

Wk4 Clinical Paperwork

IM6 (OB) Critical Thinking Worksheet

<p><b>Student Name:</b> Catherine Huber</p> <p><b>1. Diagnosis:</b></p> <p><b>Admission Date and Time:</b> 1/26/14 1:00</p> <p><b>Age:</b> 27 <b>Race:</b> white <b>Marital Status:</b> Single</p> <p><b>Allergies:</b> NKDA</p> <p><b>LMP:</b> 5/1/13</p> <p><b>EDD:</b> 2/10/14 <b>Prenatal Care:</b> ✓</p>	<p><b>2. Delivery Information:</b></p> <p><b>Delivery Date and Time:</b> 1/27/14 18:02</p> <p><b>Vaginal/CS:</b> vaginal <b>If C/S, reason:</b> —</p> <p><b>Incision or Lacerations:</b> none</p> <p><b>Anesthesia/Analgesia in L &amp; D:</b> epidural</p> <p><b>BTL:</b> no <b>Quantitative Blood Loss:</b> 300</p> <p><b>Gestational Age at Delivery:</b> 37w 4d</p>	<p><b>Date:</b> 1-31-14</p> <p><b>3. Maternal Information:</b></p> <p><b>Foley:</b> no <b>Voiding Past Removal:</b> —</p> <p><b>IV:</b> @ hand 20g <b>V/S:</b> BP in 1hr 110/70, HR 110/min</p> <p><b>Activity:</b> walking <b>Diet:</b> general</p> <p><b>Procedures:</b></p> <p><b>Maternal Significant History, Complications, Concerns:</b> gestational diabetes pre-eclampsia</p>
<p><b>4. Lab Values-Maternal:</b></p> <p><b>Blood Type and Rh:</b> O- <b>Antibody Screen:</b> negative</p> <p><b>If Rh neg, was RhogAM given at 28-32 Weeks:</b> —</p> <p><b>Antepartum Testing done during pregnancy:</b> BPP: <sup>with</sup> ultrasound</p> <p><b>Rubella:</b> <sup>with</sup> none <b>VDRL/RPR or Treponemal:</b> negative</p> <p><b>HIV:</b> <sup>with</sup> none <b>Gonorrhea:</b> negative <b>Chlamydia:</b> negative</p> <p><b>HBsAg:</b> negative <b>GBS:</b> negative <b>PAP:</b> negative</p> <p><b>Glucose Screen:</b> 3 Hr. GTT: → 1hr: 431</p> <p><b>H&amp;H on admission:</b> <sup>11.4 31.4</sup> <b>PP H&amp;H:</b> 10.4 31.0</p> <p><b>Other Labs:</b></p>	<p><b>5. Newborn Information:</b></p> <p><b>Sex:</b> girl</p> <p><b>Apgar:</b> 1min: 3 <b>5 min:</b> 10 min, if needed: 8</p> <p><b>Weight:</b> 11 lbs 12.3oz or 3070 gms.</p> <p><b>Length:</b> in. / <b>cm:</b></p> <p><b>Admitted to NBN NSY:</b> <b>NICU:</b> ✓</p> <p><b>Voided:</b> ✓ <b>Stooled:</b> ✓</p> <p><b>Newborn Complications, Concerns:</b> none noted</p> <p><b>Method, Frequency &amp; Type of Feeding:</b> breastfeeding/pumping</p>	<p><b>6. Lab Values/Procedures-Newborn:</b></p> <p><b>POC Glucose:</b> <del>12</del> <b>Blood Type:</b> <b>Coombs:</b></p> <p><b>Bilirubin:</b> <sup>NIU baby</sup></p> <p><b>O2 Saturation:</b> Pre-ductal: <b>Post-ductal:</b></p> <p><b>Other Labs:</b></p> <p><b>Hearing Screen:</b></p> <p><b>Circumcision:</b></p>

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7. Focused Nursing problem: Hypertension		
8. Related to (r/t): pregnancy		
9. As evidenced by (aeb): blood pressures in the 120s		
10. Desired patient outcome: blood pressures below 120/110 or closer to 120/80		
11. Nursing Interventions related to the Nursing Diagnosis in #7: 1. give nifedipine	Evidenced Based Practice: Nifedipine causes vasodilation, so it decreases blood pressure	12. Patient Teaching: 1. <del>not</del> <del>pre</del> hypertension is probably what it causes the hypertension
2. check blood pressure more often	Evidenced Based Practice: Checking the blood pressure more often will allow the nurse to catch high blood pressures quicker and treat them quicker too.	2. <del>equipment to report</del> <del>correctly</del> <del>reporting</del> , <del>she</del> <del>should</del> <del>be</del> <del>able</del> <del>to</del> <del>take</del> <del>her</del> <del>own</del> <del>blood</del> <del>pressure</del> <del>at</del> <del>home</del> . It's important for her to take correct blood pressure when in the home.
3. having the patient rest (relaxing physical activity)	Evidenced Based Practice: Resting will help the patient to have lower blood pressure.	3. It's important to get regular blood pressure screenings and to reduce the salt and fat through exercise, weight loss, a healthy diet and smoking status because that's an increased risk and she's having hypertension
13. Discharge Planning/Community Resources: 1. She's getting a blood pressure machine to take home		
2. She asked the NW about working in since they live so much away and didn't want to leave the baby home alone.		
3. Follow up appointments for her and baby		