Care of laboring patient

Assess and evaluate the progress of labor and condition of the mother and fetus. Refer to procedure below and medical orders.

1. Apply external fetal monitor (EFM) to patient for initial tracing of 30 minutes.
2. Record fetal heart rate and uterine activity per Electronic Fetal Monitoring Guideline.
3. On admission, as well as each shift, perform a head to toe assessment.
4. Ensure comfort measures are implemented and pain addressed appropriately in collaboration with OB provider and/or anesthesia.
5. Notify Provider if any non-reassuring pattern exists.
6. Assess and document baseline FHR and uterine activity. Assess and document baseline vital signs: blood pressure (BP), temperature, pulse (P), respirations (R), and pain level. Also assess and document vital signs at the following intervals and notify provider for any abnormal results:
    a. Respirations to be assessed and documented hourly throughout labor and recovery.
    b. Temperature to be assessed and documented every 4 hours unless ruptured then every 2 hours. If febrile ($\geq$ 100.4), temperature to be assessed and documented at least hourly.
    c. First and Second Stage: BP, P, and pain level every hour.
    d. Third Stage: BP, P every 5-15 minutes. Pain level assessed and documented as indicated by clinical situation and patient comfort.
    e. Fourth Stage: BP and P every 15 minutes x 4 and every 30 minutes x 2.
    f. Vital signs may be monitored at more frequent intervals based on clinical indications.
7. Establish a saline lock. Hang IV fluids per orders.
8. Perform sterile vaginal exams to assess labor progress. Determine frequency of exams by patient's body language; frequency, duration and length of contractions; increased bloody show, labor history; maternal and fetal tolerance of labor in collaboration with provider.
9. Assist patient to void every 1-2 hours as a full bladder can impede labor progress.
10. Assist patient with breathing techniques to enhance relaxation; also assist with position changes. The nurse takes the lead role in patient/family teaching.
11. Avoid maternal supine position since this impedes utero-placental circulation.
12. Document observations, assessments, interventions, plans and outcome appropriately on patient chart and EFM tracing.

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