

## IM6 (OB) Critical Thinking Worksheet

<p>Student Name: <b>Katie Dunn</b></p>		<p>Date: <b>11/28/23</b></p>
<p>1. Diagnosis: <b>Postpartum</b></p> <p>Admission Date and Time: <b>11/27/23</b></p> <p>Age: <b>29</b> Race:      Marital Status: <b>married</b></p> <p style="margin-left: 40px;"><b>concession</b></p> <p>Allergies: <b>Penicillin</b></p> <p>LMP: <b>02/27/2023</b></p> <p>EDD: <b>12/4/23</b>      Prenatal Care: <b>yes ✓</b></p>	<p>2. Delivery Information:</p> <p>Delivery Date and Time: <b>11/27/23 0719</b></p> <p>Vaginal/CS: <b>RCS</b>      If C/S, reason: <b>repeat</b></p> <p>Incision or Lacerations: <b>LTV</b></p> <p>Anesthesia/Analgesia in L &amp; D: <b>Spinal</b></p> <p>BTL:                      Quantitative Blood Loss: <b>367ml</b></p> <p>Gestational Age at Delivery: <b>39w 0d</b></p>	<p>3. Maternal Information:</p> <p>Foley: <b>DC'd @ 0330</b>      Voiding Past Removal: <b>1. 105mL</b></p> <p>IV: <b>NO</b>      V/S: <b>0826 RR-14 2.</b> <b>Q4 HR-64 BA-99/55 O2-97%</b></p> <p>Activity: <b>AS tolerated</b>      Diet: <b>general</b></p> <p>Procedures: <b>RCS</b></p> <p>Maternal Significant History, Complications, Concerns: <b>Anemia, anxiety/depression, migraines</b></p>
<p>4. Lab Values-Maternal:</p> <p>Blood Type and Rh: <b>O+</b>      Antibody Screen: <b>—</b></p> <p>If Rh neg, was RhoGAM given at 28-32 Weeks: <b>Na</b></p> <p>Antepartum Testing done during pregnancy: <b>FDNA</b></p> <p>Rubella: <b>immune</b>      VDRL/RPR or Treponemal: <b>—</b></p> <p>HIV: <b>—</b>      Gonorrhea: <b>—</b>      Chlamydia: <b>—</b></p> <p>HBsAg: <b>—</b>      GBS: <b>—</b>      PAP: <b>normal</b></p> <p>Glucose Screen: <b>114</b>      3 Hr. GTT: <b>Na</b></p> <p>H&amp;H on admission: <math>\frac{12.6}{36.2}</math>      PP H&amp;H: <math>\frac{10.4}{30.2}</math></p> <p>Other Labs: <b>Na</b></p>	<p>5. Newborn Information:</p> <p>Sex: <b>Male</b></p> <p>Apgar: 1min: <b>9</b>      5 min: <b>9</b>      10 min, if needed: <b>Na</b></p> <p>Weight: lbs. oz. or gms. <math>\frac{\text{birth } 3030}{\text{now } 3039 \uparrow 0.3}</math></p> <p>Length: <b>21</b> in. / cms.</p> <p>Admitted to NBN NSY: <b>Na</b>      NICU: <b>Na</b></p> <p>Voided: <b>✓</b>      Stooled: <b>✓</b></p> <p>Newborn Complications, Concerns: <b>Na</b></p> <p>Method, Frequency &amp; Type of Feeding: <b>Breast, q 2-3 hrs</b></p>	<p>6. Lab Values/Procedures-Newborn:</p> <p>POC Glucose: <b>Na</b>      Blood Type: <b>O+</b>      Coombs: <b>—</b></p> <p>Bilirubin: <b>6.9</b></p> <p>O2 Saturation: Pre-ductal: <b>97</b>      Post-ductal: <b>98</b></p> <p>Other Labs: <b>Na</b></p> <p>Hearing Screen: <b>PASS</b></p> <p>Circumcision: <b>w/ regional block</b></p>

Student Name:		Date:
<p>7. Focused Nursing problem: Hemorrhage risk</p>	<p>11. Nursing Interventions related to the Nursing Diagnosis in #7: 1. Fundal Assessment</p>	<p>12. Patient Teaching: 1. Ambulate to avoid clots.</p>
<p>8. Related to (r/t): Uterine scar + RCS</p>	<p>Evidenced Based Practice: make sure uterus is going back down + not filling w/ blood</p>	<p>2. How to shower w/ C-S incision. 3. Pain management</p>
<p>9. As evidenced by (aeb): Na</p>	<p>2. Fundal Massage Evidenced Based Practice: encourage the uterus to clamp down + empty</p>	<p>13. Discharge Planning/Community Resources: 1. Fill out birth certificate</p>
<p>10. Desired patient outcome: Lochia stay at scant - light till 1e week checkup Fundus continue descending to U-2</p>	<p>3. Encourage Voiding Evidenced Based Practice: so the bladder doesn't interfere w/ the uterus clamping down</p>	<p>2. Fill out Edinburgh scale 3. Continue to monitor bleeding</p>