

Student Name: Jessica Bridges	Nursing Intervention #1: Early ambulation	Date: 11/19/24
Priority Nursing Problem: Monitor for signs of infection (at risk for)	<i>Evidence Based Practice:</i> Early ambulation is important for prevention of blood clots and aids in healing.	Patient Teaching (specific to Nursing Diagnosis): <ol style="list-style-type: none"> 1. Call your doctor if you notice any signs of infection - such as redness, swelling, warmth, fever, chills, foul smelling discharge 2. Pt will call the nurse if she passes one or more clots the side of a golfball, if she experiences dizziness or confusion. 3. Pt will call the nurse for pain management medication to maintain the pain level at 4/10 or less
	Nursing Intervention #2: Pain management	
Related to (r/t): C-section As Evidenced by (aeb): Swelling, redness, foul smelling discharge, warmth, fever, chills	<i>Evidence Based Practice:</i> Pain management is very important because if the pain gets to severe, the patient will stop moving and taking care of herself and the baby.	
	Nursing Intervention #3: Fundal rubs and monitoring vital signs	
Desired Patient Outcome (SMART goal): By the end of the shift pt will have walked down the hall and back to her room 3 times.	<i>Evidence Based Practice:</i> <i>These are both important so we can monitor for signs of excessive bleeding. The uterus needs to stay firm and we will see</i>	Discharge Planning/Community Resources: <ol style="list-style-type: none"> 1. Lactation Services 2. Keep follow up appt in 6 weeks 3. Discuss birth control options for post partum

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<p>Situation: Patient Room #: 426 Allergies: NKDA _____ Delivery Date & Time: 11/18 @ 0815</p> <p>NSVD PC/S RC/S- X</p> <p>Indication for C/S: repeat c-section</p> <p>QBL: 591 BTL: neg LMP: 02/17/24 Est. Due Date: 11/23/24</p> <p>Prenatal Care: <28 wks ___Y___ LPNC 38 2/7</p> <p>Anesthesia: None Epidural Spinal</p> <p>General Duramorph/PCA</p>	<p>VS: Q4hr Q8hr 0800: 98.6 T, 81 HR, 17 RR, 118/77, 91 map 1200: 99.1 T, 91 HR, 18 RR, 101/63, 76 map</p> <p>Diet: regular Pain Level: __5_/ 10 Activity:</p> <p>Newborn: Male Female Feeding: Breast Pumping Bottle Formula: Similac Neosure DHM Sensitive Apgar: 1min__8___ 5min 9_10 min Wt: 8 lbs 11oz Ht: 20.5 inches</p>	<p>MD: Mom- Patterson Baby- Walker</p> <p>Consults: Social Services: _____</p> <p>Psych: _____</p> <p>Lactation:11/19</p> <p>Case Mgmt: _____</p> <p>Nutritional: _____</p>
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<p>Background: Patient Age: 24__ y/o Gravida: 2 Para: 2 Living: 2 Gestational Age: 39 weeks Hemorrhage Risk: Low Medium High</p> <p>Prenatal Risk Factors/Complications: infection risk, pain, vacuum assist. NB Complications: N/A</p>	<p>Maternal Lab Values: Blood Type & Rh O+ Rhogham @ 28 wks: Yes No Rubella: Immune Non-immune RPR: R / NR HbSAG: neg HIV: neg GBS: neg Treated: _____ X H&H on admission: 12.6 hgb / 35.5hct</p> <p>Newborn Lab Values: Blood Type & Rh O+ POC Glucose: _____ Coombs:neg Q12hr Q24hr AC Glucose: __ __ __ Bilirubin (Tcb/Tsb): 2.1 CCHD O2 Sat: Pre-ductal 97% Post-ductal 97 % Other Labs: PKU</p>	<p>Vaccines/Procedures: Maternal: MMR consent N/A Date given: _____ Tdap: Date given 09/24 Refused Rhogham given PP: Yes No</p> <p>Newborn: Hearing Screen: Pass Retest Refer Circumcision: Procedure Date _____ Plastibell Gomco Voided: Y / N Bath: Yes Refused</p>
<p>Assessment (Bubblehep): Neuro: WNL Headache Blurred Vision Respiratory: WNL Clear Crackles RR 16 bpm Cardiac: WNL Murmur B/P 101/63 Pulse: 91bpm Cap. Refill: </= 3 sec >3 sec Psychosocial: Edinburgh Score</p>	<p>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 QS Catheter DTV Bowel: Date of Last BM _____</p>	<p>Episiotomy/Laceration: WNL Swelling Ecchymosis Incision: WNL Drainage: Y / N Dressing type: Staples Dermabond Steri-strips Hemorrhoids: Yes No Ice Packs Tucks Proctofoam Dermaplast Bonding: Y Responds to infant cues Needs encouragement</p>

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_____	Passing Gas: Y / N Bowel sounds: WNL Hypoactive	
Treatments/Procedures: Incentive Spirometry: Y / N PP H&H: 30.5 hgb 10.4 hct HTN Orders: Call > 160/110 VSQ4hr Hydralazine protocol Labetolol BID/TID	IV Fluids: Oxytocin LR NS Rate: ____ / Hour IV Site: ____ gauge Location: Magnesium given: Y / N Dc'd: _____ @ _____ am/ pm IV was discontinued	Antibiotics: _____ Frequency: _____ _____ _____
Recommendation: Consults with Lactation		