IM6 Critical Thinking Worksheet

Student Name: Megan Alonzo	**Nursing Intervention #1:** monitor vital signs closely q 15 mins until stable	**Date:** 11/18
Priority Nursing Problem: Fluid volume deficiency - ~~unmeasured Post Partum blood loss or delivery bleeding~~ Suspected postpartum hemorrhage	*Evidence Based Practice:* monitoring vital signs are our first indication something is wrong especially w/ blood vol.	**Patient Teaching (specific to Nursing Diagnosis):** 1. Soaking 1 Pad in less than 1hr or soaking more than 1 in 1hr or large clots > lemon
	Nursing Intervention #2: Assess lochia and fundus frequently	2. dizziness, SOB, ↑ HR - change positions slowly - call for help when need to get up
Related to (r/t): unmeasured blood loss during delivery	*Evidence Based Practice:* assessing blood loss by inspecting pads and checking fundus for firmness because boggy fundus means BL	3. Transfusion & blood Product education & consent risks & benefits
As Evidenced by (aeb): orthostatic hypotension, tachycardia (HR 145) and episodes of syncope in LtD & mom/baby	**Nursing Intervention #3:** Fall Precautions	
Desired Patient Outcome (SMART goal): Pt will maintain stability by maintaing SBP ≥ 100 mmHg ~~HR~~ HR ↓ 100 no episodes of syncope after Packed RBC's 11/18 w/ no excessive bleeding & no more than 1pad in an hr for remainder of shift - reassess AM	*Evidence Based Practice:* orthostatic hypotension is hypotension that occurs when changing positions. call light must be in reach, yellow socks, and Patient teaching to call dont fall	**Discharge Planning/Community Resources:** 1. ~~iron therapy~~ nutritional support how ↑ iron in diet 2. encourage spouse involvement to help in moms recovery 3. Follow up appointment needs to be kept to assure levels are maintained