

# IM6 Critical Thinking Worksheet

Student Name:

Gaby Moya Bernal

Nursing Intervention #1:

Frequent feedings  
may need formula

Date:

1/29/25

Priority Nursing Problem:

Baby - bilirubin  
(came back 12.1 on machine)  
blood test indicated  
11.4, during newborn  
screening, indicating jaundice.

Evidence Based Practice:

To help eliminate  
bilirubin and have  
baby have frequent  
diaper changes.

Patient Teaching (specific to Nursing  
Diagnosis):

1. call Dr if baby has  
not urinated in 28 hrs.  
or no BM in last 24 hrs.  
or not feeding well.
2. monitor skin color  
if worsening of yellow ↑

Related to (r/t):

Baby was 35 weeks  
common in young babies &  
all umbilication of bilirubin w/  
KBC

Evidence Based Practice:

To  
check if bilirubin  
is improving if not  
can lead to brain damage  
or other problems.

Nursing Intervention #3:

Phototherapy

Evidence Based Practice:

Baby is getting  
blue light to  
improve levels of  
bilirubin, need baby to  
consistently be exposed.

Discharge Planning/Community Resources:

1. American Academy
  2. of Pediatrics
  3. March of Dimes
- Central Hearing  
Latham

Desired Patient Outcome (SMART goal):

Parent will receive  
phototherapy  
with infant ear  
shield good levels of bilirubin

} Care  
manage  
(online  
resources)

audie

LAOAKSUNT W/ NURSE

Student Name:

Date:

Recommendation:

MONITOR FOR BILIRUBIN  
LEVELS BILIRUBIN BEFORE  
ALC

**Situation:**

Patient Room #: 411  
Allergies: NKDA  
Delivery Date & Time: 0856

NSVD PC/S RC/S

Indication for C/S:

QBL: 100 BTL: N/A  
LMP: Est. Due Date: 13/03/25

Prenatal Care: <28 wks 1 LPNC 35 wks

Anesthesia: None Epidural Spinal

General Duramorph/PCA

**Background:**

Patient Age: 37 y/o Living: 4  
Gravida: 4 Para: 4 weeks  
Gestational Age: 35.1 weeks  
Hemorrhage Risk: Low Medium High

Prenatal Risk Factors/Complications:

GDM, ANEMIA, HYPERTENSION

NB Complications: Feeding & jaundice  
now phototherapy in VR

VS: Q4hr

Q8hr

0800: BP 93/54 HR 100 T° 98.1°  
RR 16 O<sub>2</sub> 96%  
1200: BP - HR - T° -

RR 12 O<sub>2</sub> - URINAL TO ASSESS  
DIET: ALL BREAST FEEDING  
Pain Level: 5 / 10 Activity: up & ambulating

Newborn: Male Female

Feeding: Breast Pumping

Bottle Formula: Similac Neosure

Sensitive

Apgar: 1min 7 5min 9 10 min

Wt: 6 lbs 1 oz Ht: 19 inches

**Maternal Lab Values:**

Blood Type & Rh O+

Rhopham @ 28 wks: Yes No

Rubella: Immune Non-immune

PRP: R NR HBSAG: + / -

HIV: + - GBS: + / - Treated: N/A

X UNKNOWN

H&H on admission: 12.8 hgb /

35.6 hct

**Newborn Lab Values:**

Blood Type & Rh O+ (G1)

POC Glucose: - Coombs: + / -

Q12hr Q24hr AC Glucose: 11.56 15.49

S1 - Stopped

MD: N/A

Mom: LAMORNA  
Baby: WAVES

Consults:

Social Services: N/A

Psych:

N/A

Lactation: 1/28/25

Case Mgmt: N/A

Nutritional:

Regular diet

**Vaccines/Procedures:**

Maternal:

MMR consent N/A Date given: N/A

Tdap: Date given N/A Refused

Rhopham given PP: Yes No

Newborn:

Hearing Screen: Pass Retest Refer

Circumcision: Procedure Date 1/29/25

Plastibell Gomco Voided: Y / N

Bath: Yes Refused

Student Name:

Date:

	Bilirubin (Tcb/Tsb): <u>11.7</u> CCHD O2 Sat: _____ Pre-ductal <u>97</u> % Post-ductal <u>95</u> % Other Labs: <u>N/A</u>	
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<b>Assessment (Bubbleheh):</b> Neuro: <u>WNL</u> Headache _____ Blurred Vision _____ Respiratory: <u>WNL</u> Clear _____ Crackles _____ RR <u>10</u> bpm Cardiac: <u>WNL</u> Murmur _____ B/P <u>93</u> / <u>54</u> Pulse <u>100</u> bpm Cap. Refill: <u>&lt;/= 3 sec</u> >3 sec _____ Psychosocial: Edinburgh Score <u>N/A</u>	Breast: <u>Engorgement</u> Flat/Inverted _____ Nipple _____ Uterus: Fundal Ht 2U 1U UU <u>U1</u> U2 U3 <u>Midline</u> Left Right Lochia: Heavy Mod Light <u>Scant</u> None <u>Small</u> Odor: Y / <u>N</u> <u>350ml</u> Bladder: <u>Voiding QS</u> Catheter _____ DTV _____ Bowel: Date of Last BM <u>N/A</u> Passing Gas: <u>Y</u> / <u>N</u> Bowel sounds: <u>WNL</u> Hypoactive _____	Episiotomy/ <u>Laceration</u> : _____ <u>WNL</u> Swelling _____ Ecchymosis _____ Incision: <u>WNL</u> Drainage: Y / N Dressing type: <u>N/A</u> Steri-strips _____ Staples _____ Dermabond _____ Hemorrhoids: Yes _____ <u>No</u> Proctofoam _____ <u>Ice Packs</u> Tucks _____ Dermoplast _____ Bonding: _____ Responds to infant cues _____ Needs encouragement _____
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Treatments/Procedures: Incentive Spirometry: Y / N PP H&H: <u>9.9</u> hgb <u>18.4</u> hct HTN Orders: <u>N/A</u> Call > 160/110. <u>VSQ4hr</u> Hydralazine protocol _____ Labetolol BID/TID _____	IV Fluids: Oxytocin <u>LR</u> <u>NS</u> Rate: <u>N/A</u> / Hour <u>N/A</u> IV Site: <u>R</u> gauge Location: <u>FA</u> Magnesium given: Y / <u>N</u> Dc'd: <u>N/A</u> @ <u>N/A</u> am/pm <u>LSTM played</u>	Antibiotics: _____ Frequency: _____ <del>_____</del> <del>_____</del> <del>_____</del> <del>_____</del> PAIN meds: <u>TYLENOL 1,000mg Q4PO</u>
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