IM6 Critical Thinking Worksheet

Student Name:
Ally Morrow

Nursing Intervention #1: Assist w/ ambulation	**Date:** 4/23/2025	

Priority Nursing Problem:

High blood pressure of birth.

Evidence Based Practice: ambulating after surgery decreases the risk of blood clots.	**Patient Teaching (specific to Nursing Diagnosis):** 1. Call me if you start to feel a headache, blurry vision, & spots.

Nursing Intervention #2: Encourage breathing with baby in the NICU	2. Getting up out of bed decreases the risk of forming blood clots.

Related to (r/t): gestational hypertension

Evidence Based Practice: bonding promotes stimulates baby & uterus which can aid in helping increase milk supply.	3. increase fluid intake to prevent dehydration & promote bowel movement.

Nursing Intervention #3: Massage the fundus to prevent hemmorhage.	

As Evidenced by (aeb): Considered elevated blood pressure through out pregnancy.

Evidence Based Practice: Massaging the fundus allows the uterus to contract to prevent bleeding.	**Discharge Planning/Community Resources:** 1. ● Contact your OB or go the ER if you pass a clot the size of bag. 2. ● 3. ● Attend mommy & me support groups so that you can have a community that promotes

Desired Patient Outcome (SMART goal):

Patient is off blood pressure medication and has regular blood pressure

Support & bonding
● go home and walk around, but don't overwork yourself. So ensure you are taking breaks

Student Name: Date: Hly Worw 1/23/2025

Situation:

Patient Room #: 424
Allergies: NKA
Delivery Date & Time: 4/19/2025 1455

NSVD PC/S RC/S
Indication for C/S: blan transverse

LMP: 7/25/2024
QBL: 755 **BTL:** NRFHT
Est. Due Date: 5/1/2025

Prenatal Care: <28 wks _____ LPNC _____

Anesthesia: None Epidural Spinal
General Duramorph/PCA

Background:

Patient Age: 34 y/o
Gravida: 1 **Para:** 1 **Living:** 1
Gestational Age: 38 weeks
Hemorrhage Risk: Low **Medium** High

Prenatal Risk Factors/Complications:
Intracranial Aneurysm Coil
*HTN - preeclampsia

NB Complications:
*HTN - "low abt"
fetal Monitoring Category III
resuscitated w/ bulb suction

VS: 0800: Q4hr Q8hr
T: 98 F bpm LH RR 22
142 / H6 / 80 02 98%

1200:

Diet: Regular
Pain Level: 5 / 10 Activity:

Newborn:
Female **Male**
Feeding: **Breast** Bottle
Pumping
Formula: **Similac** Neosure
Sensitive
Apgar: 1min 8 5min
Wt: 20 37 10 min 8
Ht: 20 37 inches lbs 3 oz

Maternal Lab Values:
Blood Type & Rh: B+
Rhogam @ 28 wks: Yes
No
Rubella: **Immune** Non-
immune
RPR: R / NR HbSAG:
+ / -
HIV: +/- - GBS: + / -
Treated: U X
H&H on admission: 11 _____ hgb
/ 7.9 _____ hct

Newborn Lab Values:
Blood Type & Rh
N/A

MD: Dr. Loveless
Mom- Monroe
Baby- Blaze

Consults:
Social Services:

Psych:

Lactation: Assistance w/ breast feeding &
Nursing & lactation education.

Nutritional:

Vaccines/Procedures:
Maternal:
MMR consent
TdaP: Date given _____
Rhogham given PP: Yes No

Newborn:
Hearing Screen: Pass Retest Refer
Circumcision: Procedure Date 2/6/25 Refused
Plastibell Gomco Voided: Y / N

Bath: Yes Refused

Student Name: Date:

Ally Warren

Assessment (Bubbleheb):		
	POC Glucose: 7b Coombs: + / - Q12hr Q24hr AC Glucose: Bilirubin (Tcb/Tsb): CCHD O2 Sat: Pre-ductal ____ % Post- ductal ____ % Other Labs:	
Neuro: WNL Headache Blurred Vision	Breast: Engorgement Flat/Inverted Nipple	Episiotomy/Laceration: WNL Swelling Ecchymosis Incision: WNL Drainage: Y / N
Respiratory: WNL Clear Crackles RR _14_ bpm	Uterus: Fundal Ht 2U 1U UU U1 U2 U3 Midline Left Right	Dressing type: _Dermabond_ Staples Dermabond Steri-strips
Cardiac: WNL Murmur B/P _134_ / _83_ Pulse ____ bpm	Lochia: Heavy Mod Light Scant None Odor: Y / N	Hemorrhoids: Yes No Ice Packs Tucks Proctofoam Dermaplast
Cap. Refill: </= 3 sec >3 sec	Bladder: Voiding QS Voids Catheter DTV	Bonding: Responds to infant cues Needs encouragement
Psychosocial: Edinburgh Score ____	Bowel: Date of Last BM 12/13 Passing Gas: Y / N Bowel sounds: WNL Hypoactive	Baby is in NICU so I would encourage bonding.
Treatments/Procedures: Incentive Spirometry: Y / N PP H&H: _8.8_ hgb _26.2_ hct	IV Fluids: Oxytocin LR NS Rate: ____ / Hour	Antibiotics: Frequency: _____ _____ _____ _____ _____ _____
HTN Orders: Call > 160/110VSQ4hr	IV Site: _18_ gauge Location: _R Forearm_	

Student Name: Date:

Hydralazine protocol   (Labetolol) BID/TID

Magnesium given: Y / N Dc'd: _____ @ _____ am/ pm		
Recommendation: I recommend that my patient gets up and walks around and does foot pumps to reduce the risk of blood clots		