

IM6 Critical Thinking Worksheet

Student Name: Caitly Langston	Nursing Intervention #1: Fundal rub	Date: 4/19/25
Priority Nursing Problem: Teaching breastfeeding, SIs of PPD, community resources	Evidence Based Practice: helps the uterus contract and control bleeding.	Patient Teaching (specific to Nursing Diagnosis): 1. Milk will not come in for a few days, but the baby's stomach is very small right now and only needs colostrum the first few days. 2. A sudden drop in milkrows can cause "baby blues;" SIs include crying, anxiety, and sleepiness. This is normal. If SIs get worse, see your Dr. immediately. 3. Being a first time single mom can be scary, but the hospital will help connect you with resources for whatever you need.
Related to (r/t): First time mom (single mom)	Evidence Based Practice: to be able to detect possible newbornage early to prevent further complications	Discharge Planning/Community Resources: 1. WIC SNAP benefits 2. Parenting OTHGE offers free car seat classes and free car seats. 3. Lactation consultants are always available at the hospital, even after discharge.
As Evidenced by (aeb): effective teaching of breast feeding results in better latching, milk production, and willingness to BF until 1 year.	Nursing Intervention #3: monitor urinary output Evidence Based Practice: bladder rupture due to post partum urinary retention	
Desired Patient Outcome (SMART goal): MOM will feed baby every 2-3 hrs; MOM will report SIs of PPD to her OB/GYN immediately; MOM will apply for benefits before discharge.		

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<p>Situation: Patient Room #: <u>419</u> Allergies: <u>Bactrim</u> Delivery Date & Time: <u>4/9 0514</u> <input checked="" type="checkbox"/> NSVD PC/S RC/S Indication for C/S: QBL: <u>280</u> BTL: Est. Due Date: <u>4/18</u> LMP: Prenatal Care: <28 wks <input checked="" type="checkbox"/> LPNC <u>33 w/1</u> Anesthesia: None <input checked="" type="checkbox"/> Epidural Spinal Duramorph/PCA General</p>	<p>VS: Q4hr Q8hr 0800: T: <u>98.1</u> B/P: <u>121/89</u> <u>RR: 18</u> HR: <u>115</u> 1200: Diet: <u>regular</u> Pain Level: <u>2/10</u> Activity: <u>walking</u> Newborn: Male <input checked="" type="checkbox"/> Female Feeding: <input checked="" type="checkbox"/> Breast Bottle Pumping Formula: Similac Neosure Sensitive Apgar: 1min <u>8</u> 5min <u>9</u> 10 min Wt: <u>7</u> lbs <u>10</u> oz Ht: <u>19.15</u> inches</p>	<p>MD: Mom - <u>Lawton</u> Baby - <u>Walker</u> Consults: Social Services: Psych: Lactation: Case Mgmt: Nutritional:</p>
<p>Background: Patient Age: <u>25</u> y/o Gravida: <u>1</u> Para: <u>1</u> Living: <u>1</u> Gestational Age: <u>38-5</u> weeks Hemorrhage Risk: <input checked="" type="checkbox"/> Low Medium High Prenatal Risk Factors/Complications: <u>limited prenatal care</u> NB Complications: <u>Coombs +</u></p>	<p>Maternal Lab Values: Blood Type & Rh <u>O+</u> Rhogham @ 28 wks: Yes <input checked="" type="checkbox"/> No Rubella: <input checked="" type="checkbox"/> Immune Non-immune RPR: R / <input checked="" type="checkbox"/> NR HbsAG: + / <input checked="" type="checkbox"/> - HIV: + / <input checked="" type="checkbox"/> - GBS: + / - <u>unk</u> Treated: X H&H on admission: <u>10.6</u> hgb / <u>30.6</u> hct Newborn Lab Values: Blood Type & Rh <u>A+</u></p>	<p>Vaccines/Procedures: Maternal: MMR consent _____ Date given: _____ Tdap: Date given <u>1/20</u> Refused Rhogham given PP: Yes <input checked="" type="checkbox"/> No Newborn: Hearing Screen: Pass Retest Refer Circumcision: Procedure Date _____ Plastibell Gomco Voided: Y / N Bath: <input checked="" type="checkbox"/> Yes Refused</p>

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<p>Assessment (Bubblehep): Neuro <u>WNL</u> Headache <u>Blurred Vision</u> Respiratory: <u>WNL</u> <u>Clear</u> Crackles RR <u>18</u> bpm Cardiac: <u>WNL</u> Murmur B/P <u>121</u> / <u>89</u> Pulse <u>115</u> bpm Cap. Refill: \leq 3 sec $>$ 3 sec Psychosocial: Edinburgh Score _____</p>	<p>POC Glucose: <u>LD</u> Coombs: <u>F</u> / - <u>Q12h</u> Q24hr AC Glucose: Bilirubin (Tcb/Tsb): GCHD <u>Q2 Sat</u> Pre-ductal: _____ % Post- ductal: _____ % Other Labs: <u>oat pos.</u></p>	<p>Episiotomy/Laceration: <u>WNL</u> Swelling <u>Ecchymosis</u> Incision: <u>WNL</u> Drainage: <u>Y</u> / <u>N</u> Dressing type: _____ Staples _____ Dermabond _____ Steri-strips _____ Hemorrhoids: Yes No Ice Packs _____ Tucks _____ Proctofoam _____ Dermaplast _____ Bonding: <u>Responds to infant cues</u> <u>Needs encouragement</u></p>
<p>Treatments/Procedures: Incentive Spirometry: <u>Y</u> / <u>N</u> PP H&H: _____ hgb _____ hct HTN Orders:</p>	<p>Breast: Engorgement Flat/Inverted Nipple Uterus: Fundal Ht 2U 1U UU U1 <u>U2</u> U3 Midline <u>Left</u> Right Lochia: Heavy <u>Med</u> Light Scant None Odor: <u>Y</u> / <u>N</u> Bladder: <u>Voiding QS</u> 1x Catheter <u>DTV</u> Bowel: Date of Last BM Passing Gas: <u>Y</u> / <u>N</u> Bowel sounds: <u>WNL</u> Hypoactive</p>	<p>Antibiotics: _____ Frequency: _____ _____ _____ _____</p>
<p>IV Fluids: <u>NS</u> Rate: _____ / Hour IV Site: <u>18 gauge</u> <u>Distal</u></p>	<p>IV Fluids: <u>Oxytocin</u> <u>LR</u> Rate: _____ / Hour IV Site: <u>18 gauge</u> <u>Distal</u></p>	<p>Antibiotics: _____ Frequency: _____ _____ _____ _____</p>

Breast
 Uterus
 Bladder
 Bowels
 Lochia
 Epis.
 Hemorrhoids
 Emotional
 Bonding

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Call > 160/110 Hydralazine protocol	VSQ4hr Labetolol BID/TID	Location: _____ Magnesium given: Y/N Dose: _____ @ _____ am/pm
Recommendation: <ul style="list-style-type: none">• change pad and underwear frequently• ambulate to reduce leg swelling		