

Student Name: Megan Pratt

Date: 4-1-22

IM6 (OB) Critical Thinking Worksheet

<p>1. Diagnosis: <u>Pregnancy</u></p> <p>Age: <u>23</u></p> <p>Race: <u>Hispanic</u></p> <p>Marital Status: <u>M</u></p> <p>Allergies: <u>none</u></p> <p>LMP: <u>6-30-21</u></p> <p>EDD: <u>4-7-22</u></p> <p>Gestational Age: <u>39 weeks 1 day</u></p>	<p>2. Maternal Information:</p> <p>Delivery Date and Time: <u>0837</u></p> <p>Type of Delivery: <u>C-section</u></p> <p>Incision or Lacerations:</p> <p>If C/S, reason: <u>previous C-section</u></p> <p>Anesthesia/Analgesia in L & D: <u>spinal</u></p> <p>EBL: <u>675</u> BTL: <u>Yes</u></p> <p>Method, Frequency & Type of Feeding: <u>Breast feeding</u></p>	<p>3. Maternal Information:</p> <p>Foley: <u>Yes</u> Voiding Past Removal: <u>IV:</u></p> <p>V/S: <u>103/100, 98.1, 77, 164, 94, 91, 90, 90</u></p> <p>Activity: <u>ambulate, turn, & hygiene</u></p> <p>Diet: <u>AD tolerated</u></p> <p>Procedures: <u>tubal ligation</u></p> <p>Maternal Significant History, Complications, Concerns: <u>none</u></p>
<p>4. Lab Values-Maternal:</p> <p>Blood Type: <u>OT</u> Antibodies: <u>none</u></p> <p>RhoGAM given at 28-32 Weeks: <u>none</u></p> <p>MSAFP/Quad Screen: CVS/Amnio: <u>none</u></p> <p>Rubella: <u>up to date</u> VDRL/RPR:</p> <p>HIV: <u>ND</u> Gonorrhea: <u>ND</u> Chlamydia: <u>ND</u></p> <p>HBsAg: <u>ND</u> GBS: <u>—</u> AP H&H: <u>405/14.4</u></p> <p>1 Hr. Glucose Screen: <u>95/83</u> Hr. GTT:</p> <p>PAP: <u>N/A</u> PP H&H: <u>N/A</u></p> <p>Other Labs:</p> <p>Type and Screen for RhogAM Needed? <u>ND</u></p>	<p>5. Newborn Information:</p> <p>Sex: <u>F</u></p> <p>Apgars: 1: <u>8</u> 5: <u>9</u> 10: <u>9</u></p> <p>Weight: <u>9 30Z</u> Length: <u>20 1/2 in</u></p> <p>Admitted to NBN NSV: <u>Yes</u> NICU: <u>ND</u></p> <p>Voided: <u>XZ</u> Stooled: <u>X1</u></p> <p>Newborn Complications, Concerns: <u>none at this time</u></p>	<p>6. Lab Values/Procedures-Newborn:</p> <p>POC Glucose: <u>60</u> Blood Type: <u>OT</u></p> <p>Bilirubin: <u>1D</u> Saturation: <u>92%</u></p> <p>Other Labs: <u>PKU</u></p> <p>Hearing Screen: <u>Pass</u></p> <p>Circumcision: <u>none</u></p>

4, 12, 2000

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<p>7. Focused Nursing Diagnosis:</p> <p>RISK for infection</p>	<p>11. Nursing Interventions related to the Nursing Diagnosis in #7:</p> <ol style="list-style-type: none">1. Adhere to facility infection control sterilization, and aseptic policies and procedures <p>Evidenced Based Practice: no s/s of infection in 24 hours</p>	<p>12. Patient Teaching:</p> <ol style="list-style-type: none">1. Keep your incision area clean, dry, and covered2. DO NOT take baths, soak in a hot tub or go swimming until your skin has healed3. Avoid heavy exercise for several days after procedure
<p>8. Related to (r/t): cesarean section</p>	<p>2. EXAMINE skin for breaks or irritation, signs of infection</p> <p>Evidenced Based Practice: no redness, swelling at site (DO NOT touch, incision was clean,</p>	<p>13. Discharge Planning/Community Resources:</p> <ol style="list-style-type: none">1. Follow up with doctor and get a follow appointment2. return to hospital if you start running fever smell foul odor coming from vaginal discharge3. you should not have sexual intercourse for six weeks.
<p>9. As evidenced by (aeb): Abdominal incision</p>	<p>3. monitor pt for s/s of distress fever, heavy bleeding, difficulty breathing</p> <p>Evidenced Based Practice: to catch any problems early</p>	
<p>10. Desired patient outcome: free from infection and complications</p>		

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Rotation	How many patients were under your supervised care? Briefly describe what was going on with your patients? Include age & sex, no initials please! What did you learn?	What skills did you have opportunity to perform? Ex: IV start, medication administration, V/S, teaching, assessment, etc.
<p>MMN- <u>barney</u></p> <p>Block/Week: Dates: 4-1-22 Unit: MMN/Barney Assigned Preceptor: <u>Shelby</u> Other Preceptor:</p>	<p>23 yr / F = 2nd pregnancy, scheduled 1.5000 60.01 L1</p> <p>28 yr / F = 1st pregnancy, delivered 70.10.10 4th week out baby was OP blue up 1000 not pass through birth canal, C-section done. HX: Anxiety/depression, baby boy 7 lbs 14 oz, both stable</p>	<p>Warm up baby warmer prep newborn medications assist with apgar scoring assist keep B vac, vit injection</p>
<p>Block/Week: Dates: 4-2-22 Unit: MMN/Barney Assigned Preceptor: <u>Shelby</u> Other Preceptor:</p>	<p>24 yr / F 3rd pregnancy, vag delivery, type II DM hepatomegaly, had baby boy, no other complications at the time</p> <p>24 yr / F - 3rd pregnancy, 2nd time child, had baby boy will receive program shot, HX: ectopic pregnancy Baby: 8.9, baby stable and also mother</p>	<p>PI teaching IV made green add amount of medication v's taken on mom, help ambulate mom to bathroom washing, check baby blood sugar.</p>

~~Did not have any patients~~ ^{experience} ~~anxiety~~ anxiety, happy parents on the days I was on the units.

Pediatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type <input type="checkbox"/> Isotonic <input type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
Click here to enter text.		Click here to enter text.	Click here to enter text.	Click here to enter text.

Student Name	Unit:	Patient Initials:	Date:	Allergies:	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
Megan Pratt	Click here to enter text.	Click here to enter text.	Click here to enter a date.	Cats, oak, tress, bananas		
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Is med in therapeutic range? If not, why?	IVP – List diluent solution, volume, and rate of administration IVPB – List concentration and rate of administration	
Erythromycin	Antibiotics	to prevent ophthalmia neonatorum	Ophthalmic	Choose an item. Click here to enter text.	na	<ol style="list-style-type: none"> 1. Watch for sensitivity ,itching, redness,to eyes. 2. vision may be blurred for a few minutes. 3. Wash hands before administration 4. Cleans eyes of excessive discharge before application
Hepatitis B	Vaccines	Immunization against infection	im	Choose an item. Click here to enter text.	n/a	<ol style="list-style-type: none"> 1. HBV vaccination is recommended for all children beginning at birth. 2. The vaccine requires three doses. The first dose should be given within 24 hours of birth. 3. The second and third doses are given one to two months later and then at 6 to 18 months of age:Jan 6, 2022
Vitamin K	fat-soluble vitamin	protects your baby from developing dangerous bleeding which can lead to brain	IM	Choose an item. Click here to enter text.	N/A	<ol style="list-style-type: none"> 1. none.

Pediatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

		damage and even death.					site may occur.	
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> 1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> 1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> 1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> 1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.

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Rotation	How many patients were under your supervised care? Briefly describe what was going on with your patients? Include age & sex, no initials please! What did you learn?	What skills did you have opportunity to perform? Ex: IV start, medication administration, V/S, teaching, assessment, etc..
<p>Rotation: <u>Mom/baby</u></p> <p>Block/Week: <u>10/12</u></p> <p>Dates: <u>4-4-22</u></p> <p>Unit: <u>Mom/baby</u></p> <p>Assigned Preceptor: <u>Shelby</u></p> <p>Other Preceptor:</p>	<p>29 y/F - scheduled C-section @ 36^{wk} hx 2nd PTL srom classical incision had baby BOY 6lb 3oz B lymph Suture done the head would not stay firm. nose monitoring for hemorrhage</p> <p>33 y/F - scheduled C-section @ 39^{wk} Breech Baby had a baby girl, 7lb 3oz PTL long, APGAR, 8,9 Breast-feeding no complications</p>	<p>Vtk injection Hep B injection ethinogin ointment to eyes fetal massage V/S on newborn newborn assessment dress baby, help assist with breast-feeding</p>
<p>Block/Week: <u>10/12</u></p> <p>Dates: <u>4/18/22</u></p> <p>Unit: <u>Mom/baby</u></p> <p>Assigned Preceptor: <u>Shelby</u></p> <p>Other Preceptor:</p>	<p>29 y/F - vaginal delivery 1 VBAC, had baby BOY @ 38 weeks, APGAR, 7,9, Baby weight 7lbs 4oz, 21in long</p> <p>30 y/F scheduled induction had baby boy APGAR 8,9, 7lbs 5oz, vaginal delivery, no complications</p> <p>27 y/F - third baby was a twin, twin did not make it NO, bills had rashes no complications, high gg, left partner and 1P 7lbs 15 1/2 in long severe ledels</p>	<p>Vtk and hep B vaccine given ethinogin ointment given V/S done on newborn, baby assessment, measure ment of head, chest, abdomen APGAR test, need born V/S, 11:30 AM to HR, assist with circumstances on</p>