

Firelands Regional Medical Center School of Nursing

Nursing Care Map

Student Name

Taylor Fox

Date

September 26<sup>th</sup>, 2023

Noticing/Recognizing Cues:

**\*Highlight all related/relevant data from the Noticing boxes that support the top priority problem\***

Assessment findings\*:

- 2<sup>nd</sup> degree perineal laceration
- 3/10 abdominal pain
- Radial pulse 64
- Strong, equal bilateral radial, brachial, posterior tibial, and dorsalis pedis pulses
- No edema present
- Scant perineum bleeding
- Clear lung sounds
- SpO2 97%
- Fundus firm and located below uterus

Lab findings/diagnostic tests\*:

- 09/24
- WBC 9.3
  - RBC 3.64
  - Hgb 9.6 (Low)
  - Hct 28.8 (Low)
  - Platelet Count 151
- 9/26
- WBC 10.4
  - RBC 3.22 (Low)
  - Hgb 8.5 (Low)
  - Hct 25.8 (Low)
  - Platelet Count 119 (Low)
- 09/26
- 97.6 oral temperature
  - 64 radial pulse
  - 12 respirations
  - 115/79 blood pressure
  - SpO2 97%

Risk factors\*:

- 2<sup>nd</sup> degree perineal laceration
- Age 22
- GBS Positive
- Epidural Used During Labor
- Former Smoker
- Pitocin used during labor
- Artificial rupture of membranes

Interpreting/Analyzing Cues/  
Prioritizing Hypotheses/  
Generating Solutions:

Nursing priorities\*:

- Acute Pain
- Infection Risk
- Altered Tissue Perfusion
- Knowledge Deficit: Postpartum
- Risk for Postpartum Hemorrhage

Potential complications for the top priority:

- 1) Death
  - A. Absent heart rhythm
  - B. Pulses absent
  - C. Loss of respirations
- 2) Sepsis
  - A. Tachycardia
  - B. Hypotension
  - C. Confusion, lethargy
- 3) Hyperthermia
  - A. Temperature above 104 Fahrenheit
  - B. Confusion
  - C. Cold, pale, clammy skin
  - D. Fast, weak pulse

Firelands Regional Medical Center School of Nursing  
Nursing Care Map

Student Name \_\_\_\_\_

Date \_\_\_\_\_

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess perineum area q8 hours.  
Rationale: To watch for signs/symptoms of infection to the area.
2. Assess fundus q4 hours.  
Rationale: To make sure fundus is firm and below uterus.
3. Assess patients pain level q4 hours.  
Rationale: To make sure patients pain is controlled and not worsening with s/s of infection.
4. Assess vital signs q4 hours and prn  
Rationale: To monitor, blood pressure, hr, and temperature to make sure WNL.
5. Obtain lab work q24 hours.  
Rationale: To monitor WBC count to determine if infection is present.
6. Obtain urine culture q12 hours  
Rationale: To monitor for signs/symptoms of infection.
7. Educate patient about proper perineal hygiene daily.  
Rationale: To promote self-care and prevent infection to the area.
8. Educate on signs and symptoms of infection daily.  
Rationale: To help patient recognize/ report to physician if she begins to see signs of infection present.

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- 2<sup>nd</sup> degree perineal laceration intact and clean with no signs of infection present
  - Patient states abdominal pain 2/10
  - No new lab draws to identify change in WBC
  - Oral temperature of 97.9
  - Patient was given antibiotics to treat positive GBS in pregnancy
  - Epidural discontinued following vaginal birth
  - Patient is now a non-smoker
- Continue plan of care.