

IM6 Critical Thinking Worksheet

<p>Student Name: <i>Vanette Martinez</i></p>	<p>Nursing Intervention #1: <i>Frequent feedings</i></p>	<p>Date: <i>9/17</i></p>
<p>Priority Nursing Problem: <i>poor feeding</i></p>	<p>Evidence Based Practice: <i>Encourage the mother to feed the baby on demand and offer both breast.</i></p>	<p>Patient Teaching (specific to Nursing Diagnosis): <i>1. S/S of Engorgement (Breast large, firm, tender) 2. Mastitis Inadequate emptying of breasts</i></p>
<p>Related to (r/t): <i>The baby may not be latching on effectively</i></p>	<p>Nursing Intervention #2: <i>Breast Pumping</i></p>	<p>3. Mother-infant (cuple breast feeding contact of position Infant's readiness for feeding</p>
<p>As Evidenced by (aeb):</p>	<p>Evidence Based Practice: why? <i>Suggest using breast pump after feedings to stimulate milk production if needed</i></p>	<p>Discharge Planning/Community Resources:</p>
<p>Desired Patient Outcome (SMART goal): <i>Trying different breast feeding positions</i></p>	<p>Nursing Intervention #3: <i>skin to skin</i></p>	<p>1. Lactation: opt 2. wear a supportive bra 3. Take a warm shower/bath Towel to your breasts</p>

Student Name: Date: Verette Martinez 9/17

Situation: Patient Room #: <u>410</u> Allergies: <u>NKDA</u> Delivery Date & Time: <u>9/16</u> <u>Vag</u> <u>NSVD</u> PC/S RC/S Indication for C/S: <u>N/A</u> QBL: <u>2/2</u> BTL: <u>N/A</u> LMP: <u>(Dec 31st)</u> Est. Due Date: Prenatal Care: <u><28 wks</u> <u>YES</u> LPNC <u>37.1</u> Anesthesia: <u>None</u> <u>Epidural</u> <u>Spinal</u> General <u>Duramorph/PCA</u>	VS: <u>Q4hr</u> <u>Q8hr</u> 0800: <u>136.8</u> <u>P77</u> <u>R116</u> <u>99%</u> <u>BD 115/84</u> 1200: Diet: <u>Regular</u> Pain Level: <u>5</u> / 10 Activity: <u>(AGA)</u> Newborn: <u>Male</u> Female Feeding: <u>Breast</u> <u>Bottle</u> Pumping Formula: <u>Similac</u> <u>Neosure</u> Sensitive Apgar: 1min <u>8</u> 5min <u>9</u> 10 min <u>9</u> <u>8/9/1</u> Wt: <u>5</u> lbs <u>2.3</u> oz Ht: <u>19</u> inches	MD: <u>Mom - Zovirax</u> <u>Baby - Fenitru</u> Consults: Social Services: Psych: Lactation: <u>Impatient Lactation Consultation/Complete</u> Case Mgmt: Nutritional:
Background: Patient Age: <u>23</u> y/o Gravida: <u>2</u> Para: <u>2</u> Living: <u>2</u> Gestational Age: <u>37.1</u> weeks Hemorrhage Risk: <u>Low</u> <u>Medium</u> <u>High</u> Prenatal Risk Factors/Complications: <u>G1E20 - Epilepsy</u> <u>Anxiety / Anemia</u> NB Complications: <u>S1b/3oz</u> <u>(BG ↑ 4S) w/ every meal</u> <u>AGA</u>	Maternal Lab Values: Blood Type & Rh <u>N/A</u> Rhogam @ 28 wks: <u>Yes</u> <u>No</u> Rubella: <u>Immune</u> <u>Non-immune</u> RPR: <u>R</u> / NR HbSAG: <u>+/-</u> HIV: <u>+/-</u> GBS: <u>+/-</u> Treated: <u>N/A</u> X H&H on admission: <u>9.6</u> hgb <u>30.5</u> hct <u>Anemic</u> Newborn Lab Values: Blood Type & Rh <u>OT</u>	Vaccines/Procedures: Maternal: MMR consent <u>N/A</u> Date given: <u>7/16</u> <u>Refused</u> Tdap: Date given <u>7/16</u> Yes <u>No</u> Rhogam given PP: <u>(Rh+)</u> Yes <u>No</u> Newborn: Hearing Screen: <u>Pass</u> <u>Retest</u> <u>Refer</u> Circumcision: Procedure Date <u>N/A</u> Plastibell/Gomco Voided: <u>Y</u> / <u>N</u> Bath: Yes <u>Refused</u> <u>(Assured)</u>

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Student Name: Vivette Martinez Date: 9/17

<p><u>NB Complications:</u> <u>AGA</u></p>	<p>POC Glucose: <u>N/A</u> Coombs: + / <u>0</u> Q12hr Q24hr AC Glucose: <u>Bilirubin (Tcb/Tsb): 5.8</u> CCHD O2 Sat: Pre-ductal <u>97</u> % Post- ductal <u>100</u> % Other Labs:</p>	<p><u>Both</u> <u>(ye)</u></p>
<p>Assessment (Bubblehep): Neuro: <u>WNL</u> Headache <u>Blurred</u> Vision Respiratory: <u>WNL</u> <u>(Clear)</u> Crackles RR <u> </u> bpm Cardiac: <u>WNL</u> Murmur B/P <u> </u> / <u> </u> Pulse <u> </u> bpm Cap. Refill: <u></= 3 sec</u> <u>>3 sec</u> Psychosocial: Edinburgh Score <u>2</u></p>	<p>Breast: Engorgement Flat/Inverted Nipple Uterus: Fundal Ht 2U 1U UU U1 U2 U3 Midline <u>(Left)</u> Left Right Lochia: Heavy Mod Light Scant None Odor: Y / <u>(N)</u> Bladder: Voiding QS Catheter DTV Bowel: Date of Last BM <u>N/A</u> Passing Gas: Y / <u>(N)</u> Bowel sounds: <u>WNL</u> <u>Hypoactive</u></p>	<p>Episiotomy/Laceration: WNL Swelling Ecchymosis Incision: <u>WNL</u> Drainage: Y / N Dressing type: <u> </u> Staples <u>Dermabond</u> <u>Steri-strips</u> Hemorrhoids: Yes <u>No</u> Ice Packs Tucks <u>Proctofoam</u> Dermoplast Bonding: Responds to infant cues <u>✓</u> Needs encouragement</p>
<p>Treatments/Procedures: Incentive Spirometry: Y / <u>(N)</u> PP H&H: <u>9.0</u> hgb <u>28.5</u> hct HTN Orders: Call > 160/110VVSQ4hr</p>	<p>IV Fluids: Oxytocin LR NS Rate: <u>N/A</u> / Hour IV Site: <u>N/A</u> gauge Location: <u>N/A</u></p>	<p>Antibiotics: <u>N/A</u> Frequency: <u>N/A</u></p>

Ready to go home

Student Name: Date: *Venetia Martinez* *9/17*

<p><u>Hydralazine protocol</u></p>	<p>Labetolol BID/TID</p>	<p>Magnesium given: Y / N Dc'd: <i>N/A</i> @ <i>N/A</i> am/ pm</p>
<p><u>Recommendation:</u></p> <ul style="list-style-type: none">- fender massage- Continue best feeding		