

06924

sarah.  
vital signs and  
chart  
do assessment with  
Ms. Nuttall.

## IM6 Critical Thinking Worksheet

Student Name: Ivy Borovio	Nursing Intervention #1: Check pads for heavy bleeding or clots.	Date: 02/19/25.
Priority Nursing Problem: Pain (Incisional) At risk for hemorrhage. Lactation problems.	Evidence Based Practice: Pt is at risk for hemorrhage due to qbl of > 500 ml. Nursing Intervention #2: Check vital signs Q4.	Patient Teaching (specific to Nursing Diagnosis): Notify nurse if the pads are filling up quickly; full pad in 15 min. It could be a sign of hemorrhage. Make sure to breastfeed baby with <del>best</del> both breasts to prevent engorgement and mastitis.
Related to (r/t): laceration. inverted nipple.	Evidence Based Practice: to check if mom develops an infection or is bleeding	
(s/s) As Evidenced by (aeb): blood loss of 729 ml during birth. having to use a nipple shield in the right breast during breastfeeding.	Nursing Intervention #3: encourage skin to skin contact.	Discharge Planning/Community Resources:
time limit Desired Patient Outcome (SMART goal): Check pads for heavy bleeding q4. Consult with lactation before discharge.	Evidence Based Practice: promote bonding with baby and help keep baby warm.	Lactation consult.

Student Name:

Date:

<p><b>Situation:</b>          Patient Room #: <u>22</u>          Allergies: <u>NKDA</u>          Delivery Date &amp; Time: <u>02/18/25 2323</u></p> <p><u>NSVD</u> PC/S RC/S</p> <p>Indication for C/S: <u>None</u></p> <p>QBL: <u>729 ml</u> BTL: <u>none</u>          LMP: <u>05/13/24</u> Est. Due Date: <u>02/17/25</u></p> <p>Prenatal Care: &lt;28 wks <input checked="" type="checkbox"/> LPNC <u>39 wks</u></p> <p>Anesthesia: <del>None</del> <u>Epidural</u> Spinal          General Duramorph/PCA</p>	<p>VS: <u>Q4hr</u> Q8hr</p> <p>0800: Temp: <u>97.7</u> rr: <u>14</u> O<sub>2</sub>: <u>98</u>          HR: <u>100</u> BP: <u>133/95</u></p> <p>1200: Temp: <u>98.1</u> rr: <u>16</u> O<sub>2</sub>: <u>97</u>          HR: <u>86</u> BP: <u>128/82</u></p> <p>Diet:          Pain Level: <u>3</u> / 10 Activity: <u>normal</u></p> <p>Newborn: Male <u>Female</u>          Feeding: <u>Breast</u> Pumping Bottle          Formula: Similac Neosure Sensitive          Apgar: 1min <u>8</u> 5min <u>9</u> 10 min <u>-</u>          Wt: <u>8</u> lbs <u>8.5</u> oz Ht: <u>   </u> inches</p>	<p>MD: <u>Gentry</u>          Mom-          Baby- <u>Faniku</u></p> <p>Consults:          Social Services: _____          Psych: _____          Lactation: _____          Case Mgmt: _____          Nutritional: _____</p>
<p><b>Background:</b>          Patient Age: <u>24</u> y/o          Gravida: <u>1</u> Para: <u>1</u> Living: <u>1</u>          Gestational Age: <u>40</u> weeks          Hemorrhage Risk: Low Medium <u>High</u></p> <p><b>Prenatal Risk Factors/Complications:</b>          _____          _____          _____</p> <p><b>NB Complications:</b>  <u>forcep delivery</u>  <u>Nuchal cord x1</u></p>	<p><b>Maternal Lab Values:</b>          Blood Type &amp; Rh <u>A+</u>          Rhogam @ 28 wks: Yes <u>No</u>          Rubella: <u>Immune</u> Non-immune          RPR: R / <u>NR</u> HbSAG: + / <u>-</u>          HIV: + / <u>-</u> GBS: + / <u>-</u> Treated: <u>-</u> X          H&amp;H on admission: <u>10.9</u> hgb / <u>33.2</u> hct</p> <p><b>Newborn Lab Values:</b>          Blood Type &amp; Rh _____          POC Glucose: _____ Coombs: + / -          Q12hr Q24hr AC Glucose: _____          Bilirubin (Tcb/Tsb): _____          CCHD O2 Sat:          Pre-ductal _____ % Post-ductal _____ %          Other Labs: <u>not 24 hrs old</u></p>	<p><b>Vaccines/Procedures:</b>  <b>Maternal:</b>          MMR consent <u>-</u> Date given: _____          Tdap: Date given <u>02/11/25</u> Refused          Rhogam given PP: Yes <u>No</u>  <u>11/24</u></p> <p><b>Newborn:</b>          Hearing Screen <u>Pass</u> Retest <u>Refer</u>          Circumcision: Procedure Date _____          Plastibell Gomco Voided: Y / N          Bath: Yes Refused</p>

Date: 02/19/25

**Assessment (Bubblehep):**

Neuro: WNL Headache Blurred Vision

Respiratory: WNL Clear Crackles  
RR 16 bpm

Cardiac: WNL Murmur B/P 133 / 95  
Pulse 100 bpm

Cap. Refill: </= 3 sec >3 sec

Psychosocial: Edinburgh Score 0

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 02/17/25  
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:  
Responds to infant cues  
Needs encouragement

Treatments/Procedures:  
Incentive Spirometry: Y / N  
PP H&H: 10.7 hgb 32.0 hct

HTN Orders:  
Call > 160/110 VSQ4hr  
Hydralazine protocol Labetolol BID/TID

IV Fluids: Oxytocin LR NS  
Rate: 75ml / Hour

IV Site: 18 gauge Location: Right AP  
Magnesium given: Y / N  
Dc'd: \_\_\_\_\_ @ \_\_\_\_\_ am/pm

Antibiotics: \_\_\_\_\_ Frequency: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Recommendation:**  
Assess lochia every 4 hrs.  
Draw baby's labs to check for complications.  
Control pain at laceration site.

mo

*[Handwritten signatures and notes]*  
V. Lopez  
D. Lopez  
D. Lopez  
Temp: 97.7