

## Clinical Experience and Summary

The priority nursing diagnosis for my patients is decreased cardiac output related to impaired myocardial contractility as evidenced by elevated blood pressure (Phelps., 2023). I decided to choose this nursing diagnosis because this related to both patients of mine. Both of these patients gave birth to their babies and were discharged. There ended up being some issues with their health after being home and they were both readmitted after being discharged due to gestational hypertension.

The first nursing intervention is to monitor blood pressure at least every 2 hours and report immediately any irregular changes (Phelps., 2023). The reason for choosing this was because there could be cardiac problems or lead to any other complications. The next intervention was to monitor and measure intake and output accurately (Phelps., 2023). I decided to choose this intervention because a decreased urine output when drinking fluids could indicate decreased renal perfusion which could lead to the decreased cardiac output. The last nursing intervention is to educate patients and family on the importance of diet, medications, exercise, and stress reduced techniques (Phelps., 2023). This intervention should be completed because this could be occurring due to the patient being uneducated on all of these topics.

The first evaluation was that the patient's blood pressure had a tremendous change when we would go back in each hour. Sometimes it would be extremely high and other times it would be back down in the normal range. This was probably due to the medication that the patient was receiving. The next evaluation was that these patients were on strict I & O's. With one patient we would go in and measure their urine output every hour from their catheter and with the other patient we would offer them to use the bathroom everytime we went in. The last evaluation was that the patients reciprocated the education of diet, medications, exercise, and stress reducing

techniques well. They both understood the importance of these interventions and will work on them.

Both of my patient's cultures were similar in their beliefs and values. One patient seemed to have more traditional beliefs on marriage and having children. The other patient did not seem to have a strong opinion on this. A difference was that one of my patients wanted to make sure that they had a vaginal birth whereas the other one needed a c-section and was fine with doing so. The other patient preference relating to culture was that there was a little difference with one patient being married and the husband was there and the other patient was not married and there was no one with them. Even with both patients being readmitted, neither one of them had their babies there to be with them. For some people this could be a culture difference and would want to have their baby there.

The postpartum patients were needing very basic care that I have done before. For example, I was doing things such as administering subcutaneous injections, vital signs, assessments, and emptying the catheter. One thing that put me out of my comfort zone was when I went into the NICU and was holding the baby's head for an NG tube to be inserted. This put me out of my comfort zone because I have not had to do anything like this before. One way that I saw the healthcare team provide appropriate care was by the nursing making sure she was checking on her patients every hour. She made sure that she went back and forth between rooms as much as possible and got the patient anything they needed along with providing them quality care. I also saw the healthcare team provide quality care when I was in the NICU. You could tell that the nurses there really cared for the babies and their families. They would continuously monitor the babies and were even sending pictures to the families that were not there.

## References

*Phelps, L. L. (2023). Nursing diagnosis reference manual (12th ed.) Wolters Kluwer.*