

## IM6 Critical Thinking Worksheet

Student Name: <b>Christine Pivili</b>		Nursing Intervention #1: <b>Incision site care</b>	Date: <b>11/5/25</b>
Priority Nursing Problem: <b>Risk for Infection</b>  <b>PP C-section</b>		Evidence Based Practice: <b>hand hygiene before/after wound care, site clean and dry, monitoring VS and site</b>	Patient Teaching (specific to Nursing Diagnosis): <ol style="list-style-type: none"> <li>1. Keep incision clean and dry, using mild soap and avoiding lotions/powders</li> <li>2. wear loose-fitting clothing to avoid irritation at the site for proper healing</li> <li>3. Report any temperature &gt;100°F redness, drainage, or foul odor at the site promptly.</li> </ol>
Related to (r/t): <b>C-section incision</b>		Evidence Based Practice: <b>encourage rest and self-care, assessing signs of PP blues or depression, involving family in care or education</b>	Discharge Planning/Community Resources: <ol style="list-style-type: none"> <li>1. Lactation consultant</li> <li>2. Parenting classes</li> <li>3. Gradually increase activity and mobility, encouraging rest</li> </ol>
As Evidenced by (aeb): <b>pain, swelling, redness, temp &gt;100°F, drainage, tenderness</b>		Nursing Intervention #3: <b>Bonding with NB</b>	
Desired Patient Outcome (SMART goal): <b>The patient will have a temperature below 100°F by 1900 with monitoring VS and incision site every 4 hours.</b>		Evidence Based Practice: <b>skin-to-skin, trying different breast-feeding positions, having an emotional support system to reassure mom</b>	

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<p><b>Assessment (Bubblehep):</b>          Neuro: <u>(WNL)</u> Headache <u>(N)</u> Blurred Vision          Respiratory: <u>(WNL)</u> <u>(Clear)</u> Crackles          RR <u>14</u> bpm          Cardiac: <u>(WNL)</u> Murmur B/P <u>112/74</u>          Pulse <u>71</u> bpm          Cap. Refill: <u>(≤ 3 sec)</u> &gt;3 sec          Psychosocial: Edinburgh Score <u>2</u></p>	<p><b>Breast:</b> <u>(Engorgement)</u> Flat/Inverted Nipple          Uterus: Fundal Ht 2U 1U <u>(UD)</u> U1 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>11/2/25</u>          Passing Gas: <u>(Y)</u> Y / N          Bowel sounds: <u>(WNL)</u> Hypoactive</p>	<p><b>Episiotomy/Laceration:</b>          WNL Swelling <u>(N)</u> Ecchymosis          Incision: <u>(WNL)</u> Drainage: Y / <u>(N)</u>          Dressing type: _____  <u>(Staples)</u> Dermabond Steri-strips          Hemorrhoids: Yes <u>(No)</u>  <u>(Ice Packs)</u> Tucks Proctofoam          Dermoplast  <b>Bonding:</b>  <u>(Responds to infant cues)</u>          Needs encouragement</p>
<p><b>Treatments/Procedures:</b>          Incentive Spirometry: Y / <u>(N)</u>          PP H&amp;H: <u>10</u> hgb <u>30.7</u> hct          HTN Orders:          Call &gt; 160/110 <u>(VSQ4hr)</u>          Hydralazine protocol Labetolol BID/TID</p>	<p>IV Fluids: Oxytocin LR NS          Rate: _____ / Hour          IV Site: <u>18</u> gauge Location: <u>L FA</u>          Magnesium given: Y / N          Dc'd: _____ @ _____ am/pm</p>	<p>Antibiotics: _____ Frequency: _____          _____          _____          _____</p>
<p><b>Recommendation:</b>          Ambulation to promote          bowel movement and          circulation.</p>	<p>Gently wash incision with          mild soap and water then          pat dry</p>	