

## Maternity Case 4: Brenda Patton (Complex)

### Documentation Assignments

Taylor Fontaine

1. Document your initial assessment data of Ms. Patton, including uterine activity (frequency and duration), fetal heart rate (FHR) activity (baseline FHR, long-term variability, accelerations, and decelerations), vaginal discharge, and maternal vital signs.

When doing the initial assessment, Brenda had a fever of 102 degrees, and a blood pressure of 138/76. These vitals are concerning but the rest of her vitals were within normal limits. Her head to toe assessment was normal as well as her lung sounds. She did feel nauseous, but that was the only other sign of discomfort that the patient noted. Brenda's uterine activity was normal, as well as the fetal heart rate which was 138 and normal fetal activity. Her water broke prior to admission and the patient states that the amniotic fluid was clear. Her due date is in 4 weeks.

2. Document the medication(s) that you administered.

Brenda was ordered and administered Promethazine 12.5mg for her nausea, as well as acetaminophen 1g for her fever. Since Brenda had an unknown Strep B test come back the doctor ordered penicillin for an antibiotic prior to labor. The patient states she is allergic to Penicillin and is given Cefazolin instead starting at 2g for the first dose, then 1g every 4 hours until delivery. Lactated ringers was also administered to promote fetal activity and increase fluid volume in the maternal body.

3. Document Ms. Patton's pain during labor (severity during contractions, location, quality, interventions taken, and response to interventions) and the measures that were taken to promote her desire for a natural birth.

Brenda stated that she had minimal pain between contractions but still did not want pain medications for labor pains. When the nurse assessed Brenda, she was at 90% effacement, 4cm dilated and the fetus was positioned at -1 station.

4. Document in situation-background-assessment-recommendation (SBAR) format your communication to the provider regarding Ms. Patton's status and note her future care needs.

Brenda Patton was admitted for rupture of membranes and active contractions. Brenda states that her due date is in 4 weeks, and has an elevated temperature, unknown status of Group B Strep, and has hypertension. She is G1/P0 and is at a gestational age of 36 2/7 weeks. After report the nurse took her vitals, did a head to toe assessment, as well as listen to the fetal heart rate and attach the FHM to

# Maternity Nursing Case Studies

**Diann S. Gregory**



## **Maternity Nursing Case Studies:**

## Unveiling the Magic of Words: A Review of "**Maternity Nursing Case Studies**"

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