

Firelands Regional Medical Center School of Nursing  
Nursing Care Map

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Noticing/Recognizing Cues:

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

Assessment findings\*:

- Nonpitting edema bilateral ankles
- Intermittent aching of left hip 6/10
- Uterus firm and midline
- Uterus below the umbilicus
- BP 147/69
- HR 117
- Drinks 1-2 cups of coffee a day
- Scant rubra red lochia
- Unsuccessful latching
- Cherry and Shellfish allergy

Lab findings/diagnostic tests\*:

- WBC 16.1 H
- Hgb 10.7L
- Platelets 32.8L
- Neutrophils 13.0H
- Urine RBC innumerable H
- Urine WNB 9H

Risk factors\*:

- Manual Placenta Removal
- Cord removal during birth
- Gestational Diabetes Mellitus
- Hx of anemia
- Family hx of clotting disorders
- Family hx of hypertension
- Obesity, BMI > 30
- Hx of abnormal vaginal bleeding
- Hx of postcoital bleeding
- Hx of obstructive sleep apnea
- IUD insertion and removal
- Hx of milk supply delay
- Induction of labor with Oxytocin

Interpreting/Analyzing Cues/  
Prioritizing Hypotheses/  
Generating Solutions:

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

- Risk for Post Partum Hemorrhage
- Risk for infection
- Risk for Post Partum depression

Goal Statement:

Patient will display lightening of lochia as expected, by discharge.

Potential complications for the top priority:

Hypovolemic shock

- Hypotension
- Tachycardia
- Mental status changes

Hypoxia

- Dyspnea
- Tachypnea
- Restlessness

Anemia

- Weakness
- Pallor
- Dizziness

## Responding/Taking Actions:

### Nursing interventions for the top priority:

1. Review patient obstetric history prior to caring for her  
Rationale: To determine need for closer monitoring
2. Monitor patient's CBC x2 per shift PRN  
Rationale: To evaluate for drops in levels that could indicate blood loss
3. Monitor vitals Q4H PRN  
Rationale: To evaluate for signs of hypovolemic shock/blood loss
4. Perform a focused postpartum assessment of lochia and fundus Q4H PRN  
Rationale: To evaluate for any changes in condition that could indicate Postpartum Hemorrhage
5. Perform a pain assessment Q4H PRN  
Rationale: To determine need for pain medication
6. Assess the patient's anxiety level Q4H PRN  
Rationale: "The patient going into hypovolemic shock is highly anxious and then may lose consciousness" (M. S. et al, 2019).
7. Administer Benzocaine 20% Menthol Spray topical PRN, Modified Lanolin Cream topical PRN, Famotidine 20mg PO BID, and Docusate 100mg PO HS according to medication schedule  
Rationale: For management of postpartum pain/symptoms
8. Assist patient to empty bladder Q2H PRN  
Rationale: To prevent distention of bladder, which increases risk of Postpartum Hemorrhage
9. Monitor intake and output, especially of caffeine AAT  
Rationale: To determine the need for education on decreasing caffeine
10. Educate the patient on how to do a fundal massage at admission and at discharge  
Rationale: Patient will become aware of how to monitor for signs of Postpartum Hemorrhage
11. Teach the patient to report a boggy, unfirm uterus that remains unfirm after massage, increased bright red vaginal bleeding, many large clots, persistent and severe perineal pain/pressure, or fever above 100.4 at admission and at discharge  
Rationale: To allow for early identification of Postpartum Hemorrhage were it to occur, thus improving outcomes

### Evaluation of the top priority:

- Nonpitting edema bilateral ankles
- 2/10 intermittent left hip aching
- Uterus firm and midline
- Uterus below the umbilicus
- BP 123/80
- HR 64
- Drinks 1-2 cups of coffee a day
- Scant rubra red lochia
- Successful pumping to bottle feed
- Induction of labor with Oxytocin
- Cherry and shellfish allergy
- All labs unchanged

Reference: Sommers, M. S., & Johnson, S. R. (2019). *Davis's diseases and disorders: A nursing therapeutics manual* (7<sup>th</sup> ed.). F.A. Davis Company