

IM6 (OB) Critical Thinking Worksheet

<p>Student Name: <i>Raleigh Sullivan</i></p> <p>1. Diagnosis: <i>Risk of post partum hemorrhage and infection.</i></p> <p>Admission Date and Time:</p> <p>Age: <i>21</i> Race: <i>African American</i> Marital Status: <i>Unmarried</i></p> <p>Allergies: <i>NKDA</i></p> <p>LMP: <i>6/18/22</i></p> <p>EDD: <i>3/25/23</i> Prenatal Care: <i>yes</i></p>	<p>2. Delivery Information:</p> <p>Delivery Date and Time: <i>3/19 @ 1044</i></p> <p>Vaginal/CS: <i>CS</i> If C/S, reason: <i>Breech presentation</i></p> <p>Incision or Lacerations: <i>DERM LIV (low transverse)</i></p> <p>Anesthesia/Analgesia in L & D: <i>epidural</i></p> <p>BTL: <i>NO</i> Quantitative Blood Loss: <i>511 mL</i></p> <p>Gestational Age at Delivery: <i>39¹</i></p>	<p>Date: <i>3/21/23</i></p> <p>3. Maternal Information:</p> <p>Foley: <i>NO</i> Voiding Past Removal: <i>yes</i> <i>d/c'd 3/20 at 1220</i></p> <p>IV: <i>N/A</i> V/S: <i>BP: 109/68 PULS: 80 O2: 97%</i> <i>Temp: 36.8 RR: 16</i></p> <p>Activity: <i>WNL</i> Diet: <i>Regular</i></p> <p>Procedures: <i>Low Transverse cesarean</i></p> <p>Maternal Significant History, Complications, Concerns: <i>Septate uterus, asthma</i></p>
<p>4. Lab Values-Maternal:</p> <p>Blood Type and Rh: <i>A+</i> Antibody Screen: <i>N/A</i></p> <p>If Rh neg, was RhoGAM given at 28-32 Weeks: <i>N/A</i></p> <p>Antepartum Testing done during pregnancy:</p> <p>Rubella: <i>Immune</i> VDRL/RPR or Treponemal: <i>-</i></p> <p>HIV: <i>-</i> Gonorrhea: <i>-</i> Chlamydia: <i>-</i></p> <p>HBsAg: <i>-</i> GBS: <i>-</i> PAP: <i>-</i></p> <p>Glucose Screen: 3 Hr. GTT: </p> <p>H&H on admission: <i>couldn't find these</i> PP H&H: <i>N/A</i> <i>Hgb: 11.7 Hct: 35.1</i></p> <p>Other Labs:</p>	<p>5. Newborn Information:</p> <p>Sex: <i>F</i></p> <p>Apgar: 1min: <i>7</i> 5 min: <i>8</i> 10 min, if needed:</p> <p>Weight: <i>7</i> lbs. <i>11</i> oz. or <i>3477</i> gms.</p> <p>Length: <i>19</i> in. / <i>48</i> cms.</p> <p>Admitted to NBN NSY: <i>NSY overnight</i> NICU: <i>N/A</i></p> <p>Voided: <i>yes</i> Stooled: <i>yes</i></p> <p>Newborn Complications, Concerns: <i>N/A</i></p> <p>Method, Frequency & Type of Feeding: <i>Breastfeeding</i></p>	<p>6. Lab Values/Procedures-Newborn:</p> <p>POC Glucose: <i>N/A</i> Blood Type: <i>N/A</i> Coombs: <i>N/A</i></p> <p>Bilirubin: <i>8.9</i></p> <p>O2 Saturation: Pre-ductal: <i>N/A</i> Post-ductal: <i>N/A</i></p> <p>Other Labs: <i>N/A</i></p> <p>Hearing Screen: <i>N/A</i></p> <p>Circumcision: <i>N/A</i></p>

Student Name:		Date:
<p>7. Focused Nursing problem: Risk of secondary post partum hemorrhage</p>	<p>11. Nursing Interventions related to the Nursing Diagnosis in #7: 1. Frequent fundal massager</p>	<p>12. Patient Teaching: 1. Report any increase in lochia or clotting.</p>
<p>8. Related to (r/t): Cesarean delivery</p>	<p>Evidenced Based Practice: a boggy uterus upon palpation can indicate post partum hemorrhage. 2. PRN carboprost, Misoprostol, and methylergonovine</p>	<p>2. We are going to massage your fundus frequently to make sure it stays firm. 3. You may have a sudden increase in lochial discharge when you ambulate and that is normal.</p>
<p>9. As evidenced by (aeb): N/A</p>	<p>Evidenced Based Practice: Treats uterine atony by causing contractions. 3. VS Q4h</p>	<p>13. Discharge Planning/Community Resources: 1. Car seat check 2. PPD screening</p>
<p>10. Desired patient outcome: Absence of rubra lochia at discharge and presence of serosa lochia.</p>	<p>Evidenced Based Practice: ↓BP, ↑RR, and ↑HR can indicate problems such as post partum hemorrhage.</p>	<p>3. Education on S/S of postpartum hemorrhage and infection.</p>