

Morgan Brooks

IM6 Critical Thinking Worksheet

3 things for pt

<p>Student Name: Morgan Brooks</p>	<p>Nursing Intervention #1: help with latch when its feeding time</p>	<p>Date: 4/29/25</p>
<p>Priority Nursing Problem: Monitoring babies respiratory status</p>	<p>Evidence Based Practice: ensuring proper latch can help during feeds & help ↓ chances of engorgement & irritated/cracked nipples</p> <p>Nursing Intervention #2: SKIN to SKIN</p>	<p>Patient Teaching (specific to Nursing Diagnosis): (in relation to problem)</p> <ol style="list-style-type: none"> 1. Call for help immediately if you notice any blue skin (especially around the mouth & fingers) 2. Make sure during feeding you give baby breaks & help them spit up to ensure baby is breathing during feedings 3. When home, avoid smoke from cigarettes, vapes, pens, etc. Keep the air as clean (as you can) when home to help w/ respiratory issues.
<p>Related to (r/t): Fetal hypoxia & meconium stained amniotic fluid</p> <p>(S/S) As Evidenced by (aeb):</p> <ul style="list-style-type: none"> • C-Pap after birth • Stained amniotic fluid • Pale/cyanosis • ↑ HR • SOB • retractions • grunting 	<p>Evidence Based Practice: promotes bonding between Mom & baby & helps w/ thermoregulation</p> <p>Nursing Intervention #3: encouraging adequate fluids & nutrition for Mom</p> <p>Evidence Based Practice: encouraging fluids help prevent dehydration & encouraging a healthy diet/ maintaining good nutrition helps during the recovery process</p>	<p>Discharge Planning/Community Resources:</p> <ol style="list-style-type: none"> 1. Lactation Consult 2. Lubbock moms 3. WIC
<p>Desired Patient Outcome (SMART goal): By discharge, Mom & Dad will be able to identify signs & symptoms of respiratory distress in baby and be able to intervene (ie help burp baby if tympanic during feeding) or call for help immediately</p> <p>By discharge, Mom & Dad will be able to identify signs & symptoms of respiratory distress in baby and be able to intervene (ie help burp baby if tympanic during feeding) or call for help immediately</p> <p>(Specific, measurable, accurate, reliable, timely)</p>		

Student Name: Morgan Brooks

Date: 4/29/25

Situation:
 Patient Room #: 24
 Allergies: KNDA
 Delivery Date & Time: 4/28/25 1850
 NSVD PC/S RC/S
 Indication for C/S:
 QBL: 750 BTL:
 LMP: 7/16/24 Est. Due Date: 4/22/25
 Prenatal Care: <28 wks LPNC 40w 2d
 Anesthesia: None Epidural Spinal
 General Duramorph/PCA

VS: ~~Q4hr~~ Q8hr
 0800: ~~BP-123/74 T-98.2F HR-78 R-17 O2-100~~
 1200:
 Diet: normal
 Pain Level: 2/10 Activity: as tolerated
 Newborn: Male Female
 Feeding: Breast Pumping Bottle
 Formula: Similac Neosure Sensitive
 Apgar: 1min 8 5min 8 10min _____
 Wt: 8 lbs 3.2 oz Ht: 21 inches

MD: Mom-Blann
Baby-Faniku
 Consults: _____
 Social Services: Na
 Psych: Na
 Lactation: Na
 Case Mgmt: Na
 Nutritional: Na

Background:
 Patient Age: 28 y/o
 Gravida: 2 Para: 2 Living: 2
 Gestational Age: 40w 6d weeks
 Hemorrhage Risk: Low Medium High
 Prenatal Risk Factors/Complications:
asthma
 NB Complications: CPAP x 3 min
Meconium stained amniotic fluid
calcified placenta

Maternal Lab Values:
 Blood Type & Rh O-
 Rhogam @ 28 wks: Yes No
 Rubella: Immune Non-immune
 RPR: R / NR HbSAG: + -
 HIV: + - GBS: + - Treated: _____ X
 H&H on admission: 15 hgb / 41.4 hct
Newborn Lab Values:
 Blood Type & Rh A-
 POC Glucose: _____ Coombs: + / -
 Q12hr Q24hr AC Glucose: _____
 Bilirubin (Tcb/Tsb): _____
 CCHD O2 Sat: _____
 Pre-ductal _____ % Pos-ductal _____ %
 Other Labs: not 24 hrs old

Vaccines/Procedures:
Maternal:
 MMR consent: ? Date given: _____
 Tdap: Date given 4/2/25 Refused
 Rhogam given PP: Yes No
Newborn:
 Hearing Screen: Pass Retest: Re' or
 Circumcision: Procedure Date: 4/29/25
 Plastibell Gomco Voided: Y/N
 Bath: Yes Refused (not 24 hrs)

Student Name: Morgan Brooks

Date: 4/29/25

<p>Assessment (Bubblehep): Neuro: <u>WNL</u> Headache Blurred Vision Respiratory: <u>WNL</u> Clear Crackles RR <u>17</u> bpm Cardiac: <u>WNL</u> Murmur B/P <u>123 / 74</u> Pulse <u>78</u> bpm Cap. Refill: <u></= 3 sec</u> >3 sec Psychosocial: Edinburgh Score <u>0</u></p>	<p>Breast: Engorgement Flat/Inverted Nipple Uterus: Fundal Ht 2U 1U UU <u>U1</u> U2 U3 <u>Midline</u> Left Right Lochia: Heavy Mod <u>Light</u> Scant None Odor: Y / <u>N</u> Bladder: <u>Voiding QS</u> Catheter DTV Bowel: Date of Last BM <u>4/28</u> Passing Gas: <u>Y</u> / N Bowel sounds: <u>WNL</u> Hypoactive</p>	<p>Episiotomy/Laceration: <u>WNL</u> Swelling Ecchymosis Incision: WNL Drainage: Y / N Dressing type: _____ Staples Dermabond Steri-strips Hemorrhoids: Yes <u>No</u> Ice Packs Tucks Proctofoam Dermaplast Bonding: <u>Responds to infant cues</u> Needs encouragement</p>
<p>Treatments/Procedures: Incentive Spirometry: Y / N PP H&H: <u>15</u> hgb <u>414</u> hct HTN Orders: Call > 160/110 VSQ4hr Hydralazine protocol Labetolol BID/TID</p>	<p>IV Fluids: Oxytocin LR NS Rate: _____ / Hour IV Site: _____ gauge Location: _____ Magnesium given: Y / N Dc'd: _____ @ _____ am/pm</p>	<p>Antibiotics: _____ Frequency: _____ _____ _____</p>
<p>Recommendation: Monitor for bleeding</p>		

Morgan Brooks

IM6 Student Learning Outcomes				
Safety & Quality	Clinical Judgment	Patient Centered Care	Professionalism	Communication & Collaboration
Formulate a plan of care for the childbearing family, and the patient with mental health disorders using evidence-based practice, safety, and quality principles.	Demonstrate clinical judgment using evidence-based data in making clinical decisions for the childbearing family, and the patient with mental health disorders.	Demonstrate family centered care based on the needs of the childbearing family, and the patient with mental health disorders.	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.	Communicate and collaborate effectively with patients, family, and members of the interdisciplinary team in the childbearing family, and the patient with mental health disorders.

X Safety & Quality:

Clinical Judgment:

- Patient Centered Care: during the circumcision for my pt, some white noise was played to help soothe him
- Professionalism: maintained ~~patient's~~ pt's wishes to not receive med's vaccine for newborn & educated on risks. Then when parents changed their mind on some med's, gave baby med's

X Communication & Collaboration: