

**BIRZEIT UNIVERSITY**

**FACULTY OF PHARMACY, NURSING AND HEALTH PROFESSIONS**

Women’s and Maternal Health-Clinical (NURS3231)

**Clinical Data Sheet Form Guideline**

|  |  |
| --- | --- |
| **Student’s Name: saja hamdan** | **Date of nursing care: 2021/11/21** |
| **Patient’s Initial: R.H** | **Room Number: Room 4 bed 1**  |
| **Birth Date (woman): 2000/3/15** | **Hospital/Ward : gynecology ward** |
| **Marital Status: married** | **Diagnosis: Emergency c/s** **breech in labor** |
| **Admission date:2021/11/20** |  |

### Chief Complaints:

### Severe epigastric pain as a result of contractions, shortness of breath.

### History of present illness:The patient was at home two days ago when she felt severe abdominal pain, then went to a local clinic, and after the examination, it was found that the dilatation of the cervix reached 7 cm. She was referred to the hospital for an emergency c/s delivery because of the breech position.

### Past Medical History:

 No past medical history

### Past Surgical History:

 The patient has no Past surgical history

### Nutritional History:

 Patient has a regular 3 meal-based diet.

### Allergies:

 NKDA

**Obstetric History**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No** | **Date of birth** | **Alive/dead** | **Sex** | **Weight** | **Method of delivery** | **Place of birth** | **Complications** |
| 1  | 2019  |  dead |  Unknown |  -  |  Abortion  |  Al-hilal |  No complications  |
| 2  |  2/5/2020 |  Alive  |  female |  3200 |  normal delivery |  palestine medical complex |  episiotomy infection |
| 3  |  20/11/2021 |  Alive |  male |  2600 |  c/s  |  Al-hilal |  No complications |

**Menstrual History (Age of menarche, cycle interval, length of cycle, regular/Irregular)**

first menstrual period was at age 13
Cycle repeats usually every 30 days varies with its length
Regular

Duration of blood: 4 day

**Gynecological History:** (Any gynecological problems)
No Gynecological problem **Contraceptive history:**

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **methods used in the past** | **Duration** | **Reason for stopping** |
|  No use any contraception |  No use any contraception  |  No use any contraception |  No use any contraception |

## **Prenatal Care: (First visit @ how many weeks gestation, number of visits, total weight gain throughout pregnancy, complications)**

 38 weeks gestation, patient reported gaining 6 kg from beginning of pregnancy, The woman did not experience any complications during pregnancy

First visit @ how many weeks gestation 3 weeks:

number of visits: 9 visits

**History of present Pregnancy:** (Gravida, Para, L.M.P, Expected Date of delivery, Gestation, complications, weight, status)

Gravida 3

Para 1
abortion 1

L.M.P : 4/3/2020

EDD: 9/12/2020
GA: 37+3

Natural gestation

No complications

The patient's current condition is stable and she is under observation

# Physical exam

**Review of systems; subjective and objective data:**

### Skin: The color of the skin is normal, there is no melasma, free from discoloration, its shape and texture are normal, the surgical site is covered and there is no oozing, and the breast has become full, sensitive and thin.

### Head:

### Head is in normal size, normal shape, symmetryFace:

 The face is clear with no lesions or any masses facial nerve assessed, no scars shown on face. Color is appropriate for race

### Neck:

###  Neck symmetrical, no lesions. On palpation no lymph nodes are felt and no swelling. Trachea is centered. No obstruction shown. Patients reports no pain when swallowing. Normal range of motions for neckEyes:Eyes are symmetrical, no swelling, no redness or infection shown. Does not wear corrective lenses. Patient can move the eyes freely without pain. Pupils are equal in size, black.

### Ears:Symmetrical, no lesion appears, the skin is normal and pink. On contact, no inflammation or swelling appears. The patient was able to hear the low voice and repeat the words normallyNose:The client's nose is symmetrical and does not show any bumps or lesions. Breathe normally through both nostrils. The patient's sense of smell is intact (you can feel the smell of perfume). There is no inflammation or nasal congestion. The mucosa is pink in color and mostly free of lesions. There is no pain when touching it.Mouth and Throat:Patients lips are moist, pink colored with no lumps or ulcers. Lips close symmetrically, soft and smooth on palpation with no lesions, oral mucosa is pink, smooth and moist with no lesions

### Chest and Lungs:

 Clavicle bone was symmetrical in both sides, no masses and oozing on chest, the patient had quiet and rhythmic respiration, when auscultated the lungs and airways was normal and clear, no fluids heard from lungs, no crackles when inhaling Patient reports no pain whatsoever.

###

### Heart and Circulatory System:

The heart rate was 85, BP was 110/70. capillary refill was normal, when heart was auscultated there was no murmur sounds.

**Abdomen: (Include Fundal height, lie, presentation, fetal heart sounds, quickening)**

The abdomen is harmonious, a natural color, and there are no lesions and there is no nigra line, the sounds of the abdomen are normal

The woman was giving birth I couldn't see the height of the chest but it was supposed to be at level of xiphoid

quickening: 16 weeks of pregnancy

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No** | **Date/Time** | **Dilation** | **Effacement** | **Station** | **Membran e status** | **Color of amniotic fluid** | **Indication** |
|  1 | 20/11/2021  | Soft , lax , not tender , palpable  | FULLY EFFACED  | SVF,+FH,BREECH,AAF, Placena up |  6cm soft, FULLY EFFACED , bulging membrane. | tinted yellow | Check the breech position of a child |

The heart sounds of the fetus started at the eighth week of pregnancy and its heart rate remained normal until the time of birth

**Pelvic exams**

### Skeletal System: The Patient can move with ease, No swelling in joints. Patient does not report any pain in limbs. Normal movements in sitting up and laying down . Patient has complete mobility. No signs of tenderness in joints.

### Neurological System:

Pt was conscious and oriented to time, place and person.

### Social Environmental:

The patient also seems to have good social relations through the people who come to visit him.

**Description of labour and delivery events and outcomes: (First stage, second stage, Third stage, newborn status):**Medical record:

Patient was sent to an emergent C/S as a result of A breech birth

A surgical incision was made in the abdomen, and the doctor began to incise the layers of the skin and then the layers under the skin

The fetus was removed quickly and the umbilical cord was cut and the entire placenta was removed

Delivery of alive male baby as cephalic, AS 9, Weight = 2600 kg

The doctor started stitching the uterine wall

**Laboratory Data:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Test** | **Date** | **Patient’s Value** | **Normal Value** | **Meaning of Abnormal Value** |
| **WBC** | 21/11/2021 | 16.1 | 4,500 to 11,000 WBCs per microliter | normal Value |
| **Hb** | 21/11/2021 | 11.2 | 12 – 18 g/dl | it may be a sign that you have a blood disorder. |
| **Hct** | 21/11/2021 | 32.8 | 37 - 51 percent | level means they are too few red blood cells in the body |
| **PLT** | 20/11/2021 | 161 | 140 - 440 | normal Value |
| **neutrophile** | 20/11/2021 | 84.6 | 37 - 92 | normal Value |
| **Lymphocytes** | 20/11/2021 | 14 | 10 – 58.5 | normal Value |

**Pathophysiology: (in case of presence of a high risk pregnancy or any complication during labour or delivery or gynecological problem)**

A breech pregnancy occurs when the baby (or babies!) is positioned head-up in the woman’s uterus, so the feet are pointed toward the birth canal.

In a “normal” pregnancy, the baby will automatically turn inside the womb into a head-down position to get ready for birth, so a breech pregnancy presents a few different challenges for both mother and baby.

**What causes a breech pregnancy?**if a woman has had several pregnancies

in pregnancies with multiples

if a woman has had a premature birth in the past

if the uterus has too much or too little amniotic fluid, meaning the baby has extra room to move around in or not enough fluid to move around in

If your baby is in a breech position at 36 weeks, you'll usually be offered an external cephalic version (ECV). This is when a healthcare professional, such as an obstetrician, tries to turn the baby into a head-down position by applying pressure on your abdomen.

How can you tell if your baby is in a breech position? As your due date nears, your doctor or midwife will determine your baby's position by feeling the outside of your abdomen and uterus. If your baby is breech, her firm, round head will be toward the top of your uterus and her softer, less round bottom will be lower.

**Medications:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name/ Dosage** | **Action** | **Rational** | **Side Effects** |
| Zinacef 750mg IV | is a bactericidal agent that acts by inhibition of bacterial cell wall synthesis | In uncomplicated urinary tract infections,  | swelling, redness, pain, or soreness at the injection site,loss of appetite,nausea,vomiting,diarrhea,irritability, and.headache |
| sodium chloride 500cc | Sodium is an electrolyte that regulates the amount of water in your body | Sodium chloride is used to treat or prevent sodium loss caused by dehydration, excessive sweating, or other causes. | nausea and vomiting;stomach pain; or.swelling in your hands, ankles, or feet. |
| Metronidazole 500mg | It works by stopping the growth of certain bacteria and parasites | is an antibiotic that is used to treat a wide variety of infections | vomiting.nausea.diarrhea.constipation.upset stomach.stomach cramps.loss of appetite.headache |
| Flagyl | It works by stopping the growth of certain bacteria and parasites | to treat a wide variety of infections | Dizziness, headache, stomach upset, nausea, vomiting, loss of appetite, diarrhea, constipation,  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Nursing diagnosis****( subjective/Objective data)** | **Planning****(Short term goal)** | **Intervention** | **Rational** | **Evaluation** |
| Deficient Knowledge related to Misinterpretation A.M.B Narrative misconception  | Patient recognizes this as an alternative childbirth procedure to achieve the best result possible in the end. | Explain preoperative procedures in advance, and present rationale as appropriate.  | Explanation of the logical reasons why a particular choice was made is vital in preparation for the procedure. | The patient's proper understanding and approval |
| Risk for Infection related to Exposure to pathogens  | Patient is free from infection | Assess signs and symptoms of infection | Rupture of membranes occurring 24 hr before the surgery may result in chorioamnionitis prior to surgical intervention and may impair wound healing. | Reducing the patient's risk of infection |

# Nursing care plan:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Risk for Maternal Injury related to Altered mobility  | Patient is free of injury.  | Restrict oral intake once decision for cesarean birth is made.  | Reduces pssibility of aspiration from vomiting. | Patient is free of injury. |
| Acute pain related to surgical incision A.M.B facial glimpse | Patients pain will decrease with 1 hours | Provide comfort measures such as repositioning or quiet environment | Using non pharmacological pain managing to alleviate pain  | After 1 h the patient does not report any pain |

**Home health teaching and continuing care (specific for this woman)

Incision care**

**Here's how to take care of your incision:**

Shower as needed. Pat your incision dry.

Watch your incision for signs of infection, like more redness or drainage.

Hold a pillow against the incision when you laugh or cough and when you get up from a lying or sitting position.

Remember, it can take as long as 6 weeks for your incision to heal.

**Activity:**Remember, the more active you are, the more likely you are to have an increase in your bleeding.

Get lots of rest. Take naps in the afternoon.

Increase your activities bit by bit.

Do postsurgical deep breathing and coughing exercises.

Don’t lift anything heavier .

Don’t drive .

Don’t have sexual intercourse

**Follow-up:**Adhere to the regular examination appointments

**When to call your healthcare provider**

**Call your healthcare provider right away if you have any of these:**

Fever of 100.4°F (38°C) or higher

Redness, pain, or drainage at your incision site

Bleeding that requires a new sanitary pad every hour

Severe pain in the abdomen

Pain or urgency with urination

Foul odor from vaginal discharge

Trouble urinating or emptying your bladder

No bowel movement within 1 week after the birth of your baby

Swollen, red, painful area in the leg

Appearance of rash or hives

Sore, red, painful area on the breasts that may come with flu-like symptoms

Feelings of anxiety, panic, and/or depression

**Citation of the reference (List all references you used while writing this case).**

<https://www.fairview.org/patient-education/86307>

<https://nurseslabs.com/cesarean-birth-nursing-care-plans/>

<https://www.healthline.com/health/pregnancy/breech-baby>

<https://my.clevelandclinic.org/health/diseases/21848-breech-baby>