

Student Name: Allyson Jordan

Date: 11/12/25

<p>Situation: Patient Room #: 22 Allergies: Penicillins, Cephalosporins Delivery Date & Time: 11/11/25 @ 1245 NSVD PC/S <u>RC/S</u> Indication for C/S: Elective; risk of uterine rupture QBL: 543 BTL: LMP: 2/17/25 Est. Due Date: 11/29/25 Prenatal Care: <28 wks <input checked="" type="checkbox"/> LPNC Anesthesia: None Epidural <u>Spinal</u> General Duramorph/PCA</p>	<p>VS: <u>Q4hr</u> Q8hr 0800: T 99.9 HR 84 BP 102/64 O2 96 RR 16 1200: _____ Diet: General Pain Level: 0 / 10 Activity: UP Ad Lib Newborn: <u>Male</u> Female Feeding: <u>Breast</u> Pumping Bottle Formula: Similac Neosure Sensitive Apgar: 1min 9 5min 9 10 min - Wt: 9 lbs 3 oz Ht: 20.75 inches</p>	<p>MD: Mom- Hutton Baby- Hanson Consults: Social Services: _____ Psych: _____ Lactation: 11/11/25 Case Mgmt: _____ Nutritional: _____</p>
<p>Background: Patient Age: 31 y/o Gravida: 5 Para: 4 Living: 4 Gestational Age: 39 weeks Hemorrhage Risk: Low Medium High Prenatal Risk Factors/Complications: <u>GHTN</u> NB Complications: <u>N/A</u></p>	<p>Maternal Lab Values: Blood Type & Rh <u>A+</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: _____ X H&H on admission: 13.1 hgb / 37.5 hct Newborn Lab Values: Blood Type & Rh _____ POC Glucose: _____ Coombs: + <u>-</u> Q12hr Q24hr AC Glucose: _____ Bilirubin (Tcb/Tsb): 7.1 <u>AS</u> CCHD O2 Sat: <u>AS</u> Pre-ductal <u>100</u> % Post-ductal <u>100</u> % Other Labs: _____</p>	<p>Vaccines/Procedures: Maternal: MMR consent _____ Date given: _____ Tdap: Date given _____ Refused Rhogam given PP: Yes <u>No</u> Newborn: Hearing Screen: Pass Retest Refer Circumcision: Procedure Date _____ Plastibell Gomco Voided: <u>Y</u> / N Bath: <u>Yes</u> Refused</p>

left before getting

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<p>Assessment (Bubblehep): Neuro: <u>WNL</u> Headache Blurred Vision Respiratory: <u>WNL</u> <u>Clear</u> Crackles RR <u>16</u> bpm Cardiac: <u>WNL</u> Murmur B/P <u>112/65</u> Pulse <u>92</u> bpm Cap. Refill: <u></= 3 sec</u> >3 sec Psychosocial: Edinburgh Score _____</p>	<p>Breast: Engorgement Flat/Inverted Nipple Uterus: Fundal Ht 2U 1U <u>UU</u> U1 U2 U3 <u>Midline</u> Left Right Lochia: Heavy Mod Light <u>Scant</u> None Odor: Y / <u>N</u> Bladder: <u>Voiding QS</u> Catheter DTV Bowel: Date of Last BM <u>before birth</u> Passing Gas: <u>Y</u> / N Bowel sounds: <u>WNL</u> Hypoactive</p>	<p>Episiotomy/Laceration: WNL 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 / <u>N</u> PP H&H: _____ hgb _____ hct HTN Orders: <u>did not obtain</u> <u>Call > 160/110</u> <u>VSQ4hr</u> Hydralazine protocol Labetolol BID/TID</p>	<p>IV Fluids: Oxytocin LR NS Rate: _____ / Hour IV Site: <u>20</u> gauge Location: <u>P</u> FA Magnesium given: Y / <u>N</u> Dc'd: _____ @ _____ am/ pm</p>	<p>Antibiotics: _____ Frequency: _____ <u>NIA</u> _____ _____ _____</p>
<p>Recommendation: Watch C-section site for signs of infection and get mom up and walking</p>		

IM6 Critical Thinking Worksheet

Student Name: <p style="font-size: 1.2em; margin-top: 10px;">Allyson Jordan</p>	Nursing Intervention #1: <p style="font-size: 1.1em; margin-top: 5px;">Assist in early ambulation post C-section/vaginal birth</p>	Date: <p style="font-size: 1.2em; margin-top: 10px;">11/12/25</p>
Priority Nursing Problem: <p style="font-size: 1.2em; margin-top: 20px; text-align: center;">Risk for infection</p>	Evidence Based Practice: <p style="font-size: 1.1em; margin-top: 10px;">Promotes bowel motility and helps to prevent DVTs</p>	Patient Teaching (specific to Nursing Diagnosis): <ol style="list-style-type: none"> 1. Educate on the importance of watching for signs of infection like redness, warmth, increase or change in color of drainage, fever of 100.4 or higher, etc. 2. Educate patient to keep incision clean and dry, avoid soaking in baths or hot tubs for 6 weeks. 3. Follow up with your doctor for any scheduled appointments to ensure proper healing.
Related to (r/t): <p style="font-size: 1.2em; margin-top: 10px; text-align: center;">Cesarean Section site infection</p>	Nursing Intervention #2: <p style="font-size: 1.1em; margin-top: 10px;">Massage the fundus postpartum</p>	
As Evidenced by (aeb): <p style="font-size: 1.1em; margin-top: 10px; text-align: center;">Fever Redness Drainage Warmth</p>	Evidence Based Practice: <p style="font-size: 1.1em; margin-top: 10px;">Promotes contraction of the uterus to prevent hemorrhage</p>	Discharge Planning/Community Resources: <ol style="list-style-type: none"> 1. Lactation 2. Dietary 3. Mental Health (Therapist)
Desired Patient Outcome (SMART goal): <p style="font-size: 1.1em; margin-top: 10px;">Patient's temperature will remain 99.0 and under and C-section site will remain free of drainage and warmth with Q hour checks during next 12 hours.</p>	Nursing Intervention #3: <p style="font-size: 1.1em; margin-top: 10px;">Support breastfeeding mom with proper positioning</p>	
	Evidence Based Practice: <p style="font-size: 1.1em; margin-top: 10px;">Promotes bonding as well as adequate feeding for baby</p>	

Allyson Jordan

11/11-11/12/25

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.

Safety & Quality:

Clinical Judgment:

Baby girl was SGA and required blood sugar checks. We kept getting back to back low readings (40-41). So we called the pediatrician who ordered nothing, just had us keep monitoring

Patient Centered Care:

Professionalism:

Communication & Collaboration: