

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name: Madison Wright

Date: 8/28/25

Noticing/Recognizing Cues:

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

Assessment findings*:

- Dysuria
- Numbness/tingling
- Dizziness
- No bowel movement
- Perineum inflamed
- EBL 75 mL
- Lochia light
- 3/10 pain
- Firm fundus
- BP 136/86
- Vaginal birth 8/25

Lab findings/diagnostic tests*:

- WBC 14
- RBC 3.4
- Hgb 9.4
- Hct 29.0
- GBS +

Risk factors*:

- Anxiety
- Depression
- BMI 39
- Anemia
- Cardiac arrest due to miscarriage
- Asthma
- Induced due to high BP
- H/o HTN
- Given oxytocin during birth
- G7/P4

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

Nursing priorities*: ***Highlight the top nursing priority problem***

- Risk for postpartum hemorrhage
- Risk for infection
- Risk for knowledge deficit
- Risk for uncontrolled HTN
- Risk for uncontrolled pain

Goal Statement: My patient can describe early s/s of postpartum hemorrhage.

Potential complications for the top priority:

- Hypovolemia
 - Rapid pulse
 - Loss of consciousness
 - Low blood pressure
- Decreased tissue perfusion
 - Cool skin
 - Prolonged capillary refill
 - Weak pulses
- Organ failure
 - Jaundice
 - Anuria/Oliguria
 - Tachypnea

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Perform postpartum assessment q4hr + PRN (0800, 1200, 1400, 1800, 2000, 2400)
Rationale: To determine the baseline and recognize changes when they occur (these assessments are taking place a day after birth, as this is the timeframe I was assessing my pt, hence the q4hr).
2. Assess vitals q4h or PRN (0800, 1200, 1600, 2000, 2400, 0400)
Rationale: To determine the baseline and recognize changes when they occur. Mainly noting BP/HR, as these will show fluid loss if it is occurring.
3. Assess pain level q4h or PRN (0800, 1200, 1600, 2000, 2400, 0400)
Rationale: To determine baseline and perform timely interventions when changes occur.
4. Administer Labetalol 100 mg BID (0900, 1800)
Rationale: Decreases blood pressure to help prevent complications.
5. Administer Tylenol 1,000 mg PRN
Rationale: To decrease inflammation and pain.
6. Administer Motrin 600 mg q6h (0900, 1500, 2400)
Rationale: To decrease inflammation and pain.
7. Educate patient on postpartum hemorrhage and early signs PRN/Before Discharge
Rationale: To help client identify early signs of complications to prevent worsening of condition.
8. Educate patient on hypertension and ways to help control it PRN/Before Discharge
Rationale: To help client learn how to decrease blood pressure in daily life, reducing risk of complications.
9. Encourage fundal massages at home upon discharge
Rationale: To decrease risk of postpartum hemorrhage
10. Teach signs of excessive bleeding upon discharge
Rationale: To inform client on when too much blood is concerning, and when to call the HCP to decrease complications for worsening.

(Doenges et al., 2022)



Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Assessment findings remain as BP 136/86, EBL 75 mL, and vaginal birth 8/25. Risk factors also remain as BMI 39, oxytocin given during birth, induced due to high blood pressure, and a h/o hypertension. No new labs drawn.

Terminate plan of care due to discharge.

Reference:

Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2022). *Nurses' pocket guide: Diagnoses, prioritized interventions, and rationales* (16th ed). F. A. Davis Company: Skyscape Medpresso, Inc.