Student Name: Shamari Mims

Date: 1/28/25

Situation:

Patient Room #: 424

Allergies: NKDA

Delivery Date & Time: 1/28/25 0030

NSVD PC/S RC/S

Indication for C/S:

QBL: 400

LMP: 5/10/24

BTL:

Est. Due Date: 2/14/25

Prenatal Care: <28 wks ✓ LPNC 36w1d

Anesthesia: None Epidural Spinal

General Duramorph/PCA

VS: Q4hr Q8hr

0800:

1200:

Diet: Regular

Pain Level: __/ 10 Activity:

Newborn: Male Female

Feeding: Breast Pumping Bottle

Formula: Similac Neosure Sensitive

Apgar: 1min 8 5min 9 10 min ____

Wt: 7 lbs 2 oz Ht: 19 inches

MD:

Mom-

Baby-

Consults:

Social Services: _____

Psych: _____

Lactation: Consulted ☐ 1/28/25

Case Mgmt: _____

Nutritional: _____

Background:

Patient Age: 24 y/o

Gravida: 2 Para: 2 Living: 2

Gestational Age: 37 weeks

Hemorrhage Risk: Low Medium High

Prenatal Risk Factors/Complications:

Gestational diabetes

NB Complications: _____

Maternal Lab Values:

Blood Type & Rh A+

Rhogham @ 28 wks: Yes No

Rubella: Immune Non-immune

RPR: R / NR HbSAG: + / -

HIV: + / - GBS: + / - Treated: Pen-G x 3

H&H on admission: 13.4 hgb / 39.6 hct

Newborn Lab Values:

Blood Type & Rh _____

POC Glucose: ___ Coombs: + / -

Q12hr Q24hr AC Glucose: 80 _ _ _ _

Bilirubin (Tcb/Tsb):

CCHD O2 Sat:

Pre-ductal ____% Post-ductal ____%

Other Labs:

Vaccines/Procedures:

Maternal:

MMR consent ____ Date given: _____

TdaP: Date given _____ Refused

Rhogham given PP: Yes No

Newborn:

Hearing Screen: Pass Retest Refer ☐

Circumcision: Procedure Date _____ ☐

Plastibell Gomco Voided: Y / N

Bath: Yes Refused

Newborn <24hrs old

with problems

Cluster Care ☐

Shower ☐

Student Name: Shamari Mims not my primary patient Expected Discharge Date: 1/28/25

Assessment (Bubbleheb): Neuro: WNL Headache Blurred Vision Respiratory: WNL Clear Crackles RR 18 bpm Cardiac: WNL Murmur B/P 107/68 Pulse 73 bpm Cap. Refill: </= 3 sec >3 sec Psychosocial: Edinburgh Score _____	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 _____ Passing Gas: Y / N Bowel sounds: WNL Hypoactive	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: Appropriately Responds to infant cues Needs encouragement
Treatments/Procedures: Incentive Spirometry: Y / N PP H&H: _____ hgb _____ hct HTN Orders: Call > 160/110 VSQ4hr VSQ8hr Hydralazine protocol Labetolol BID/TID	IV Fluids: Oxytocin LR NS Rate: _____ / Hour IV Site: 18 gauge Location: L FA Magnesium given: Y / N Dc'd: _____ @ _____ am/ pm	Antibiotics: Frequency: _____ _____ _____ _____ _____ _____
Recommendation: • Expected Discharge • Outside resources for Supplies • Follow up with provider in 6 weeks		

424

IM6 Critical Thinking Worksheet

Student Name: Shamari Mims

Priority Nursing Problem: Gestational Diabetes
Pain (Incisional)
NO pain

Related to (r/t): Hormonal Changes

As Evidenced by (aeb): Signs/Symptoms
- Polydipsia
- Polyuria
- Fatigue

Desired Patient Outcome (SMART goal):
maintain blood glucose levels
- Diabetes was well Controlled

Nursing Intervention #1:
Blood glucose monitoring

Evidence Based Practice: Monitoring
Teach how to check glucose level and prevent Complications

Nursing Intervention #2:
Dieting lifestyle management

Evidence Based Practice:
Controlled diet helps to regulate glucose levels

Nursing Intervention #3:
Blood pressure Control

Evidence Based Practice:
can cause retinopathy & neuropathy.. Educate to keep blood pressure <130

Date: 4/28/25

Patient Teaching (specific to Nursing Diagnosis):
- Education on diet and lifestyle
- Consult dietician
- Lactation Consult

Discharge Planning/Community Resources:
- Lactation classes
- Family Support
- follow up

lounge
Amy H

Shaman Mims 1/29/25

Room #3 Terrazas, Evany
OB: Zavala

Complete this during your labor and delivery experience and turn it in with your paperwork. Ask your instructor or TPC nurse to check over your findings

Situation:

Date/Time_____ Age: 20 F 12/17/2004

Date/Time of admission 1/28/25@1934

Cervix: Dilation: 0.5 ✓ Effacement: 20% Station: -3 ↳ 0120

Membranes: Intact: ✓ AROM: _____ SROM: _____ Color: _____

Medications (type, dose, route, time):

Cytotec (0532)

Epidural (time placed): _____

Background:

Maternal HX: ND maternal Hx

Gest. Wks: 39 Gravida: 1 Para: 0 Living: ____ Induction / Spontaneous

GBS status: + /(-)

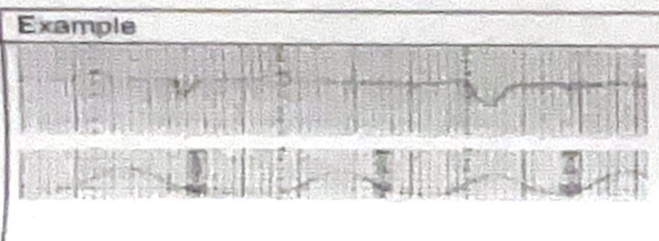
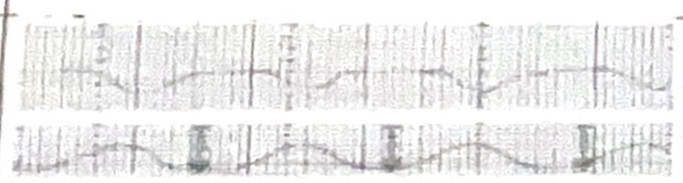
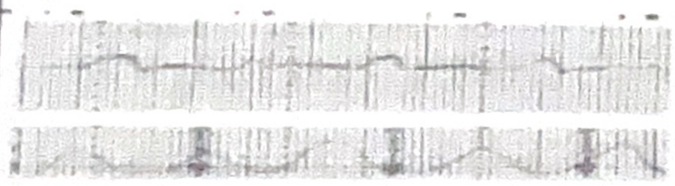
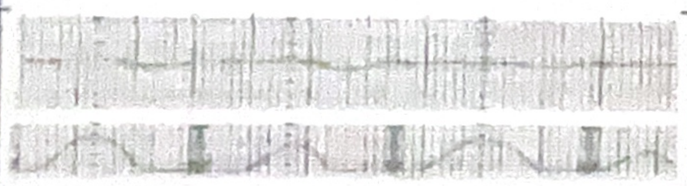
Assessment (Interpret the FHR strip-pick any moment in time):

Maternal VS: T: 97.9 P: 77 R: 18 BP: 102/61 96%

Contractions: Frequency: 1-3 min Duration: 20-50 sec

Fetal Heart Rate: Baseline: 120

Variable Decels: ( ) Early Decels: (✓) Accelerations: ( ) Late Decels: ( )

Pattern	Example	Cause	Interventions	Desired Outcome
Variable Decelerations		Cord Compression	Discontinue oxytocin Change maternal position Administer oxygen at 10 L/min by nonrebreather face mask. Notify provider Vaginal or speculum examination to assess for cord prolapse Amnioinfusion Assist with birth if pattern cannot be corrected.	Relieve Cord Compression
Early Decelerations		Head Compression	Continue to monitor labor progress.	Maintain Oxygenation Healthy fetus at delivery
Accelerations		These are OK!	Continue to monitor labor progress.	Maintain Oxygenation Healthy fetus at delivery
Late Decelerations		Poor Placental Perfusion	Discontinue oxytocin Assist woman to lateral (side-lying) position. Administer oxygen Correct maternal hypotension Increase rate of intravenous solution. Palpate uterus to assess for tachysystole. Notify provider Consider internal monitoring Assist with birth if pattern cannot be corrected.	Maximize Oxygenation Increased Perfusion to Placenta

Recommendation/Nursing Plan:

Describe the labor process and nursing care given as well as any complications you witnessed: Cytotec last dose, NO Complications

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason:

Delivery:

Method of Delivery: _____ Operative Assist: _____ Infant Apgar: ____/____ QBL: _____

Infant weight: _____

This is not my primary patient

Covenant School of Nursing Reflective Practice

Name: Shamari Mims Instructional Module: 6 Date submitted: 1/29/25

Use this template to complete the Reflective Practice documentation. Use only the space provided. Information that is not visible is lost.

Step 1 Description

At about 1100, I assisted with setting a mother up for a vaginal delivery.

Step 4 Analysis

The OB did the fundal rub during the time the placenta was delivering.

They told the mother to push for 10 seconds, ~~cont~~ with the contraction happening and allowing a rest period for 60 seconds.

Step 2 Feelings

I was not nervous at all, but was more thrilled to be on the other side of the process. Its the most important feeling to me only because of the amount of adrenaline that was running through my body preparing for any outcomes.

Step 5 Conclusion

I wanted to see how long after baby came out, when did the placenta follow, how soon after.

I could have made the situation better by holding mothers legs on the stirrups so that way mother could be more focused on pushing. She did well.

Step 3 Evaluation

The delivery went by smooth & fast. I was expecting to see the mothers reaction to a vaginal delivery more different. She was very calm.

Step 6 Action Plan

I can apply these learnings to another event, seeing whats expected and what they dont want to happen. I can see myself playing a more hands on role with more knowledge from my experience in this case.

Shamari Mims 1/29/25

Prioritization Tool

My primary patient

	URGENT	NOT URGENT
IMPORTANT	Urgent & Important DO monitor for signs of uterine tachysystole	Not Urgent but Important PLAN cervical ripening & dilation process
NOT IMPORTANT	Urgent but Not Important DELEGATE repositioning the patient	Not Urgent and Not Important ELIMINATE Dietary orders

Education Topics & Patient Response:

Patient was educated about the dilation process. She was told she was dilated to a 1 and was given the beads so she can see what it feels like.

Response to nurse: She was wanting to know when her next dose of cytotec would be.