

Student Name:

Hydralazine protocol
BID/TID
injections

5mg - 10mg

Maintain BP w/NL, ambulate
norm, and allow for
shower

Labetalol

if BP
is \geq 160
amlid

Date:

Student Name: JOVANA SUAREZ

Date: 11/9/24

NB Complications:
 N/A - BABY GLUCOSE
 WAS WNL FOR UGA

Assessment (Bubblehead):
 Neuro: (WNL) Headache Blurred Vision
 Respiratory: WNL (Clear) Crackles
 RR 22 bpm
 Cardiac: WNL Murrur B/P 141 / 83
 Pulse 85 bpm
 Cap. Refill: < / = 3 sec (> 3 sec)
 Psychosocial: Edinburgh Score NPT
 conducted yet.

Q12hr Q24hr AC Glucose: 66 74 64
 Bilirubin (Tab/TSB):
 CCHD O2 Sat: %
 Pre-ductal % NOT 24
 Post-ductal %
 Other Labs: HES

Bath: Yes Refused → refused
 until husband comes to take
 care of baby

Breast: Engorgement Flat/Inverted Nipple
 Uterus: Fundal Ht 2U 1U UU U1 U2
 U3
 Midline (Left) Right
 Lochia: Heavy Mod (Light) Scant
 None
 Odor: Y / (N)
 Bladder: Voiding (S) Catheter DTV
 Bowel: Date of Last BM 11/5/24 @ 4am
 Passing Gas: (Y) (N)
 Bowel sounds: (WNL) Hypoactive

Epistomy/Laceration: Ecchymosis
 WNL Swelling Drainage: Y / (N)
 Incision: WNL
 Dressing type: N/A NO LACERATION
 Steri-strips
 Dermabond
 Staples
 Hemorrhoids: Yes (No) Proctofoam
 Tucks
 Ice Packs
 Dermoplast
 put on perineum
 Bonding: YES
 Responds to infant cues
 Needs encouragement

Treatments/Procedures:
 Incentive Spirometry: Y / N
 PP H&H: 12.2 hgb 27.4 hct
 H&H NO

HTN Orders: VSO4hr
 Call > 160/110

IV Fluids: Oxytocin (LR) NS
 Rate: / Hour
 IV Site: 18 gauge Location: Right AC
 Magnesium given: Y / N
 Dcd: @ am/pm

Antibiotics: NO ANTIBIOTICS
 Frequency: N/A

→ planning to DIC @ 1800

Student Name:

Date:

<p>Situation: Patient Room # 424 Allergies: <u>NKA</u> Delivery Date & Time: <u>11/5/84</u> <u>NSVD</u> Indication for C/S: <u>P/C/S</u> RCS vaginal delivery QBL: <u>561 mL</u> LMP: _____ Prenatal Care: <u><28 wks</u> <u>36 weeks of VMC</u> Anesthesia: <u>None</u> <u>Spinal</u> <u>Epidural</u> Duramorph/PCA: <u>General</u></p>	<p>VS: <u>Q4hr</u> 0800: <u>98.1 HR: 85</u> BP: <u>143/90 RR: 22</u> 1200: <u>98.1 BP: 136/86 RR: 20 HR: 83</u> SPO2: <u>97%</u> Diet: <u>General diet</u> Pain Level: <u>5/10</u> Activity: _____ Newborn: <u>Male</u> Feeding: <u>Breast</u> Pumping: _____ Formula: <u>Similac</u> Neosure Sensitive Appar: <u>1 min 8 5 min 9 10 min 21</u> Wt: <u>10 lbs 2 oz</u> Ht: <u>21 inches</u></p>	<p>MD: <u>Mom- EICH</u> <u>Baby- FANIKU</u> Consults: _____ Social Services: <u>N/A</u> Psych: _____ Lactation: <u>N/A</u> Case Mgmt: _____ Nutritional: _____ N/A</p>
<p>Background: Patient Age: <u>36</u> Y/o Gravida: <u>5</u> Para: <u>5</u> Gestational Age: <u>34</u> weeks Hemorrhage Risk: <u>Low</u> <u>Medium</u> <u>High</u></p>	<p>Maternal Lab Values: Blood Type & Rh: <u>O-</u> Rhogam @ 28 wks: <u>Yes</u> RPR: <u>R (NR)</u> Non-immune HIV: <u>+</u> GBS: <u>+</u> HIV Treated: <u>(-)</u> H&H on admission: <u>12.3 hgb / 37.4 hct</u></p>	<p>Vaccines/Procedures: Maternal: <u>MMR consent NO</u> Date given: _____ <u>NO CONSENT</u> Tdap: Date given <u>*NOT REFUSED</u> Refused <u>SCREENED FOR TORP</u> Rhogam given PP: <u>Yes</u> <u>SCREENED APEV</u> <u>24 MYS OF DELIVERY</u> Newborn: <u>Hearing Screen: Pass</u> Retest: _____ <u>Refer NOT 34 MYS OLD YET</u> Circumcision: Procedure Date <u>REFUSED</u> Plastibell <u>Gomco</u> Voided <u>(Y) / N</u></p>
<p>Prenatal Risk Factors/Complications: <u>*GDM</u></p>		

Tovana Suarez
06/24

IM6 Critical Thinking Worksheet

<p>Student Name: Tovana Suarez</p>	<p>Nursing Intervention #1: regularly monitor for high blood pressure</p>	<p>Date: 11/6/24</p>
<p>Priority Nursing Problem: - High BP - Hx of GDM</p>	<p>Evidence Based Practice: - monitoring vitals and checking for any changes or trends in BP readings</p>	<p>Patient Teaching (specific to Nursing Diagnosis): 1. improve diet and reduces foods and beverages that may cause the blood pressure to increase - proper diet during future pregnancies 2. incorporate the DASH diet and reduce high sodium in the diet.</p>
<p>Related to (rt): - PT IS RESISTANT TO INSULIN - PT IS OVERWEIGHT - PT'S BLOOD GLUCOSE - PT STATES BP RUNS IN HER FAMILY As Evidenced by (lab): - multiple BP checks when checking vitals - Glucose tolerance test</p>	<p>Nursing Intervention #2: Administer ordered labetalol and hydration protocol</p> <p>Evidence Based Practice: - obtain CBC and anthropometric before administration - Administer labetalol to decrease BP in patient</p> <p>Nursing Intervention #3: Obtain PT's current level of pain and pain status.</p> <p>Evidence Based Practice: untreated pain can cause a trend of increasing vitals (such as BP & HR) at rest.</p>	<p>Discharge Planning/Community Resources: 1. purchase BUNIF and monitor at any local drug store and monitor BP 2. Get car seat from the parenting at home 3. cottage and CSF postpartum and baby appointment one week from discharge</p>
<p>Desired Patient Outcome (SMART goal): - Great patient to maintain normal BP readings - improve diet - want activity to help w/ insulin insufficiency & BP</p>	<p>Assessing PT's psychosocial status is also important to look/observe for any anxiety or emotional instability that can affect vitals.</p>	