

IM6 Critical Thinking
w/10 Pr. order

<p>Student Name: Crystal Mendola</p>	<p>Nursing Intervention #1: Fundal massage</p>		<p>Date: 10-28-25</p>
<p>Priority Nursing Problem: Postpartum Hemorrhage</p>	<p>Evidence Based Practice: Helps contract the uterus to help decrease blood loss by compressing blood vessels.</p> <p>Nursing Intervention #2: Assessments - lochia and vitals</p>	<p>Patient Teaching (specific to Nursing Diagnosis): 1. Why massaging the fundus helps keep uterus contracted, allowing for decrease in blood loss. 2. If clots began to appear bigger and more blood loss occurs weighing pads is important to determine amount of blood loss. 3. Medications that help keep uterus contracted if oxytocin isn't helping and their side effects.</p>	
<p>Related to (r/t): C-Section</p> <p>As Evidenced by (aeb): Soft, boggy fundus. Frequent saturated pads. Fundus not firm with massage.</p>	<p>Evidence Based Practice: By frequently assessing vitals and lochia, we can help decrease complications and manage blood loss.</p> <p>Nursing Intervention #3: Encourage breastfeeding or nipple stimulation.</p> <p>Evidence Based Practice: Stimulates oxytocin release causing uterine contractions decreasing blood loss.</p>	<p>Discharge Planning/Community Resources: 1. Lochia should not be heavy or large clots. yellow/white discharge wanted 2. Educate benefit of breastfeeding v hemorrhage. 3. Importance of attending postpartum appointments and avoid heavy or strenuous activity.</p>	
<p>Desired Patient Outcome (SMART goal): Assess uterine tone and lochia every 15 min and massage or provide medication to keep blood loss below 1000 mL by the end of the shift.</p>			

Nursing 2
SARAH 00824
00924 - BR

Student Name: Crystal Mendoza

Date: 10-28-25

<p>NB Complications: <u>Tongue tie</u> <u>Myoepitheliosis</u></p>	<p>Q12hr Q24hr AC Glucose: ___ ___ Bilirubin (Tcb/Tsb): CCHD O2 Sat: Pre-ductal ___ % Post-ductal ___ % Other Labs:</p>	<p>Bath: Yes Refused Episiotomy/Laceration: <input checked="" type="checkbox"/> WNL Swelling Ecchymosis Incision: WNL Drainage: Y / N Dressing type: Staples Dermabond Steri-strips Hemorrhoids: Yes <input checked="" type="checkbox"/> No Proctofoam Ice Packs Tucks Dermoplast Bonding: Responds to infant cues Needs encouragement</p>
<p>Assessment (Bubbleheh): Neuro: <input checked="" type="checkbox"/> WNL Headache Blurred Vision Respiratory: <input checked="" type="checkbox"/> WNL Clear Crackles RR <u>18</u> bpm Cardiac: <input checked="" type="checkbox"/> WNL Murmur B/P <u>100/62</u> Pulse <u>76</u> bpm Cap. Refill: <input checked="" type="checkbox"/> <= 3 sec >3 sec Psychosocial: Edinburgh Score ___</p>	<p>Breast: Engorgement Flat/Inverted Nipple Uterus: Fundal Ht 2U 1U UU U1 <input checked="" type="checkbox"/> U2 <input checked="" type="checkbox"/> U3 <input checked="" type="checkbox"/> Midline Left Right Lochia: Heavy Mod Light <input checked="" type="checkbox"/> Scant None Odor: Y / <input checked="" type="checkbox"/> N Bladder: Voiding QS Catheter DTV Bowel: Date of Last BM <u>10-26-25</u> Passing Gas: <input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N Bowel sounds: <input checked="" type="checkbox"/> WNL Hypoactive</p>	<p>Antibiotics: Frequency: _____ _____ _____</p>
<p>Treatments/Procedures: Incentive Spirometry: Y / <input checked="" type="checkbox"/> N PP H&H: <u>12.4</u> hgb <u>31.1</u> hct HTN Orders: Call > 160/110 VSQ4hr</p>	<p>IV Fluids: Oxytocin LR NS Rate: <u>8</u> / Hour IV Site: <u>1</u> gauge Location: Magnesium given: Y / <input checked="" type="checkbox"/> N Dc'd: <u>@</u> am/ pm</p>	

Student Name:

Date:

Hydralazine protocol BID/TID	Labetolol	
<p><u>Recommendation:</u></p> <p>- Consult lactation for help with feedings and latching due to baby's tongue tie.</p> <p>- Continue to assess vitals every 15 min. and lochia.</p>		

IM6 Student Learning Outcomes

Safety & Quality	Clinical Judgment	Patient Centered Care	Professionalism	Communication & Collaboration
<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:

- MOM & baby → **Clinical Judgment:** → mom and baby, Demonstrated when pt. began bleeding alot after c-section, we began to weigh pads and stayed with patient to continue to watch for hemorrhage.
- L&D → **Patient Centered Care:** Giving mom cotton balls infused with oil to help manage nausea
- SIM → **Professionalism:** Educating pt. on true vs. false labor and signs that include seom.
- SIM → **Communication & Collaboration:** SBAR with physician and delegating task to my fellow nurses