

IM6 (OB) Critical Thinking Worksheet

<p>Student Name: Joel Castillo</p> <p>1. Diagnosis: spontaneous vaginal delivery</p> <p>Admission Date and Time: 9/19 08:55</p> <p>Age: 30 Race: white Marital Status: single</p> <p>Allergies: NKA</p> <p>LMP: 12/14/22</p> <p>EDD: 9/20/23 Prenatal Care: yes</p>	<p>2. Delivery Information:</p> <p>Delivery Date and Time: 9/19 - 21:45</p> <p>Vaginal/CS: CS If C/S, reason: repeat CS</p> <p>Incision or Lacerations: staples on top / sutures underneath</p> <p>Anesthesia/Analgesia in L & D: epidural</p> <p>BTL: taken @ 8:45 Quantitative Blood Loss: 449g</p> <p>Gestational Age at Delivery: 40w 1 day</p>	<p>Date: 9/20/23</p> <p>3. Maternal Information:</p> <p>Foley: 109 Voiding Past Removal: Not yet</p> <p>IV: R forearm 17:48 V/S: 97/60/2 107/68 BP 36.7°C 18RR 79b/min 4/10 pain</p> <p>Activity: restricted Diet: NPO</p> <p>Procedures: tubal ligation</p> <p>Maternal Significant History, Complications, Concerns: tight frenulum anxiety + depression</p>
<p>4. Lab Values-Maternal:</p> <p>Blood Type and Rh: AB+ Antibody Screen: neg</p> <p>If Rh neg, was RhoGAM given at 28-32 Weeks: rubella immune</p> <p>Antepartum Testing done during pregnancy: US 14 wks,</p> <p>Rubella: VDRL/RPR or Treponemal: immune</p> <p>HIV: - Gonorrhea: - Chlamydia: -</p> <p>HBsAg: - GBS: + PAP: negative</p> <p>Glucose Screen: 113 3 Hr. GTT: n/a 1hr post glucose</p> <p>H&H on admission: PP H&H: n/a 15.7, 43.8</p> <p>Other Labs:</p>	<p>5. Newborn Information:</p> <p>Sex: female</p> <p>Apgar: 1min: 6 5 min: 9 10 min, if needed:</p> <p>Weight: lbs. oz. or 3020 gms.</p> <p>Length: in. / 77 cms.</p> <p>Admitted to NBN NSY: yes NICU: no</p> <p>Voided: n/a Stooled: yes</p> <p>Newborn Complications, Concerns: scheduled for CS waiting for first void</p> <p>Method, Frequency & Type of Feeding: breast/bottle</p>	<p>6. Lab Values/Procedures-Newborn:</p> <p>POC Glucose: - Blood Type: B- Coombs: -</p> <p>Bilirubin: 4.4</p> <p>O2 Saturation: Pre-ductal: n/a Post-ductal: n/a</p> <p>Other Labs: n/a</p> <p>Hearing Screen: n/a</p> <p>Circumcision: waiting for first void</p>

Student Name:		Date:
<p>7. Focused Nursing problem:</p> <p>risk for infection</p>	<p>11. Nursing Interventions related to the Nursing Diagnosis in #7:</p> <p>1. ASSESS SKIN for color, texture, elasticity, + moisture</p>	<p>12. Patient Teaching:</p> <p>1. proper H/H before + after assessing incision</p>
<p>8. Related to (r/t):</p> <p>tubal ligator procedure</p>	<p>Evidenced Based Practice: proper assessment/documentation facilitates prevention of skin breakdown</p> <p>2. assess temperature every 4hrs</p>	<p>2. eat a balanced diet/drink plenty of fluids if not contraindicated</p> <p>3. S/S of infection, fever, discharge from incision, redness, swelling, warmth from skin, malaise</p>
<p>9. As evidenced by (aeb):</p> <p>incision on abdomen</p>	<p>Evidenced Based Practice: neutropenic patients may not an adequate inflammatory response. fever is in most cases only S/S</p> <p>3. encourage adequate rest</p>	<p>13. Discharge Planning/Community Resources:</p> <p>1. Centers for Disease control + prevention (CDC website)</p> <p>2. follow up appointment w/ PCP</p>
<p>10. Desired patient outcome:</p> <p>remain free from signs of any infection for 24hrs</p>	<p>Evidenced Based Practice: reduces stress and boost the immune system</p>	<p>3. Community health center of Lubbock 1318 Broadway Ste. 5 804-745-2411</p>