

IM6 Critical Thinking Worksheet

<p>Student Name: Raileigh Calderon</p>	<p>Nursing Intervention #1: Peri care/hygiene</p>	<p>Date: 8-21-24</p>
<p>Priority Nursing Problem: at risk for infection</p>	<p>Evidence Based Practice: to keep from spreading bacteria to laceration</p>	<p>Patient Teaching (specific to Nursing Diagnosis): 1. Thoroughly clean perineum anytime you void or Periodically throughout day 2. wipe from front to back or place peri pads or from front to back 3. report any dark heavy bleeding or odor with discharge, or abdominal pain to NP immediately</p>
<p>Related to (r/t): laceration from vaginal birth</p>	<p>Nursing Intervention #2: how to place peri pads to prevent infection (front to back)</p> <p>Evidence Based Practice: to prevent spread of bacteria to laceration</p>	<p>Discharge Planning/Community Resources: 1. If having pain use ice packs or demoplast 2. Outpatient lactator if have trouble from breasts 3. refrain from douches for 4-6 weeks</p>
<p>Desired Patient Outcome (SMART goal): Prevent infection and have a fast healing laceration without complication</p>	<p>Nursing Intervention #3: no paths to pelvic rest U-LEWES</p> <p>Evidence Based Practice: to keep from spreading bacteria to laceration or reopening laceration</p>	

Student Name: Raleigh

Date: _____

Situation:

Patient Room #: 418
Allergies: NKA
Delivery Date & Time: 1419 8/20/14

NSVD PC/S RC/S

Indication for C/S:

QBL: 509 BTL: none
LMP: 280 days ago. Est. Due Date:
Prenatal Care: <28 wks 21wks L/PNC

Anesthesia: None Epidural Spinal

General Duramorph/PCA

Background:

Patient Age: 16 y/o Living: 1
Gravida: 1 Para: 1 weeks
Gestational Age: 41 Medium High
Hemorrhage Risk: Low Medium High

Prenatal Risk Factors/Complications:

NB Complications:

VS: Q8hr

0800: 98.2 F 98.0 RA T8
1200: 118/81 RA 18 resp

Diet: Regular

Pain Level: 2 / 10 Activity:

Newborn: Male Female
Feeding: Breast Pumping Bottle
Formula: Simitac Neosure Sensitive
Apgar: 1min 8 5min 9 10min
Wt: 8 lbs 0 oz Ht: 19.25 inches

Maternal Lab Values:

Blood Type & Rh O+
Rhogham @ 28 wks: Yes No
Rubella: Immune Non-immune
RPR: R NR HbSAG: + / -
HIV: + - GBS: + / - Treated: X
H&H on admission: 16.2 hgb / 36.7 hct

Newborn Lab Values:

Blood Type & Rh O+ Coombs: + /
POC Glucose: _____
Q12hr Q24hr AC Glucose: _____
Bilirubin (Tcb/Tsb): _____
CCHD O2 Sat: _____ % Post-ductal _____ %
Pre-ductal _____ %
Other Labs: _____

testing not done yet.

MD: _____

Mom- _____

Baby- _____

Consults: _____
Social Services: _____

Psych: _____

Lactation: yes; breastfeeding & education

Case Mgmt: _____

Nutritional: yes pt 11yrs old

Vaccines/Procedures:

Maternal:

MMR consent _____ Date given: _____
Tdap: Date given before discharge
Rhogham given PP: Yes No

Newborn:

Hearing Screen: Pass Retest Refer
Circumcision: Procedure Date N/A
Plastibell Gomco Voided: Y / N

Bath: Yes Refused

Date:

Assessment (Bubbleheeb):

Neuro WNL Headache Blurred Vision

Respiratory: WNL Clear Crackles
RR 18 bpm

Cardiac: WNL Murmur B/P 118 / 81
Pulse 78 bpm

Cap. Refill: </= 3 sec >3 sec

Psychosocial: Edinburgh Score not answered yet

Treatments/Procedures:

Incentive Spirometry: Y / (N)
PP H&H: 8.7 hgb 26 hct

HTN Orders: ~~160/110~~ VSQ4hr

Hydralazine protocol ~~Labetalol~~ BID/TID

Recommendation:

Breast: Engorgement Flat/Inverted Nipple
N/A

Uterus: Fundal Ht 2U 1U UU U1 U2 U3
Midline Left Right

Lochia: Heavy Mod Light Scant None
Odor: Y / (N)

Bladder: Voiding QS Catheter DTV

Bowel: Date of Last BM N/A
Passing Gas: Y / N
Bowel sounds: WNL Hypoactive

IV Fluids: Oxytocin LR NS
Rate: ___ / Hour

IV Site: ___ gauge Location: ___
Magnesium given: Y / N
Dc'd: ___ @ ___ am / pm

Episiotomy/Laceration:

WNL Swelling Ecchymosis
Incision: WNL Drainage: Y / (N)

Dressing type: N/A (dissolvable sutures)
Staples Dermabond Steri-strips

Hemorrhoids: Yes (No)
Ice Packs Tucks Proctofoam
Dermaplast

Bonding: Responds to infant cues
Needs encouragement

Antibiotics: _____ Frequency: _____