

### IM6 Critical Thinking Worksheet

Student Name: <u>Oswalda Colmenero</u>	Nursing Intervention #1: <u>Assess fundus regularly</u>		Date: <u>11-18-25</u>
Priority Nursing Problem: <u>Postpartum Hemorrhage risk</u>	Evidence Based Practice: <u>A boggy fundus can show early signs of uterine atony</u>		Patient Teaching (specific to Nursing Diagnosis): 1. Report soaking a pad in <1hr or large (Egg-sized) clots in blood
Related to (r/t): <del>GBL of 648ml</del> following <u>ASVD Vaginal Delivery</u>	Evidence Based Practice: <u>SOAKING PADS too quickly <del>can</del> and large clots in blood can indicate hemorrhage.</u>	Nursing Intervention #2: <u>Monitor bleeding, amount and attributes</u>	2. Report feeling any dizziness, lightheadedness, and fast HR
As Evidenced by (aeb): <u>Drop in Blood Pressure,                  Increased Heart Rate,                  OBL of 648ml                  Clots in blood or excessive blood</u>	Nursing Intervention #3: <u>MONITOR VS, specifically BP and HR</u>	Evidence Based Practice: <u>A drop in BP while HR increases also indicates hemorrhage</u>	3. Urinate frequently to avoid displacing the uterus
Desired Patient Outcome (SMART goal): <u>Along every vitals check q1hrs, patient will be evaluated for S/S of hemorrhage through counting pad changes and assessing for clots in bleeding.</u>	Discharge Planning/Community Resources:	1. Call all at S/S of hemorrhage 2. Schedule and remind of necessary follow-up appointments 3. Recommend lactation consult since it is first baby	

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<p><b>Situation:</b>          Patient Room #: <u>412</u>          Allergies: <u>NKDA</u>          Delivery Date &amp; Time: <u>11/17 2354</u>  <input checked="" type="radio"/> NSVD    PC/S    RC/S          Indication for C/S:          QBL: <u>648</u>    BTL:          LMP: <u>3/1/25</u>    Est. Due Date: <u>12/6/25</u>          Prenatal Care: &lt;28 wks <input checked="" type="checkbox"/> LPNC          Anesthesia: None    <input checked="" type="radio"/> Epidural    Spinal          General    Duramorph/PCA</p>	<p><b>Background:</b>          Patient Age: <u>23</u> y/o          Gravida: <u>1</u>    Para: <u>1</u>    Living: <u>1</u>          Gestational Age: <u>37</u> weeks          Hemorrhage Risk: Low    <input checked="" type="radio"/> Medium    High          Prenatal Risk Factors/Complications:          _____          _____          _____  <b>NB Complications:</b> <u>Issues watching on nipple to feed.</u>          _____          _____</p>	<p><b>VS:</b> <input checked="" type="radio"/> Q4hr    Q8hr          0800: <u>98.6°</u>    163/66 mmHg  <u>98.6°</u>    78 MAP          16 RR    98%          1200: <u>98.6°</u>    122/83  <u>98.6°</u>    99%          98bpm          16 RR          Diet: <u>Normal / 2g/mL</u>          Pain Level: <u>4/10</u>    Activity:  <b>Newborn:</b> <input checked="" type="radio"/> Male    Female          Feeding: <input checked="" type="radio"/> Breast    Pumping    Bottle          Formula: Similac    Neosure    Sensitive          Appgar: 1 min <u>8</u>    5 min <u>9</u>    10 min _____          Wt: <u>7</u> lbs <u>13</u> oz    Ht: _____ inches</p>	<p><b>MD:</b> <u>Lauren Michelle Schaub</u>  <b>Mom-Baby-</b>          Consults:          Social Services: _____          Psych: _____          Lactation: <u>On-time inpatient consult</u>          Case Mgmt: _____          Nutritional: _____</p>
<p><b>Maternal Lab Values:</b>          Blood Type &amp; Rh <u>O-</u>          Rhogham @ 28 wks: <input checked="" type="radio"/> Yes    No          Rubella: <input checked="" type="radio"/> Immune    Non-immune          RPR: R / <input checked="" type="radio"/> NR    HbsAG: + / <input checked="" type="radio"/> -          HIV: + / <input checked="" type="radio"/> -    GBS: + / <input checked="" type="radio"/> -    Treated: _____ X          H&amp;H on admission: <u>12.2</u> hgb / <u>33.6</u> hct</p>	<p><b>Vaccines/Procedures:</b>  <b>Maternal:</b>          MMR consent _____ Date given: _____          Tdap: Date given _____ Refused          Rhogham given PP:    Yes    No  <b>Newborn:</b>          Hearing Screen: <input checked="" type="radio"/> Pass    Retest    Refer          Circumcision: Procedure Date _____          Plastibell    Gomco    Voided: Y / N          Bath: <input checked="" type="radio"/> Yes    Refused</p>	<p><b>Newborn Lab Values:</b>          Blood Type &amp; Rh <u>A+</u>          POC Glucose: _____ Coombsx <input checked="" type="radio"/> / -          Q12hr Q24hr AC Glucose: _____          Bilirubin (Tcb/Tsb): _____          CCHD O2 Sat: _____          Pre-ductal _____ %    Post-ductal _____ %          Other Labs: _____</p>	<p><b>MD: Lauren Michelle Schaub</b>  <b>Mom-Baby-</b>          Consults:          Social Services: _____          Psych: _____          Lactation: <u>On-time inpatient consult</u>          Case Mgmt: _____          Nutritional: _____</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>16</u> bpm          Cardiac: <u>WNL</u> Murmur B/P <u>103 / 66</u>          Pulse <u>84</u> bpm          Cap. Refill: <math>\leq</math> 3 sec <math>&gt;</math> 3 sec          Psychosocial: Edinburgh Score _____</p>	<p>Breast: Engorgement Flat/Inverted Nipple          Uterus: Fundal Ht 2U 1U <u>UU</u> U1 U2 U3          Midline <u>Left</u> Right          Lochia: Heavy <u>Mod</u> Light Scant None          Odor: Y / <u>N</u>          Bladder: <u>Voiding QS</u> Catheter DTV          Bowel: Date of Last BM <u>11/17</u>          Passing Gas: Y / 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>          Ice Packs Tucks Proctofoam          Dermoplast          Bonding:  <u>Responds to infant cues</u>          Needs encouragement</p>
<p>Treatments/Procedures:          Incentive Spirometry: Y / N          PP H&amp;H: _____ hgb _____ 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: _____ gauge Location: _____          Magnesium given: Y / N          Dc'd: _____ @ _____ am / pm</p>	<p>Antibiotics: _____ Frequency: _____          _____          _____</p>
<p><b>Recommendation:</b>          Continue monitoring, bleeding,          # Referral to lactation (4<sup>st</sup> child          and breastfeeding)</p>		

IM6 Student Learning Outcomes				
Safety & Quality	Clinical Judgment	Patient Centered Care	Professionalism	Communication & Collaboration
<p><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></p>	<p><i>Demonstrate clinical judgment using evidence-based data in making clinical decisions for the childbearing family, and the patient with mental health disorders.</i></p>	<p><i>Demonstrate family centered care based on the needs of the childbearing family, and the patient with mental health disorders.</i></p>	<p><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></p>	<p><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></p>

**Safety & Quality:**

Educate mother/family of warning signs of hemorrhage and what to report.

**Clinical Judgment:**

**Patient Centered Care:**

Letting mother know about my required assessment and giving extra time once I saw she was eating and had a lot of family in the room.

**Professionalism:**

**Communication & Collaboration:**