. Assessment is the foundation of nursing and is a standard of care that is utilized by all nurses, whether general, institutional, or specialty-specific as it will guide the nurses' plan of care. This standard was used throughout my care and while I conducted intrapartum, postpartum, and newborn assessments. The intrapartum assessment included monitoring the length, duration, and intensity of the contractions. I followed general standards of practice by washing my hands before and after interacting with the patient as well utilizing the nursing process with each patient. Furthermore, another general standard I followed included having the patient list two identifiers such as the patient's full name and date of birth with every encounter. Additionally, due to the patient being administered the medication Pitocin, the institution's standards of practice required us to assess and document the fetal heart rate every fifteen minutes by monitoring the baseline heart rate, variability, accelerations, and decelerations. Soon after the patient gave birth, a newborn assessment was conducted. I first assessed for breathing and a patent airway and then utilized the Apgar test where the newborn scored eight at one minute, eight at five minutes, and ten at ten minutes. Lastly, a postpartum Bubble-He assessment was conducted on the patient which provided an overview of how the mother was healing both physically and emotionally.

## ❖ Culture

- *Articulates an understanding of how human behavior is affected by culture, race, religion, gender, lifestyle, and age.*
  - Example: As discussed in this paper, the patient is a 38-year-old Hispanic female whose religion is Roman Catholic. She has had a total of fourteen pregnancies and has seven living children. The patient denied an epidural and stated that she wanted to have a natural birth. Additionally, the patient informed me that she also wanted delayed cord clamping, skin-to-skin immediately after birth, and would like the father to cut the umbilical cord. The nurse and I were then able to develop a plan of care based on the patient's requests. It was evident that the patient's beliefs and past experiences helped guide her decisions during her pregnancy and labor.
- *Integrates knowledge of cultural diversity in performing nursing interventions.*

- Example: As discussed in this paper, I noticed that the patient's family was always by the patient's side and appeared to be a good support system. While completing my intrapartum and postpartum assessments, I noticed that the patient only spoke Spanish with her family and asked if they would feel more comfortable with an interpreter present. This allowed me to effectively educate both the patient and her family.