

12/2/25
98.8
98.5
100/66
177
(L) PAIR

Student Name: Malorie Garcia

Situation:

Patient Room #: 413
 Allergies: NKDA
 Delivery Date & Time: 12/01 13:40
 (NSVD) PC/S RC/S
 Indication for C/S: N/A
 QBL: 850ml BTL: None
 LMP: 05/03/25 Est. Due Date: 12/18/25
 Prenatal Care: <28 wks LPNC
 Anesthesia: None (Epidural) Spinal

Background:

Patient Age: 20 y/o
 Gravida: 1 Para: 1 Living: 1
 Gestational Age: 39 weeks
 Hemorrhage Risk: Low Medium (High)

Prenatal Risk Factors/Complications:

proliferated affecting
 pregnancy (3rd trimester)
 cholestasis (3rd trimester)
 preclampsia PUPPS
 NB Complications: Delayed Cord
 Clamping

VS: (Q4h) Q8hr
 0800: 98% 84hr 18RR
 112/63 99.0
 1200: 98% 85hr 18RR
 100/66 98.8
 Diet: General
 Pain Level: 2/10 Activity: walking
 Newborn: Male (Female)
 Feeding: (Breast) Pumping Bottle
 Formula: Similac Neosure Sensitive
 Apgar: 1min 8 5min 8 10min 9
 Wt: 8 lbs 5 oz Ht: 22.5 inches

Maternal Lab Values:

Blood Type & Rh: -
 Rhogam @ 28 wks: (Yes) No
 Rubella: (Immune) Non-immune
 RPR: R / (NR) HbSAG: + / -
 HIV: + / - GBS: (+) / - Treated: 5 X
 H&H on admission: 10.7 hgb / 34.1 hct

Newborn Lab Values:

Blood Type & Rh: (+)
 POC Glucose: N/A Coombs: (+) / (+)
 Q12hr Q24hr AC Glucose: Not indicated
 Bilirubin (Tcb/Tsb):
 CCHD O2 Sat:
 Pre-ductal % Post-ductal %
 Other Labs: V 1300

Date: 12/2/25

MD:

Mom- Henderson
 Baby- Walker

Consults:

Social Services: NO

Psych:

Psych: No

Lactation:

Lactation: yes 12/01 1700

Case Mgmt:

Case Mgmt: No

Nutritional:

Nutritional: NO

Vaccines/Procedures:

Maternal:

MMR consent NO Date given: NO
 Tdap: Date given 12/2/25 Refused
 Rhogam given PP: (Yes) No

Newborn:

Hearing Screen: Pass Retest Refer
 Circumcision: Procedure Date N/A
 Plastibell Gomco Voided: (Y) / N

Bath:

Yes Refused
 NOT till 1300

12500
 Cecilia-Dr
 101
 101
 101
 101

12/2/25
 18hr
 177
 97.5
 99.0

105/56
 177
 18

Student Name:

Date:

<p>Assessment (Bubblehep): Neuro: <u>WNL</u> Headache Blurred Vision Respiratory: <u>WNL</u> Clear Crackles RR <u>18</u> bpm Cardiac: <u>WNL</u> Murmur B/P <u>112/63</u> Pulse <u>84</u> bpm Cap. Refill: <u></= 3 sec</u> >3 sec Psychosocial: Edinburgh Score <u>1300</u></p>	<p>Breast: Engorgement Flat/Inverted Nipple Uterus: Fundal Ht 2U 1U <u>U1</u> <u>U2</u> <u>U3</u> <u>Midline</u> Left Right Lochia: Heavy Mod <u>Light</u> Scant None Odor: Y / <u>N</u> Bladder: <u>Voiding QS</u> Catheter <u>None</u> Bowel: Date of Last BM <u>12/1</u> Passing Gas: <u>Y</u> / N Bowel sounds: <u>WNL</u> Hypoactive</p>	<p>Episiotomy/Laceration: <u>WNL</u> Swelling Ecchymosis Incision: <u>WNL</u> Drainage: Y / <u>N</u> Dressing type: <u>chronic gut 2-0</u> Staples Dermabond Steri-strips Hemorrhoids: Yes <u>No</u> Proctofoam Ice Packs Tucks Dermaplast Bonding: <u>Responds to infant cues</u> Needs encouragement</p>
<p>Treatments/Procedures: Incentive Spirometry <u>Y</u> / N PP H&H: ___ hgb <u>none</u> HTN Orders: <u>ordered</u> Call > 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: <u>N/A</u> Frequency: ___ ___ ___</p>
<p>Recommendation: Continue walking to help with swelling</p>		

IM6 Critical Thinking Worksheet

Student Name: _____		Date: 12/2/25	
Priority Nursing Problem: Preeclampsia Risk for decreased utero Placental perfusion related to dx.	Nursing Intervention #1: Perform frequent hand hygiene during cervical exam	Patient Teaching (specific to Nursing Diagnosis): 1. educate on worsening signs: severe headache, blurred vision, swelling 2. medication adherence for mag and antihypertensive 3. report any ↑ bleeding or clots or concerns	
Related to (r/t): vasoconstriction and endothelial dysfunction	Evidence Based Practice: consistent pain assessment allows for quality px control	Discharge Planning/Community Resources: 1. early pp follow up to check BP and urine 2. home BP and ketone monitor 3. refer to WIC, PP support	
As Evidenced by (a/e/b): proteinuria, headache, visual disturbance, UAC dx edema in face and hands	Nursing Intervention #2: assess pain using numeric px scale	Evidence Based Practice: reduce risk for injury, improve respiratory, help with circulation, decrease risk for DVT	
Desired Patient Outcome (SMART goal): patient will maintain low BP and demonstrate absence of worsening symptoms (headache fever) through my shift 7a-7p.	Evidence Based Practice: reduce risk for injury, improve respiratory, help with circulation, decrease risk for DVT		

06890
10699
3724

IM6 Student Learning Outcomes

Safety & Quality	Clinical Judgment	Patient Centered Care	Professionalism	Communication & Collaboration
<p>Formulate a plan of care for the childbearing family, and the patient with mental health disorders using evidence-based practice, safety, and quality principles.</p>	<p>Demonstrate clinical judgment using evidence-based data in making clinical decisions for the childbearing family, and the patient with mental health disorders.</p>	<p>Demonstrate family centered care based on the needs of the childbearing family, and the patient with mental health disorders.</p>	<p>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.</p>	<p>Communicate and collaborate effectively with patients, family, and members of the interdisciplinary team in the childbearing family, and the patient with mental health disorders.</p>

Mom + baby

Safety & Quality:

I provided good quality care to my patient by comforting the mother as we took baby to nursery for 24 hr screens. I provided safety to baby while making sure she was flat comfortable and swaddled.

Clinical Judgment:

I used good clinical judgement during my ob sim when I went into my patient's room and realized she may be going into preterm labor and decided to do a vaginal L&P exam and call my dr with outcomes I found.

Patient Centered Care:

I allowed patient centered care to my patients that now had their first baby and teach both mom and dad about the neonatal assessment done on baby.

Professionalism:

I was able to demonstrate professionalism and a positive attitude when I was unable to hear a fetal heart beat. I assured the mother and asked the nurse for help and she was able to find and distinguish fetal heart tone.

Communication & Collaboration:

I believe I did good therapeutic education with mom and family as my patient was worried about finances. I did my best to suppress the concern and give resources regarding free clothes and car seats.

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SIM