

IM6 (OB) Critical Thinking Worksheet

<p>Student Name: <u>Franchesca Saucedo</u></p>		<p>Date:</p>
<p>1. Diagnosis:</p> <p>Admission Date and Time: <u>04/24/23</u></p> <p>Age: <u>33</u> Race: Marital Status: <u>Married</u> <small>y.o.</small></p> <p>Allergies: <u>NKDA</u></p> <p>LMP: <u>7/11</u></p> <p>EDD: <u>04/17</u> Prenatal Care: <u>Yes</u></p>	<p>2. Delivery Information:</p> <p>Delivery Date and Time: <u>4/24 @ 2052</u></p> <p><u>Vagina</u>/CS: If C/S, reason:</p> <p>Incision or Lacerations: <u>1° 1 stretch</u></p> <p>Anesthesia/Analgesia in L & D: <u>epidural</u></p> <p>BTL: Quantitative Blood Loss: <u>586</u></p> <p>Gestational Age at Delivery: <u>41 wks</u></p>	<p>3. Maternal Information:</p> <p>Foley: <u>NO</u> Voiding Past Removal: <u>DTV 0815</u></p> <p>IV: <u>NO IV</u> v/s: <u>BP: 108/63</u> <small>T: 98.4° F</small> <small>P: 68</small></p> <p>Activity: <u>As tolerated</u> Diet: <u>regular</u></p> <p>Procedures: <u>NO</u></p> <p>Maternal Significant History, Complications, Concerns:</p>
<p>4. Lab Values-Maternal:</p> <p>Blood Type and Rh: Antibody Screen: <u>Negative</u> <u>A+</u></p> <p>If Rh neg, was RhoGAM given at 28-32 Weeks:</p> <p>Antepartum Testing done during pregnancy:</p> <p>Rubella: <u>NON-reactive</u> VDRL/RPR or Treponema: <u>NON-reactive</u></p> <p>HIV: <u>NON-reactive</u> Gonorrhea: / Chlamydia: /</p> <p>HBsAg: <u>neg.</u> GBS: <u>POS</u> PAP: /</p> <p>Glucose Screen: 3 Hr. GTT: / <u>88</u></p> <p>H&H on admission: PP H&H: / <u>12.2 / 35.5</u></p> <p>Other Labs:</p>	<p>5. Newborn Information:</p> <p>Sex: <u>F</u></p> <p>Apgar: 1min: <u>8</u> 5 min: <u>9</u> 10 min, if needed:</p> <p>Weight: <u>9 lbs. 2 oz.</u> or <u>4142</u> gms.</p> <p>Length: <u>20 in.</u> / <u>3/4</u> cms.</p> <p>Admitted to NBN NSY: NICU:</p> <p>Voided: <u>Y</u> Stooled: <u>Y</u></p> <p>Newborn Complications, Concerns:</p> <p>Method, Frequency & Type of Feeding: <u>breast</u></p>	<p>6. Lab Values/Procedures-Newborn:</p> <p>POC Glucose: Blood Type: / Coombs: /</p> <p>Bilirubin: <u>NOT 24hrs</u></p> <p>O2 Saturation: Pre-ductal: / Post-ductal: /</p> <p>Other Labs: /</p> <p>Hearing Screen: /</p> <p>Circumcision: /</p>

Student Name: Francesca Saucedo		Date:
7. Focused Nursing problem: risk for infection	11. Nursing Interventions related to the Nursing Diagnosis in #7: 1. Demonstrate correct perineal cleaning after voiding/defecation.	12. Patient Teaching: 1. Discuss pelvic rest (avoidance of douching, tampons, intercourse)
8. Related to (r/t): invasive procedures and/or increased environmental exposure.	Evidenced Based Practice: -front to back wiping and hand washing prevent transfer of pathogens, E.coli.	2. demonstrate perineal application.
9. As evidenced by (aeb): 1° tear and stitches stitches.	2. Encourage frequently changing Perf pads Evidenced Based Practice: changing pad removes moist to prevent bacterial growth	13. Discharge Planning/Community Resources: 1. follow up with OBGYN 6 weeks
10. Desired patient outcome: the client will achieve timely healing free of complications and infection, up until 6 wks. Postpartum check up.	3. Encourage high protein/vit. c diet. Evidenced Based Practice: Nutrition is an essential component of her body's defenses.	2. Nutritionist 3. Lactation