Student Name: Lindsey McCormack

Date: 1/29/25

Situation:
Patient Room #: 406
Allergies: NKDA

Delivery Date & Time: 1/28/25 20:14

NSVD   PC/S   RC/S

Indication for C/S:

QBL: 322
LMP: 5/1/24   Est. Due Date: 2/15/25   BTL:

Prenatal Care: <28 wks _____

Anesthesia: None
Spinal   Epidural   LPNC

Duramorph/PCA   General

Background:
Patient Age: 26 y/o
Gravida: 2   Para: 2   Living: 2
Gestational Age: 31 3/3 weeks
Hemorrhage Risk: Low Medium (High)

Prenatal Risk Factors/Complications:
gestational HTN
blood type A-; Rhogam

	VS:	(Q4hr)	Q8hr
	0800:		
	HR-70, BP-115/57 (76), RR-18		
	O2-95% RA, Temp-98.4		
	1200:		

Diet: Regular
Pain Level: 4/10   **Activity:** up ad lib

Newborn: (Male)   Female
Feeding: (Breast) Pumping
Formula: (Similac) Neosure
Sensitive
Apgar: 1min 8 8 5min 9 9 10min

Wt: 6 lbs 8 oz   Ht: 18
inches

Maternal Lab Values:
Blood Type & Rh: A-
Rhogam @ 28 wks: (Yes)   No
Rubella: (Immune) Non-immune
RPR: R (NR)   HbSAG: +/(-)
HIV: +/(-) GBS: +/(-) Treated:
          X

H&H on admission: 32 / 11 hgb / hct

Newborn Lab Values:
Blood Type & Rh: A-
POC Glucose: 41 A-   Coombs: +
(-)
Q12hr Q24hr AC Glucose: NA

MD: Schaub
Mom-
Baby-

Consults: N/A
Social Services: _____
Psych: _____

Lactation: ✓

Case Mgmt: _____

Nutritional: _____

Vaccines/Procedures:
Maternal:
MMR consent 1/29 Date given:
TdaP: Date given 12/14
Refused
Rhogham given PP: Yes (No)

Newborn:
Hearing Screen: (Pass) Retest
Refer
Circumcision: Procedure Date
1/29/25
Plastibell   Gomco   Voided (Y)/ N

Student Name: _____   Date: _____

NB Complications: N/A	Bilirubin (Tcb/Tsb): _____ CCHD O2 Sat: Pre-ductal _____ % _____ % Post-ductal Other Labs:	Bath: Yes Refused
Assessment (Bubbleheb): Neuro: (WNL) Headache Blurred Vision Respiratory (WNL) Clear Crackles RR _18_ bpm Cardiac: (WNL) Murmur B/P _115_ / Pulse _70_ 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: 2° (WNL) (Swelling) Ecchymosis Incision (WNL) Drainage: Y (N) Dressing type: ____ Staples Dermabond Steri-strips Hemorrhoids: (Yes) No (Ice Packs) (Tucks) Proctofoam (Dermaplast) Bonding: yes (Responds to infant cues) Needs encouragement
Treatments/Procedures: Incentive Spirometry: Y / (N) PP H&H: _11_ hgb _32_ hct HTN Orders: Call > 160/110 (VSQ4hr) Hydralazine protocol Labetolol	IV Fluids: Oxytocin LR NS Rate: ____ / Hour N/A IV Site: _18_ gauge Location: (R) Wrist Magnesium given: Y / (N) Dc'd: ____ @ ____ am/ pm	Antibiotics: Frequency: _____ _____ _____ _____ _____ _____

Student Name:

Date:

BID/TID

Recommendation:		
Complete 24hr newborn screen + car seat test before discharge. Keep applying ice packs or perineum for swelling		

IM6 Critical Thinking

Student Name:
Lindsey McCormack

	Date: 1/30/25
Priority Nursing Problem: Gestational HTN	**Nursing Intervention #1:** Antihypertensive medications
	Evidence Based Practice: Relaxes the blood vessels, making the blood flow easier, lowering the BP
	Patient Teaching (specific to Nursing Diagnosis): 1. Walk around a few times a day to increase blood flow
Related to (r/t): High blood pressure during pregnancy	**Nursing Intervention #2:** Exercise: Mom should be up + walking x1/day
		2. Reduce sodium in diet to keep excess fluid out of your blood vessels.
	Evidence Based Practice: lowers the blood pressure by vasodilation	3. Take blood pressure medications as prescribed
As Evidenced by (aeb): Systolic ≥ 140 Diastolic ≥ 90	**Nursing Intervention #3:** low sodium in diet	
	Evidence Based Practice: Reduces the fluid (excess) in the blood vessels	**Discharge Planning/Community Resources:** 1. Consult nutritionalist for low sodium foods 2. Monitor BP - if ≥ 140/90, call your HCP 3. go to scheduled HCP appointments
Desired Patient Outcome (SMART goal): Mom will have a systolic pressure < 140, and diastolic pressure < 90		

Prioritization Tool

	URGENT	NOT URGENT
IMPORTANT	**Urgent & Important** DO Fundal rub, and check for bleeding vital signs Q4 BP!*	**Not Urgent but Important** PLAN gather DC instructions. and appointments/referrals for after discharge
NOT IMPORTANT	**Urgent but Not Important** DELEGATE Delegate a UAP to make sure patient has ice packs.	**Not Urgent and Not Important** ELIMINATE taking pictures

Education Topics & Patient Response:
educate on monitoring bleeding - if there is still heavy bleeding with a foul odor, contact HCP immediately

educate on monitoring BP

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