

### IM6 Student Learning Outcomes

<b>Safety &amp; Quality</b>	<b>Clinical Judgment</b>	<b>Patient Centered Care</b>	<b>Professionalism</b>	<b>Communication &amp; Collaboration</b>
<i>Formulate a plan of care for the childbearing family, and the patient with mental health disorders using evidence-based practice, safety, and quality principles.</i>	<i>Demonstrate clinical judgment using evidence-based data in making clinical decisions for the childbearing family, and the patient with mental health disorders.</i>	<i>Demonstrate family centered care based on the needs of the childbearing family, and the patient with mental health disorders.</i>	<i>Relate knowledge, skills, and attitudes required of the professional nurse by advocating and providing care to the childbearing families, and the patient with mental health disorders.</i>	<i>Communicate and collaborate effectively with patients, family, and members of the interdisciplinary team in the childbearing family, and the patient with mental health disorders.</i>

**Safety & Quality:**

**Clinical Judgment:**

**Patient Centered Care:**

**Professionalism:**

**Communication & Collaboration:** Collaborated w/ primary nurse to complete assessment +  
Remove Foley catheter on her behalf

Communicated w/ pt about what the procedure was and kept the pt informed about every step

annex values  
1 focused OB assessment - Leopolds, fundal height, cervical exam, contractions view strip

Date: 4/23/25

perineal

<p><b>Assessment (Bubblehep):</b>          Neuro: <u>WNL</u> Headache Blurred Vision          Respiratory: <u>WNL</u> Clear Crackles          RR ___ bpm          Cardiac: <u>WNL</u> Murmur B/P <u>111 / 80</u>          Pulse ___ bpm          Cap. Refill: <u>&lt;/= 3 sec</u> &gt;3 sec          Psychosocial: Edinburgh Score <u>N/A</u>  <i>depression score</i></p>	<p>Breast: Engorgement <u>Flat/Inverted Nipple</u>          Uterus: Fundal Ht 2U 1U UU <u>U1</u> U2 U3          Midline <u>-1</u> Left Right          Lochia: Heavy <u>Mod</u> Light Scant None          Odor: Y / <u>N</u>          Bladder: Voiding QS <u>Catheter</u> DTV  <i>removed 10:30</i>          Bowel: Date of Last BM <u>4/22</u>          Passing Gas: Y / <u>N</u>          Bowel sounds: <u>WNB</u> Hypoactive</p>	<p>Episiotomy/Laceration: <u>perineal</u> <u>laceration</u>  <u>WNL</u> Swelling Ecchymosis          Incision: <u>WNL</u> Drainage: Y / N          Dressing type: <u>N/A</u>          Staples <u>Dermabond</u> Sterli-strips          Hemorrhoids: Yes <u>No</u>          Ice Packs Tucks Proctofoam  <u>Dermaplast</u>          Bonding:  <u>Responds to infant cues</u>          Needs encouragement</p>
<p>Treatments/Procedures: <u>N/A</u>          Incentive Spirometry: Y / <u>N</u>          PP H&amp;H: <u>13.9</u> hgb <u>39.2</u> hct          HTN Orders: VSQ4hr          Call &gt; 160/110          Hydralazine protocol Labetolol BID/TID</p>	<p>IV Fluids: Oxytocin LR NS          Rate: ___ / Hour          IV Site: <u>LR</u> gauge Location: <u>LR hand</u>          Magnesium given: Y / <u>N</u>          Dc'd: <u>N/A</u> @ <u>N/A</u> am/pm</p>	<p>Antibiotics: <u>penicillin</u>          Frequency: _____</p>
<p><b>Recommendation:</b>          • change pad frequently          • consistent feeding schedule</p>		

Student Name: Alexis Gross

removed Foley

Date: 4/23/25

<b>Situation:</b> Patient Room #: 421 Allergies: <u>Latex</u> Delivery Date & Time: 4/23/25 4:58 <u>NSVD</u> PC/S RC/S Indication for C/S: <u>n/a</u> QBL: <u>SDU/ml</u> BTL: <u>n/a</u> LMP: <u>8/3/24</u> Est. Due Date: <u>5/10/25</u> Prenatal Care: <u>&lt;28 wks</u> <input checked="" type="checkbox"/> LPNC Anesthesia: None <u>Epidural</u> Spinal General Duramorph/PCA	VS: <u>Q4hr</u> Q8hr 0800: <u>n/a</u> 1200: <u>All w/in normal limits</u> Diet: <u>Regular</u> Pain Level: <u>D/10</u> Activity: <u>decreased</u> Newborn: <u>Male</u> Female Feeding: Breast <u>Similia</u> Pumping Neosure Bottle Formula: <u>Similia</u> Sensitive Appgar: 1 min <u>8</u> 5 min <u>9</u> 10 min <u>n/a</u> Wt: <u>7</u> lbs <u>11.5</u> oz Ht: <u>20.25</u> inches	<b>Maternal Lab Values:</b> Blood Type & Rh <u>B neg</u> Rhogham @ 28 wks: <u>Yes</u> No Rubella: <u>Immune</u> Non-immune RPR: R <u>/NR</u> HbsAG: + <u>0</u> HIV: + <u>/0</u> GBS: <u>0</u> / - Treated: <u>1</u> X H&H on admission: <u>15.9</u> hgb / <u>34.2</u> hct <b>Newborn Lab Values:</b> Blood Type & Rh <u>D+</u> POC Glucose: <u>---</u> Coombs: + / - Q12hr Q24hr AC Glucose: <u>---</u> Bilirubin (Tcb/Tsb): <u>---</u> CCHD O2 Sat: <u>---</u> Pre-ductal <u>n/a</u> % Post-ductal <u>n/a</u> % Other Labs: <u>not 24 hrs. old</u>	<b>MD:</b> Mom-Genity <u>Strongy</u> Baby-Strongy Consults: Social Services: _____ Psych: _____ Lactation: _____ Case Mgmt: <u>referred</u> Nutritional: <u>referred</u> <b>Vaccines/Procedures:</b> <b>Maternal:</b> MMR consent _____ Date given: _____ Tdap: Date given _____ Refused Rhogham given PP: Yes No <b>Newborn:</b> Hearing Screen: Pass Retest Refer Circumcision: Procedure Date <u>n/a</u> Plastibell Gomco Voided: Y / N Bath: Yes Refused <u>not 24 hrs. old</u>
<b>Background:</b> Patient Age: <u>23</u> y/o Gravida: <u>2</u> Para: <u>2</u> Living: <u>2</u> Gestational Age: <u>37</u> weeks <u>4 days</u> Hemorrhage Risk: <u>Low</u> Medium High Prenatal Risk Factors/Complications: <u>ANMVA</u> <u>GBS +</u> NB Complications: <u>n/a</u>			

## IM6 Critical Thinking Worksheet

<b>Student Name:</b> Alexis Glass		<b>Nursing Intervention #1:</b> lochia		<b>Date:</b> 4/23/25
<b>Priority Nursing Problem:</b> Risk for Deficient Fluid Volume		<b>Evidence Based Practice:</b> help detect early signs of uterine atony		<b>Patient Teaching (specific to Nursing Diagnosis):</b> 1. Call right away if you notice heavy bleeding, large clots, feel dizzy or faint 2. Change pad every few hrs + watch for bad smell or fever 3. Keep bladder empty, pee every 2-3 hrs. even if you don't feel like it
<b>Related to (r/t):</b> uterine atony Secondary to history of PP hemorrhage		<b>Nursing Intervention #2:</b> AS prescribed		
<b>As Evidenced by (aeb):</b> prior hx of PPH, recent vaginal delivery + known risk factors - GBS + status + uterine fatigue		<b>Evidence Based Practice:</b> First-line med for PPH prevention		
<b>Desired Patient Outcome (SMART goal):</b> maintain stable VS + lochia within normal limits, fundus that remains firm + midline upon assessment		<b>Nursing Intervention #3:</b> monitor temp + assess for s/s of infection		<b>Discharge Planning/Community Resources:</b> 1. mother-baby support groups 2. lactation services 3. FP contraceptive counseling - if required about BCP
		<b>Evidence Based Practice:</b> GBS + increases risk of PP endometritis		