

## IM6 Critical Thinking Worksheet

Student Name: Amaya Jones	<b>Nursing Intervention #1:</b> Inspect the incision site for redness, swelling, or purulent discharge.	Date: 11/12/25
<b>Priority Nursing Problem:</b> At risk of developing an infection	<i>Evidence Based Practice:</i> Systemic assessment for signs of potential complication.	<b>Patient Teaching (specific to Nursing Diagnosis):</b>  1. Report if experiencing severe abdominal pain, chills, redness or swelling around incision, and heavy bleeding with large clots.  2. Keep the incision clean and dry after a sponge bath. Do not take showers or baths unless cleared by provider.  3. Wear loose fitting clothing to avoid causing irritation to the incision site.
<b>Related to (r/t):</b> C-Section  <b>As Evidenced by (aeb):</b> Twin Pregnancy High Postpartum Hemorrhage risk Quantitative Blood Loss	<b>Nursing Intervention #2:</b> Monitor temperature, heart rate, and blood pressure.	
	<i>Evidence Based Practice:</i> Establishing baseline and assessing trends.	
<b>Desired Patient Outcome (SMART goal):</b> Monitor VS every Q4hrs and keep temperature below 99F. If temperature reaches 99F, intervene with wet cloth to	<b>Nursing Intervention #3:</b> Assess for symptoms such as chills or foul-smelling vaginal discharge.	<b>Discharge Planning/Community Resources:</b>  1. Education on restricting activity level.  2. Inform that staples will need be
	<i>Evidence Based Practice:</i> Monitoring subjective and objective signs of infection.	





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<p>RR __16__ bpm</p> <p>Cardiac: WNL Murmur B/P 122__ / __84__</p> <p>Pulse __97__ bpm</p> <p>Cap. Refill: &lt;/= 3 sec &gt;3 sec</p> <p>Psychosocial: Edinburgh Score _____</p>	<p>UU U1 U2 U3 Midline Left Right</p> <p>Lochia: Heavy Mod Light Scant None</p> <p>Odor: Y / N</p> <p>Bladder: Voiding QS Catheter DTV</p> <p>Bowel: Date of Last BM _11/12/25_</p> <p>Passing Gas: Y / N</p> <p>Bowel sounds: WNL</p> <p>Hypoactive</p>	<p>Staples Dermabond Steri- strips</p> <p>Hemorrhoids: Yes No</p> <p>Ice Packs Tucks Proctofoam</p> <p>Dermaplast</p> <p>Bonding: Responds to infant cues</p> <p>Needs encouragement</p>
<p>Treatments/Procedures: Incentive Spirometry: Y / N</p> <p>PP H&amp;H: _9.3__ hgb __26.6__ hct</p> <p>HTN Orders: Call &gt; 160/110 VSQ4hr</p> <p>Hydralazine protocol Labetolol BID/TID</p>	<p>IV Fluids: Oxytocin LR NS</p> <p>Rate: ____ / Hour</p> <p>IV Site: ____ gauge Location: _____</p> <p>Magnesium given: Y / N</p> <p>Dc'd: _____ @ _____ am/ pm</p>	<p>Antibiotics: Frequency:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b><u>Recommendation:</u></b></p> <p>Assess legs for edema and sensation every two hours.</p> <p>Encourage ambulation once patient regains sensation.</p> <p>Consult with lactation to assist with breastfeeding.</p>		

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