

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name _____

Date _____

Noticing/Recognizing Cues:

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

Assessment findings*:

- Blood pressure 144/98
- Pain 5/10
- 1st degree tear to perineum
- Fundus is firm and midline
- Left leg numb from epidural
- Small amount of lochia rubra
- Breastfeeding
- Meconium-stained amniotic fluid
- Multiple puncture sites from repeated insertion of epidural
- IV right forearm saline locked

Lab findings/diagnostic tests*:

- Positive for GBS
- RBC-4.2
- HCT- 33.5
- HGB- 11.7
- WBC- 11

Risk factors*:

- Type 2 diabetes
- History of Generalized anxiety disorder
- History of Asthma
- History of Pregnancy induced hypertension
- History of postpartum depression

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

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

- Risk for infection
- Acute pain
- Anxiety
- Insufficient breast milk production
- Risk for adult falls
- Risk for bleeding
- Unstable blood pressure
- Risk for unstable glucose level

Doenges, Moorhouse, & Murr, 2022).

Goal Statement: The patient will remain free from infection during their hospital stay.

Potential complications for the top priority:

- Sepsis:
 - fever
 - chills
 - rapid heart rate
 - low blood pressure
- Delayed wound healing:
 - Prolonged redness and swelling
 - Chronic pain
 - Increased warmth
 - Fever and chills
- Local infections:
 - redness and swelling
 - pain
 - Increased warmth
 - purulent drainage

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess vitals Q4hrs and PRN; to establish a baseline and to ensure the patient does not decline.
2. Assess pain Q2hrs and PRN; to ensure the patient is not in any pain.
3. Perform a postpartum assessment Q4hrs and PRN; to ensure the patient is healing correctly.
4. Assess epidural sites Q4hrs and PRN; to ensure the patient does not start to develop an infection.
5. Administer aspirin 81mg PO daily; to prevent blood clots from forming.
6. Administer Penicillin G potassium 5 million units once IVPB infuse over 60 minutes; to treat GBS infection.
7. Administer Penicillin G potassium 2.5 million units once IVPB infuse over 30 minutes; to treat GBS infection.
8. Administer Acetaminophen 325mg PO Q8hr and PRN; to ensure the patient is not in pain.
9. Administer Ibuprofen 600mg PO Q6hr and PRN; to ensure the patient is not in pain.
10. Administer Hydrocortisone 2.5mg QID and PRN; to help relieve pain from hemorrhoids.
11. Administer Docusate 100mg PO BID; to help soften the stool to prevent hemorrhoids.
12. Administer Benzocaine-menthol topical spray 1 spray Q4hr and PRN; to prevent pain at perineal tear.
13. Collaborate with lactation consultant; to ensure that the patient has a proper latch with baby to prevent mastitis before discharge.
14. Educate on proper hygiene to the perineum; to ensure an infection does not form at the site of the perineal tear before discharge.
15. Educate on the signs of infection; to ensure the patient understands when to report an infection to the doctor before discharge.

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- 1st degree tear- The patient is healing, but the tear is still visible.
- Meconium-stained amniotic fluid- this remains unchanged the patient is being monitored for infection.
- Multiple puncture sites due to epidural insertion- this remains unchanged the patient is being monitored for infection at the sites.
- IV right forearm saline locked- this remains unchanged the patient still requires the IV.
- Blood pressure- improved to 129/80.
- Pain-improved to 2/10 with Tylenol.
- Fundus- is still firm and midline.
- Left leg numbness- improved and is no longer numb.
- Lochia- no change there is still a small amount of lochia rubra.
- Breastfeeding- there is no change, the patient is still breastfeeding.
- Positive GBS- no new labs.
- WBC- no new labs.

Continue plan of care

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