IM6 (OB) Critical Thinking Worksheet

Student Name: Shelby Alexander

Date: 4/24/23

1. Diagnosis: ~~[illegible]~~ natural birth

Admission Date and Time: 4/22, 9:48am

Age: 26 **Race:** Cau **Marital Status:** married, not married to baby's dad

Allergies: NKDA

LMP:

EDD: **Prenatal Care:** Lamesa, Dr. Sprys

2. Delivery Information: spontaneous vag, F

Delivery Date and Time: 4/22 @ 1806

Vaginal/CS: vag **If C/S, reason:**

Incision or Lacerations: none, hemorrhoid

Anesthesia/Analgesia in L & D: epidural

BTL: **Quantitative Blood Loss:**

Gestational Age at Delivery: 38①

3. Maternal Information:

Foley: no **Voiding Past Removal:** N/A, yes

IV: 18g, L arm **V/S:** 117/76, 98%, 84, 18, 8, 97.9°F

Activity: regular **Diet:** gen

Procedures:

Maternal Significant History, Complications, Concerns: IBS, anxiety, 2 yrs. ago baby died of SIDS (1mo)

4. Lab Values-Maternal:

Blood Type and Rh: O+ **Antibody Screen:**

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

Antepartum Testing done during pregnancy:

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

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

HBsAg: neg **GBS:** neg **PAP:** n/A

Glucose Screen: n/a **3 Hr. GTT:** n/a

H&H on admission: 27.4 **PP H&H:** 25.7

Other Labs: WBC-8.3

5. Newborn Information:

Sex: female

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

Weight: lbs. oz. or 3375 gms.

Length: in. / cms.

Admitted to NBN NSY: yes **NICU:**

Voided: yes **Stooled:** yes

Newborn Complications, Concerns: bili levels

Method, Frequency & Type of Feeding: bottle, breast

6. Lab Values/Procedures-Newborn:

POC Glucose: **Blood Type:** B+ **Coombs:** neg

Bilirubin: 10.3

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

Other Labs:

Hearing Screen: pass

Circumcision: not needed

Student Name: Shelby Alexander		Date: 4/24/23
7. Focused Nursing problem: high hemorrhage risk	**11. Nursing Interventions related to the Nursing Diagnosis in #7:** 1. ensure IV placed **Evidenced Based Practice:** - in case a bolus is needed - in order to give infusions, meds	**12. Patient Teaching:** 1. birth control - different options and their reversibility (depo, ring, IUD, etc.) 2. S/S of hemorrhage - let provider know of clot larger than egg, bleeding thru 2 pads in 15min 3. hemorrhoid care - take stool softeners, eat fiber, may take a while to fully heal
8. Related to (r/t): - multiple pregnancies - long labor	2. monitor VS **Evidenced Based Practice:** - VS change when hemorrhage occurs: low BP, high HR	
9. As evidenced by (aeb): - fundal assessment - anemia - iron infusion	3. removing retained tissue **Evidenced Based Practice:** - b. massage, sandbags, etc. help lessen the bleeding overtime by supplying pressure.	**13. Discharge Planning/Community Resources:** 1. supportive groups: - needs to find stable friend/family member who can help 2. needed resources: clothes, car seat, utilities - social services, WIC, children's home, etc. 3. postpartum care, SIDS: S/S of infection, bleeding, prevention of SIDS
10. Desired patient outcome: no hemorrhage, fundus remains firm, normal PP bleeding hemostasis - < 500 ml of blood loss before discharge on 4/24		