**STATION 2- NRFS- FETAL TACYCARDIA INSTRUCTOR**

**Michelle Nafula is a 30-year-old para 3+0 gravida 4 admitted in labour at 10.00 with the following findings**

Fetal heart rate: 180 beats per minute

Amniotic fluid: Intact

Bones are separate and sutures are felt easily

Cervical dilatation: 4 cm

Head descent: 5/5

Contractions: 3 in 10 lasting 40 seconds

No medications were given:

Maternal pulse: 80

Maternal blood pressure: 110/70

Maternal temperature: 37.0

Maternal urine volume: Nil

**Interpretation: Fetal Tachycardia**

**Actions:**

**Evaluate cause- maternal tachycardia, BP, fever, bleed-abruption, cord prolapse or compression, is there meconium, is there obstruction, CTG**

**Intervention: Hydrate, positional change, Oxygen, re-evaluate while monitoring progress of labour**

**The following findings were made at 14.00**

Fetal heart rate: 160 beats per minute

Amniotic fluid: intact

Bones are separate and sutures felt easily

Cervical dilatation: 8 cm

Head descent: 4/5

Contractions: 3 in 10 lasting 40 seconds

No medications were given:

Maternal pulse: 80

Maternal blood pressure: 110/70

Maternal temperature: 36.4

Maternal urine volume: 200MLS

**Interpretation: Resolving fetal tachycardia**

**Actions: Continue supportive care and monitor per partograph**

**IMPORTANT POINTS TO LEARN**

1. **PATIENT WITH DANGER SIGNS HAS TO BE MONITORED AS RELEVANT INVESTGATIONS ARE DONE**
2. **SUPPORTIVE TREATMENT FOR NON-REASSURING FETAL STATUS**
3. **ROLE OF CTG IN EVALAUATING NRFS**
4. **COMPLETENESS OF DOCUMENTATION**

**STATION 2 STUDENT**

**Use the information provided to chart the partograph and manage the patient.**

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