

## IM6 Critical Thinking Worksheet

<b>Student Name:</b> Olivia Samanripas	<b>Nursing Intervention #1:</b> fundal massage	<b>Date:</b> 10/22/25
<b>Priority Nursing Problem:</b> phototherapy	<b>Evidence Based Practice:</b> -want fundus to be firm & midline, any deviation to this should be investigated.	<b>Patient Teaching (specific to Nursing Diagnosis):</b> 1. expose all skin except eyes & diaper area to the light for maximum efficiency  2. count diapers as time under the light can cause dehydration  3. as your baby's age increases the bilirubin level may stay the same, but is still going down w/ age going up!
	<b>Nursing Intervention #2:</b> safe sleep	
<b>Related to (r/t):</b> hyperbilirubinemia	<b>Evidence Based Practice:</b> decreased risk to baby if you let them sleep: alone, on their back, in an empty crib, flat, and appropriately dressed.	
<b>As Evidenced by (aeb):</b> elevated bili of 11.5	<b>Nursing Intervention #3:</b> lochia monitoring	
<b>Desired Patient Outcome (SMART goal):</b> Baby will be kept under the light with only a diaper & eye mask except feeds. pt will have an appropriate age/bilirubin level set by MD before discharge.	<b>Evidence Based Practice:</b> - after a few days lochia should begin to decrease in color & amount, notify MD if it begins to pick up more at home than it was in the hospital.	<b>Discharge Planning/Community Resources:</b> 1. attend follow up visit with pediatrician 2. WIC - mom tried to bf but may want to try formula \$\$\$ 3. LCHC for diapers & formula

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<p><b>Situation:</b>  Patient Room #: 8  Allergies: <u>NKDA</u>  Delivery Date &amp; Time: <u>10/21 @ 0922</u></p> <p><u>NSVD</u>    PC/S    RC/S</p> <p>Indication for C/S: <u>fetal intolerance</u></p> <p>QBL: <u>250</u>                      BTL: <u>10/22</u>  LMP:                                  Est. Due Date:</p> <p>Prenatal Care: &lt;28 wks ____ LPNC ____</p> <p>Anesthesia: None    <u>Epidural</u>    Spinal</p> <p>General                  Duramorph/PCA</p>	<p>VS: <u>Q4hr</u>                      Q8hr  0800:</p> <p>1200:</p> <p>Diet:  Pain Level: <u>0</u> / 10    Activity: <u>resting</u></p> <p><b>Newborn:</b>    <u>Male</u>                      Female  Feeding: <u>Breast</u>    Pumping                      Bottle  Formula: Similac    Neosure                      Sensitive  Apgar: 1min <u>1</u>    5min <u>9</u>    10 min ____  Wt: <u>6</u> lbs <u>6</u> oz    Ht: <u>19 1/2</u> inches</p>	<p><b>MD:</b>  <u>Mom-Zavala</u>  <u>Baby-walker</u></p> <p>Consults:  Social Services: _____</p> <p>Psych: _____</p> <p>Lactation: _____</p> <p>Case Mgmt: _____</p> <p>Nutritional: _____</p>
<p><b>Background:</b>  Patient Age: <u>25</u> y/o  Gravida: <u>3</u>    Para: <u>2</u>    Living: <u>2</u>  Gestational Age: <u>39<sup>s</sup></u> weeks  Hemorrhage Risk: Low    Medium    <u>High</u></p> <p><b>Prenatal Risk Factors/Complications:</b>  <u>Anemia</u></p> <p>_____  _____  _____</p> <p><b>NB Complications:</b> <u>umbilical cord -</u>  <u>tight x1, small abrasion</u></p> <p>_____  _____  _____</p>	<p><b>Maternal Lab Values:</b>  Blood Type &amp; Rh <u>O+</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>0</u> X  H&amp;H on admission: ____ hgb / ____ hct</p> <p><b>Newborn Lab Values:</b>  Blood Type &amp; Rh <u>O+</u>  POC Glucose: <u>64</u>    Coombs: + <u>-</u>  Q12hr Q24hr AC Glucose: <u>67</u> <u>47</u> <u>54</u> <u>51</u> <u>67</u>  Bilirubin (Tcb/Tsb):  CCHD O2 Sat:  Pre-ductal ____%    Post-ductal ____%  Other Labs:</p>	<p><b>Vaccines/Procedures:</b>  <b>Maternal:</b>  MMR consent ____    Date given: _____  Tdap: Date given _____    <u>Refused</u>  Rhogam given PP:    Yes    <u>No</u></p> <p><b>Newborn:</b>  Hearing Screen: <u>Pass</u>    Retest    Refer  Circumcision: Procedure Date <u>10/22</u>  <u>Plastibel</u>    Gomco    Voided: <u>Y</u> N  Bath: <u>Yes</u>    Refused</p>

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<p><b>Assessment (Bubblehep):</b>          Neuro: <u>WNL</u> Headache Blurred Vision          Respiratory: <u>WNL</u> Clear Crackles          RR <u>18</u> bpm          Cardiac: <u>WNL</u> Murmur B/P ___/___          Pulse <u>60</u> bpm          Cap. Refill: <u>&lt;/= 3 sec</u> &gt;3 sec          Psychosocial: Edinburgh Score _____</p>	<p>Breast: Engorgement Flat/Inverted Nipple          Uterus: Fundal Ht 2U 1U UU U1 <u>U2</u> 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>10/20</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>  <u>Ice Packs</u> <u>Tucks</u> Proctofoam          Dermoplast          Bonding:  <u>Responds to infant cues</u>          Needs encouragement</p>
<p>Treatments/Procedures:          Incentive Spirometry: <u>Y</u> / N          PP H&amp;H: ___ hgb ___ hct          HTN Orders:          Call &gt; 160/110 <u>VSO4h</u>          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><b>Recommendation:</b>  <u>ready to discharge</u>  <u>pending babys billirubin levels.</u></p>		