

Fanny Thompson
Clinical week 1

Mom & Baby Medication Worksheet

Medication	Mechanism of Action	Maternal Effects	Nursing Management
Methylergonovine Maleate	stimulates uterine smooth muscle, causing sustained contractions.	<ul style="list-style-type: none"> increased blood pressure cramping/abdominal pain nausea, vomiting headache dizziness 	<ul style="list-style-type: none"> check BP before administration monitor for signs of HTN. assess uterine tone & bleeding. educate patient that cramping is expected.
Prenatal Vitamin	provides essential vitamins/minerals to support maternal health and fetal development.	<ul style="list-style-type: none"> nausea constipation dark stools 	<ul style="list-style-type: none"> encourage taking with food to reduce nausea. increase fluids and fiber to prevent constipation.
Hydromorphone	binds to opioid receptor in mu CNS to alter perception of pain.	<ul style="list-style-type: none"> sedation respiratory depression nausea, vomiting constipation hypotension 	<ul style="list-style-type: none"> monitor respiratory rate assess pain level and sedation scale have naloxone available. monitor BP and bowel function. avoid giving too close to delivery -> maternal resp depression do not exceed 5 days of use monitor for bleeding assess kidney function give with food if possible to decrease GI upset assess urine output
Keterolac	NSAID that inhibits prostaglandin synthesis -> decreases inflammation and pain	<ul style="list-style-type: none"> GI upset increased bleeding risk headache dizziness kidney function changes 	<ul style="list-style-type: none"> encourage hydration and fiber intake monitor bowel movement frequency prevents straining -> important with episiotomy or hemorrhoids. safe for postpartum and breastfeeding.
Colace	stool softener that increases water and soft penetration into stool.	<ul style="list-style-type: none"> mild cramping diarrhea 	

<p>Hydralazine</p>	<ul style="list-style-type: none"> • Used to lower blood pressure 	<ul style="list-style-type: none"> • hypotension • headache • tachycardia / palpitations • dizziness • nausea, vomiting • fluid retention 	<ul style="list-style-type: none"> • monitor BP closely before and after dosing. • monitor HR • assess for dizziness & orthostatic hypotension • educate patient to change positions slowly.
<p>Labetolol</p>	<ul style="list-style-type: none"> • blocks both alpha-1 and beta receptors → lowers BP without significantly lowering HR or cardiac output. 	<ul style="list-style-type: none"> • hypotension • bradycardia • fatigue • dizziness • headache • nausea • possible fetal bradycardia 	<ul style="list-style-type: none"> • monitor BP + HR before and after administration. • Hold for HR < 60 • Use caution in patients with asthma • monitor fetal HR.

Student Name: Fanny Thompson

Date: 01/20/2020

<p>Situation: Patient Room #: <u>403</u> Allergies: <u>Milk</u> Delivery Date & Time: <u>1/19 @ 2048 VM9</u> <input checked="" type="radio"/> NSVD PC/S RC/S Indication for C/S: QBL: <u>5/4</u> LMP: <u> </u> BTL: <u> </u> Est. Due Date: <u>JAN 24th</u> Prenatal Care: <u><28 wks</u> LPNC <u> </u> Anesthesia: None <input checked="" type="radio"/> Epidural Spinal</p> <p>Background: Patient Age: <u>40</u> y/o Gravida: <u>5</u> Para: <u>4</u> Living: <u>4</u> Gestational Age: <u>39</u> weeks Hemorrhage Risk: Low <input checked="" type="radio"/> Medium High</p> <p>Prenatal Risk Factors/Complications: <u>Hx or VBAC (3)</u> <u>Hx or HSV, anemia</u> <u>Hypothyroid</u></p> <p>NB Complications: <u>MCx1 & KODx1</u> <u>APOM 1119 @ 1025 → mbc</u></p>	<p>VS: <input checked="" type="radio"/> Q4hr <input type="radio"/> Q8hr 0800: BP: <u>112/65</u> T: <u>98.1°F</u> MAP: <u>84</u> RR: <u>10</u> HE: <u>94</u> Pain: <u>4/10</u> cramping 1200: RR: <u>10-15</u> T: <u>98.1°F</u> MAP: <u>71</u> PR: <u>10</u> HR: <u>77</u> Pain: <u>5/10</u> Diet: <u>general</u> - cramping Pain Level: <u>4/10</u> Activity: <u>ambulating</u></p> <p>Newborn: Male <input checked="" type="radio"/> Female Feeding: Breast Pumping <input checked="" type="radio"/> Bottle Formula: <u>Similac</u> Neosure Sensitive Appgar: 1min <u>8</u> 5min <u>9</u> 10min <u>10</u> Wt: <u>7</u> lbs <u>7</u> oz Ht: <u>20</u> inches</p>	<p>Maternal Lab Values: Blood Type & Rh <u>O+</u> Rhogham @ 28 wks: Yes <input checked="" type="radio"/> No Rubella: <u>immune</u> Non-immune RPR: R / <u>NR</u> HbsAG: + / <u>-</u> HIV: + / <u>-</u> GBS: + Treated: <u> </u> X H&H on admission: <u>10.9</u> hgb / <u>32.5</u> hct</p> <p>Newborn Lab Values: Blood Type & Rh <u>A+</u> POC Glucose: <u> </u> Coombs <u>+</u> / - Q12hr Q24hr AC Glucose: <u> </u> Bilirubin (Tcb/Tsb): <u>Tcb 0.348 - 5.71 (yellow)</u> CCHD O2 Sat: <u> </u> Pre-ductal <u> </u> % Post-ductal <u> </u> % Other Labs: <u> </u></p>	<p>MD: LAMORNE Mom - <u>gabapentin pills</u> Baby - <u>gabapentin pills</u></p> <p>Consults: <u> </u> Social Services: <u> </u> Psych: <u> </u> Lactation: <u> </u> Case Mgmt: <u> </u> Nutritional: <u> </u></p> <p>Vaccines/Procedures: Maternal: <u> </u> MMR consent <u> </u> Date given: <u> </u> Tdap: Date given <u>11/3/25</u> Refused Rhogham given PP: Yes <input checked="" type="radio"/> No</p> <p>Newborn: Hearing Screen: Pass Retest Refer Circumcision: Procedure Date <u> </u> Plastibell Gomco Voided: Y / N Bath: Yes Refused * baby not 24 hrs yet.</p>
---	--	---	---

Student Name:

Date:

Assessment (Bubbleheh):		Breast: Engorgement Flat/Inverted Nipple		Episiotomy/Laceration: 1°	
<p>Neuro: <u>WNL</u> Headache Blurred Vision</p> <p>Respiratory: WNL <u>Clear</u> Crackles</p> <p>RR <u>18</u> bpm</p> <p>Cardiac: <u>WNL</u> Murmur B/P <u>112</u> / <u>65</u></p> <p>Pulse <u>84</u> bpm</p> <p>Cap. Refill: <u>< 3 sec</u> 3 sec</p> <p>Psychosocial: Edinburgh Score <u>101</u> <u>obtained</u> <u>Wt</u></p> <p>Treatments/Procedures:</p> <p>Incentive Spirometry: Y <u>(N)</u></p> <p>PP H&H: <u>11.1</u> hgb <u>32.5</u> hct</p> <p>HTN Orders:</p> <p>Call > 160/110 <u>VSQ4hr</u></p> <p>Hydralazine protocol Labetolol BID/TID</p>	<p>Uterus: Fundal Ht 2U 1U UU U1 U2 <u>U3</u></p> <p>Midline Left Right</p> <p>Lochia: Heavy Mod <u>Light</u> Scant None</p> <p>Odor: Y / <u>N</u></p> <p>Bladder: <u>Voiding QS</u> Catheter DTV</p> <p>Bowel: Date of Last BM <u>_____</u></p> <p>Passing Gas: Y / <u>N</u></p> <p>Bowel sounds: <u>WNL</u> Hypoactive</p> <p>IV Fluids: Oxytocin LR NS</p> <p>Rate: <u>_____</u> / Hour (<u>INT'd</u>)</p> <p>IV Site: <u>18</u> gauge Location: <u>RAC</u></p> <p>Magnesium given: Y / <u>N</u></p> <p>Dc'd: <u>_____</u> @ <u>_____</u> am/ pm</p>	<p>Bonding: <u>yes</u></p> <p>Responds to infant cues <u>✓</u></p> <p>Needs encouragement</p> <p>Antibiotics: <u>_____</u></p> <p>Frequency: <u>_____</u></p>	<p>Swelling Ecchymosis</p> <p>Incision: WNL Drainage: Y / N</p> <p>Dressing type: <u>_____</u> Steri-strips</p> <p>Staples Dermabond</p> <p>Hemorrhoids: Yes <u>No</u> Proctofoam</p> <p>Ice Packs <u>Tucks</u></p> <p>Dermaplast</p>		
<p>Recommendation:</p> <p>Continue monitoring bleeding, numbers in E kg, treat pain, monitor baby's bili levels Q12.</p>					

IM6 Critical Thinking Worksheet

Student Name:

Zarney Thompson

<p>Priority Nursing Problem:</p> <p>- Impaired mobility and injury related to residual left leg with postpartum epidural</p>	<p>Nursing Intervention #1:</p> <p>Assess motor function + sensation in both legs Q1-2 hours.</p>	<p>Date: 01/20/2024</p> <p>Patient Teaching (specific to Nursing Diagnosis):</p> <ol style="list-style-type: none"> 1. Instruct patient to call for assistance getting out of bed until full sensation returns
<p>Related to (r/r):</p> <p>related to residual left leg numbness from epidural</p>	<p>Evidence Based Practice:</p> <ul style="list-style-type: none"> • post-epidural patients remain at increased fall-risk until full motor function returns. <p>Nursing Intervention #2:</p> <p>implement fall precautions + assist w/ ambulation</p>	<ol style="list-style-type: none"> 2. Teach patient to change positions slowly to prevent dizziness + instability. 3. Educate about expected epidural recovery timeline and to report numbness or inability to move legs.
<p>As Evidenced by (aeb):</p> <p>patient reporting decreased sensation and weakness in L leg 12 hours post-partum.</p>	<p>Nursing Intervention #3:</p> <p>encourage gradual ambulation with RN assistance</p> <p>Evidence Based Practice:</p> <ul style="list-style-type: none"> • progressive mobility improves circulation, prevents DVT, and reduces postpartum complications. 	<p>Discharge Planning/Community Resources:</p> <ol style="list-style-type: none"> 1. post-partum RN follow-up (when to call provider) 2. teach about frequent feeds to decrease baby's bilirubin levels. 3. pediatric follow-up for baby's bilirubin levels. (early follow-up.)
<p>Desired Patient Outcome (SMART goal):</p> <p>patient will regain full lower-extremity sensation bilaterally. strength to both legs in the next 2 hours and demonstrated w/ safe ambulation w/ no report of numbness or weakness.</p>		