IM6 (OB) Critical Thinking Worksheet

Student Name: Meghan Schmitt

G5P4L4

Date:

1. Diagnosis: polyhydramnios in 3rd trimester, fetal anamoly, LGA

Admission Date and Time: 11/13 @ 1006

Age: 33 **Race:** White **Marital Status:** Married

Allergies: bananas, cefaclor

LMP: 2/20/23

EDD: 11/27/23 **Prenatal Care:** adequate

2. Delivery Information: PCS

Delivery Date and Time: 11/13 @ 1243

Vaginal/CS: **If C/S, reason:** PAC list

Incision or Lacerations: low transverse, staples OTA

Anesthesia/Analgesia in L & D: spinal

BTL: **Quantitative Blood Loss:** 941

Gestational Age at Delivery: 38

3. Maternal Information:

Foley: D/C **Voiding Past Removal:** w/ 2000cc of clear yellow urine

IV: L AC 18G
R FA 18G

V/S: T: 97.9
HR: 73
RR: 17
B/P: 106/53 (71)
O2: 97% RA

Activity: as tolerated **Diet:** Regular

Procedures:

Maternal Significant History, Complications, Concerns:
uterine fibrosis, anemia

4. Lab Values-Maternal:

Blood Type and Rh: A+ Rh+ **Antibody Screen:** neg.

If Rh neg, was RhoGAM given at 28-32 Weeks:

Antepartum Testing done during pregnancy:

Rubella: Yes **VDRL/RPR or Treponemal:** neg.

HIV: neg. **Gonorrhea:** **Chlamydia:**

HBsAg: neg. **GBS:** neg. **PAP:** norm.

Glucose Screen: yes **3 Hr. GTT:** 118

H&H on admission: 8.7/27.5 **PP H&H:** 7.9/24.4

Other Labs:

5. Newborn Information:

Sex: Male

Apgar: 1min: 8 **5 min:** 9 **10 min, if needed:**

Weight: 9 lbs 15 oz. or gms.

Length: in. / cms.

Admitted to NBN NSY: **NICU:** transferred after birth

Voided: **Stooled:**

Newborn Complications, Concerns:
PAC list, tumor on adrenal glands, harlequin sign @ birth: R side of tongue, CPAP, retractions, flaring

Method, Frequency & Type of Feeding:
breast

6. Lab Values/Procedures-Newborn: NICU

POC Glucose: **Blood Type:** **Coombs:**

Bilirubin:

O2 Saturation: Pre-ductal: **Post-ductal:**

Other Labs:

Hearing Screen:

Circumcision:

Student Name:		**Date:**
7. Focused Nursing problem: High risk for postpartum hemorrhage	**11. Nursing Interventions related to the Nursing Diagnosis in #7:** **1.** massage fundus to harden/firm **Evidenced Based Practice:** If uterine atony occurs and muscles don't contract enough to clamp the placental blood vessels it could lead to blood loss. **2.** repair lacerations **Evidenced Based Practice:** An unrepaired laceration can lead to continuous trickledown from vagina, bleeding in spurts or bleeding in presence of contracted fundus. **3.** watch for s/s of hematoma **Evidenced Based Practice:** Blood retained in tissue, pressure will accumulate on vagina, urethra or bladder and lead to possible urinary retention or displacement.	**12. Patient Teaching:** **1.** If you notice intense perineal pain after birth, notify HCP. **2.** If you saturate a pad in 15 minutes, notify HCP. **3.** If a foul odor is observed, notify HCP.
8. Related to (r/t): Uterine Fibrosis Polyhydramnios		
9. As evidenced by (aeb): Uterine fibrosis can stimulate the growth of blood vessels or enlarge the uterine lining which can lead to hemorrhaging. Polyhydramnios can cause postpartum hemorrhage dur to over distention or rapid deflation of the uterus.		**13. Discharge Planning/Community Resources:** **1.** It is expected that lochia will change from moderate to scant amount around day 10 post baby. **2.** It is expected that lochia will turn from red to pink to yellow. **3.** If you go back to a prior color, notify HCP, it could be a sign of hemorrhaging.
10. Desired patient outcome: normal lochia, no excessive bleeding		