N432 Postpartum Care Plan

Lakeview College of Nursing

Sarah Brown

Demographics (3 points)

Date & Time of Admission	**Patient Initials**	**Age**	**Gender**
09/15/2020	C.D.	29	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White Caucasian	Employed at a school	Married	No known
Code Status	**Height**	**Weight**	**Father of Baby Involved**
FULL	5'6"	195 lbs	YES

Medical History (5 Points)

Prenatal History: G1P1001

Past Medical History: History of hemorrhagic ovarian cyst, removal of left ovarian cyst (laparoscopic)

Past Surgical History: Laparoscopic removal of cyst and adhesion on left ovary

Family History: Family history was not on file and was not able to obtain from patient during time with patient did you look on the prenatal record found in chart under care everywhere? Family history is usually listed for genetic reasons.

Social History (tobacco/alcohol/drugs): Patient reports never smoking cigarettes or any other substances, never used smokeless tobacco, and doesn't drink alcohol. Patient denies use ~~od~~ of drugs.

Living Situation: Patient lives at home with husband.

Education Level: Unknown, was unable to obtain from patient during time with patient. The chart noted that the patient is employed at a school. Often this can also be found on the prenatal.

Admission Assessment

Chief Complaint (2 points): Labor contractions without vaginal bleeding, leaking of fluid or abnormal discharge.

Presentation to Labor & Delivery (10 points):. 22:26 09/15/2020, C.D. presents to Labor & Delivery as G1P0 at 39w2d via ambulation and was accompanied by husband. Pregnancy was complicated by history of ovarian cystectomy. RH negative status and GBS negative. Stable condition noted in triage room, consents obtained, and monitors were placed and explained by staff. Fetal movement was palpated at this time. This is the HPI (history of present illness) and needs to utilize the "OLD CART" (onset, location, duration, characteristic, aggravating factors, relieving factors, timing and severity). Example: ….presents with contractions that began at 0730 this morning. Contraction pain felt in abdomen, radiates to back every 5 minutes, lasting 60 seconds. Patient describes contractions as moderate in strength and as a pressure sensation. Ambulating increases pain and relaxing in shower helps relieve the pain. (You will need to talk to the patient to get this information and write it in your own words.)

Diagnosis

Primary Diagnosis on Admission (2 points):. Term pregnancy vaginal delivery 39w3d

Secondary Diagnosis (if applicable): just address this as not applicable so I know it wasn't overlooked.

Postpartum Course (18 points)

Postpartum Course References (2) (APA): Where is your essay on this patient's post-partum course? Ie patient is gravida 1, para 1 with spontaneous vaginal delivery over a right medial lateral episiotomy and 3rd degree laceration on (date and time). Today is her 2 post-partum day. According to (reference) the patient will experience…. (This part according to the rubric is to be no less than 1 page, should contain an assessment of the patient pertinent post-partum course)

Ricci, S. S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing* (3rd ed.). Wolters Kluwer.

Assessment Technologies Institute. (2019). *RN maternal newborn nursing edition 11. 0* (11th ed.).

Webb, L. A. (2014, June 11). *Understand reporting of OB delivery lacerations*. HCPro: Providing Information to the Healthcare Compliance, Regulation, and Management Industry – www.hcpro.com. https://www.hcpro.com/content.cfm?content_id=305393

Laboratory Data (15 points)

CBC Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Prenatal Value	Admission Value	Today's Value	Reason for Abnormal Value
RBC		These labs are found in the prenatal record.			
Hgb	11.5-14g/dL	unavailable	12.4g/dL	Not drawn	Within normal pregnancy limits
Hct	32-42%	unavailable	36.5%	Not drawn	Within normal pregnancy limits
Platelets	150,000-350,000mm3	unavailable	188,000mm3	Not drawn	Within normal pregnancy limits

WBC					
Neutrophils					
Lymphocytes					
Monocytes					
Eosinophils					
Bands					

Other Tests Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Prenatal Value	Value on Admission	Today's Value	Reason for Abnormal
Blood Type	What are the normal lab ranges? Ie: A,B,AB,O	This is in prenatal record	O Negative		
Rh Factor	-/+	This is in prenatal record	Rh Negative		
Serology (RPR/VDRL)	**?**	This is in prenatal record			
Rubella Titer	**?**	Immune (2/17/2020)			
HIV	Non-detected	Non-detected (6/30/2020)			Within normal limits
HbSAG	**?**	This is in prenatal record			
Group Beta Strep Swab	Negative	Negative (08/25/2020)	Not drawn	Not drawn	Within normal limits
Glucose at 28 Weeks	**?**	This is in prenatal record			
MSAFP (If Applicable)	**?**				

Additional Admission Labs Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Prenatal Value	Value on Admission	Today's Value	Reason for Abnormal
					No additional labs were performed

Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Prenatal Value	Value on Admission	Today's Value	Explanation of Findings
Urine Creatinine (if applicable)					No Urine test were performed

Lab Reference (APA):

Ricci, S. S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing* (3rd ed.). Wolters Kluwer.

Van Leeuwen, A. M., & Bladh, M. L. (2017). *Davis's comprehensive handbook of laboratory*

and diagnostic tests with nursing implications (7th ed.). F.A. Davis Company.

Stage of Labor Write Up, APA format (15 points):

	Your Assessment
History of labor: **Length of labor** **Induced /spontaneous** **Don't highlight, include this in your essay write up in APA format.** **Time in each stage**	In the first stage of labor, three phases of labor exist. In ~~in~~ the latent phase, (what is the definition of the latent phase? Use in text citation to verify your information. How far was she dilated on presentation?) the patient presented to labor and delivery (22:26 0915/2020) how long did the latent phase last? (in hours/ min) complaining of "spontaneous" uterine contractions. Upon initial examination, the patient's cervix (was) dilated to 5cm. (how long was the patient in the hospital before she had her initial exam? If she was 5 cm on admission, it is considered the active phase and not the latent phase. You reported the patient arrived in the latent phase of labor.)~~The first stage of labor in~~ the active phase, (12:45 9/16/2020) Do you mean her active phase of labor began at 0045 and lasted until 0139? If so, this means her time in this phase was 54 minutes. What is the definition of the active phase of labor? Need in text citation. ~~labor onset and~~ patient cervix dilated to 7.5cm. ~~In the first stage of labor~~ In ~~in~~ the transitional phase (1:39 9/16/2020), the patient cervix fully

	dilated, and effacement complete. How long was the transitional phase in hours/min Fetal vertex identified in (LOA) Left Occiput Anterior fetal position. The second stage of labor what is the second stage of labor and how long in hours/min did this last? (1:40 9/16/2020) patient started pushing with the doctor and nurse's coaching at the bedside (how do you know the doctor and nurses were coaching at the bedside? Unless you saw this, you will need to cite where you got your information ie according to the patient,…. The cervix, vagina, and perineum inspected, and the doctor performed a right mediolateral episiotomy to facilitate the fetal head's delivery, which progressed to 3rd degree. This is something done by the provider and again from where did this information come? (1:59 09/16/2020) is this the delivery time of the baby? Vigorous baby boy born via spontaneous vaginal delivery without complications, mouth, and nose suctioned and placed on mother's chest for skin to skin contact. The patient did not utilize epidural for pain management. There was no difficulty with shoulder delivery. The patient had brisk bleeding and uterine atony. The doctor manually evacuated blood clots at this time and noted normal lochia, normal uterine tone, and no meconium-stained fluid present at the time of birth. The third stage of labor delayed cord clamping. Cord blood was obtained and collected for evaluation. for what was the cord blood being evaluated? The

	use of Pitocin and fundal massage why? to actively manage what was managed? the third stage of labor was successful.
Current stage of labor	The fourth stage of labor, (this begins after the delivery of the placenta and begins the post-partum care of the patient) delivery of the placenta which is the 3rd stage of labor), was spontaneous and regular in appearance. The patient and infant were left to recover (alone?) at this time in stable condition.

Stage of Labor References (2) (APA):

Assessment Technologies Institute. (2019). *RN maternal newborn nursing edition 11. 0* (11th ed.).

Ricci, S. S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing* (3rd ed.). Wolters Kluwer.

Current Medications (7 points, 1 point per completed med)
7 <u>different</u> medications must be completed

Home Medications (2 required)

Brand/Generic	Prenatal Plus Iron/multivitamin, multimineral supplement	Colace/docusate sodium	Protonix/ pantoprazole	Mag-Ox 400/ magnesium oxide	
Dose	2 MG tablet	100 MG capsule	40MG tablet	400 MG tablet	
Frequency	Take two times a day	Take one every day	Take one every day	Take one every day	
Route	Oral	Oral	Oral	Oral	
Classification	Therapeutic: vitamins	Therapeutic: laxatives	Proton-pump inhibitor	Mineral supplement	
Mechanism of Action	Treats or prevents deficiencies in vitamin or minerals in the body. Builds up folic acid in the body to prevent neural tube defects in infant.	It is a surfactant that lowers the surface tension at the oil-water interface of the feces, allowing water and lipids to penetrate the stool. This helps to hydrate and soften the fecal material, facilitating natural defecation.	It works by decreasing the amount of acid your stomach makes.	osmotic force of the magnesia suspension acts to draw fluids from the body and to retain those already within the lumen of the intestine, serving to distend the bowel, thus stimulating nerves within the colon wall, inducing peristalsis and resulting in evacuation of colonic contents.	
Reason Client Taking	Client taking this medication to treat or prevent vitamin deficiency during pregnancy.	Pregnant women take stool softeners to prevent bearing down, which could cause early labor and other complications. Constipation is a known complication of pregnancy as well.	heartburn	mineral supplement used to treat constipation.	
Contraindications (2)	sickle cell anemia low amount of potassium in the blood	Intestinal obstruction, symptoms of appendicitis or acute abdominal pain, fecal impaction.	inadequate vitamin B12. low amount of magnesium in the blood.	Abdominal pain, nausea, vomiting, diarrhea, severe kidney dysfunction, fecal impaction, intestinal obstruction or perforation, rectal bleeding.	

		Nausea or vomiting.			
Side Effects/Adverse Reactions (2)	Constipation Upset stomach	Stomach pain Diarrhea cramping	dizziness., headache, gas angioedema or a severe skin reaction.	Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing, swallowing, or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat. Severe diarrhea.	
Nursing Considerations (2)	Assess patient for signs of nutritional deficiency before and throughout therapy. Assess for toxicity and overdose.	Assess for abdominal distention, presence of bowel sounds, and usual pattern of bowel function. Assess color, consistency, and amount of stool produced.	Monitor for and immediately report S&S of angioedema or a severe skin reaction. Lab tests: Urea breath test 4-6 week after completion of therapy.	Monitor for dehydration, hypokalemia, and hyponatremia since drug may cause intense bowel evacuation. Lab tests: Check patients on prolonged therapy periodically for electrolyte imbalance (i.e., hypermagnesemia).	
Key Nursing Assessment(s)/Lab(s) Prior to Administration	CBC and BMP	Make sure abdominal pain, nausea, vomiting, or fever are not present before administration.	Make sure the patient is not taking digoxin or methotrexate (which they should not be on since they are pregnant)	BMP	
Client Teaching needs (2)	Encourage patient to comply with recommendations of health care professional. Educate that the best source of vitamins is a well-	Advise patients that laxatives should be used only for short-term therapy. Long-term therapy may cause electrolyte	Contact physician promptly if any of the following occur: Peeling, blistering, or	Liquid preparation is reportedly more effective than the tablet form, as with other antacids. Do not breast feed	

	balanced diet and give	imbalance and dependence. Encourage patients to use other forms of bowel regulation, such as increasing bulk in the diet, increasing fluid intake (6–8 full glasses/day), and increasing mobility.	loosening of skin; skin rash, hives, or itching; swelling of the face, tongue, or lips; difficulty breathing or swallowing. Do not breast feed while taking this drug without consulting physician.	while using this drug.	

Hospital Medications (5 required) **rubric requires 7 DIFFERENT meds**

Brand/Generic	Prenatal Plus Iron/multivitamin, multimineral supplement	Colace/ docusate sodium	Protonix/ pantoprazole	Mag-Ox 400/ magnesium oxide	Motrin/ Ibuprofen				
Dose	2 MG tablet	100 MG capsule	40MG tablet	400 MG tablet	800 mg tablet				
Frequency	Take two times a day	Take one every day	Take one every day	Take one every day	Take every 8 hours				
Route	Oral	Oral	Oral	Oral	Oral				
Classification	Therapeutic: vitamins	Therapeutic: laxatives	Proton-pump inhibitor	Mineral supplement	nonsteroidal anti-inflammatory (NSAID)				
Mechanism of Action	Treats or prevents deficiencies in vitamin or minerals in the body. Builds up folic acid in the body to prevent neural tube defects in infant.	It is a surfactant that lowers the surface tension at the oil-water interface of the feces, allowing water and lipids to penetrate the stool. This helps to	It works by decreasing the amount of acid your stomach makes.	osmotic force of the magnesia suspension acts to draw fluids from the body and to retain those already within the lumen of the intestine, serving to distend the bowel, thus stimulating	It works by reducing hormones that cause inflammation and pain in the body.				

		hydrate and soften the fecal material, facilitating natural defecation.		nerves within the colon wall, inducing peristalsis and resulting in evacuation of colonic contents.					
Reason Client Taking	Client taking this medication to treat or prevent vitamin deficiency during pregnancy.	Pregnant women take stool softeners to prevent bearing down, which could cause early labor and other complications . Constipation is a known complication of pregnancy as well.	heartburn	mineral supplement used to treat constipation.	Pain from labor Pt is no longer in labor so it would be for post-partum pain such as the episiotomy /laceration, cramping, etc.				
Contraindications (2)	sickle cell anemia (this occurs in African American patients and this patient is Caucasian) low amount of potassium in the blood	Intestinal obstruction, symptoms of appendicitis or acute abdominal pain, fecal impaction. Nausea or vomiting.	inadequate vitamin B12. low amount of magnesium in the blood.	Abdominal pain, nausea, vomiting, diarrhea, severe kidney dysfunction, fecal impaction, intestinal obstruction or perforation, rectal bleeding.	known hypersensitivity to ibuprofen. Known allergies to NSAID's				
Side Effects/Adverse Reactions (2)	Constipation Upset stomach	Stomach pain Diarrhea cramping	dizziness., headache, gas angioedema or a severe skin reaction.	Signs of an allergic reaction, like rash; hives; itching; red, skin, trouble breathing. Severe diarrhea.	hemorrhage, vomiting, anemia, decreased hemoglobin, eosinophilia, and hypertension.				
Nursing Considerations (2)	Assess patient for signs of nutritional deficiency before and throughout therapy.	Assess for abdominal distention, presence of bowel sounds, and usual pattern	Monitor for and immediately report S&S of angioedema or a	Monitor for dehydration, hypokalemia, and hyponatremia since drug may cause intense	History: Allergy to ibuprofen, salicylates or other NSAIDs; CV				

	Assess for toxicity and overdose.	of bowel function. Assess color, consistency, and amount of stool produced.	severe skin reaction. Lab tests: Urea breath test 4-6 week after completion of therapy.	bowel evacuation. Lab tests: Check patients on prolonged therapy periodically for electrolyte imbalance (i.e., hypermagnesemia).	dysfunction, hypertension; peptic ulceration, GI bleeding; impaired hepatic or renal function; pregnancy; lactation Physical: Skin color, lesions; T; orientation, reflexes, ophthalmologic evaluation, audiometric evaluation, peripheral sensation; P, BP, edema				
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	CBC and BMP	Make sure abdominal pain, nausea, vomiting, or fever are not present before administration.	Make sure the patient is not taking digoxin or methotrexate (which they should not be on since they are pregnant)	BMP	liver evaluation, bowel sounds; CBC, clotting times, urinalysis, LFTs, renal function tests, serum electrolytes				
Client Teaching needs (2)	Encourage patient to comply with recommendations of health care professional. Educate that the best source of vitamins is a well-balanced	Advise patients that laxatives should be used only for short-term therapy. Long-term therapy may cause electrolyte imbalance	Contact physician promptly if any of the following occur: Peeling, blistering, or loosening of skin;	Liquid preparation is reportedly more effective than the tablet form, as with other antacids. Do not breast feed while using this drug.	Use drug only as suggested; avoid overdose. Take the drug with food or after meals if GI upset occurs. Do not exceed				

	diet and give	and dependence. Encourage patients to use other forms of bowel regulation, such as increasing bulk in the diet, increasing fluid intake (6–8 full glasses/day), and increasing mobility.	skin rash, hives, or itching; swelling of the face, tongue, or lips; difficulty breathing or swallowing. Do not breast feed while taking this drug without consulting physician.		the prescribed dosage. Avoid over-the-counter drugs. Many of these drugs contain similar medications, and serious overdosage can occur.				

Medications Reference (APA):

n.d.). Drugs.com. Retrieved September 19, 2020, from https://drugs.com

Jones & Bartlett Learning. (2019). *2019 Nurses drug handbook (18th ed).* Burlington, MA.

Assessment

Physical Exam (18 points)

GENERAL (0.5 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	AOx4 Client is alert and orientated, no shortness of breath and is cooperative and relaxed. Appears well nourished and no distress noted
INTEGUMENTARY (2 points): **Skin color:** **Character:**	skin is dry and intact, Braden scale 23, no drains noted. On inspection of the hands, there was no

Temperature: **Turgor:** **Rashes:** none **Bruises:** none **Wounds/Incision:** . **Braden Score:** 23 **Drains present: Y☐ N ☒** **Type:** N/A	peripheral cyanosis or flapping tremors seen. There was also no clubbing, muscle wasting, or palmar erythema seen. Trachea midline. 3rd Right mediolateral laceration According to *Webb* (2014)," Third-degree tears extend from the vaginal lining through to the anal sphincter, but do not involve the rectal lining. Third-degree tears are much more complex and require the surgical skill of a physician" (paras. 6-7).
HEENT (0.5 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head is midline with no deviations. Hair is brown in color. Ears show no abnormal drainage, tympanic membrane visible, pearly grey (did you actually use the otoscope to look into the patient's ear canal and identify the tympanic membrane?). PEERLA is noted. Nose shows no deviated septum, turbinate equal bilaterally (Did you look inside the nose for the turbinate?). Oral mucosa is pink and moist with no notable abnormalities. Patient's teeth present.
CARDIOVASCULAR (1 point): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** N/A **Peripheral Pulses:** palpable **Capillary refill:** less than 3 seconds **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☒ N ☐** **Location of Edema:** lower extremities	S1 and S2 heard, : No murmurs, gallops, or rubs. radial pulses palpable, pedal pulses palpable, some peripheral edema noted in lower extremities. Capillary refill less than 3 seconds.
RESPIRATORY (1 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Bilateral breath sounds clear, equal, unlabored, without crackles or wheezes
GASTROINTESTINAL (5 points): **Diet at Home:** regular **Current Diet:** regular **Height:** 5'6" **Weight**: 195 lbs **Auscultation Bowel sounds:** active in all 4 quadrants **Last BM**: 09/14/2020	.

Palpation: Pain, Mass etc.: No pain or organomegaly to palpation **Inspection:** **Distention: no** **Incisions: no** **Scars: no** **Drains: no** **Wounds: no** **Fundal Height & Position:** below umbilicus	
GENITOURINARY (5 Points): **Bleeding:** light lochia flow **Color:** darker red **Character:** nonclotted, flows with pressure applied to uterus. **Quantity of urine:** yellow, typical smell **Pain with urination: Y ☒ N ☐** **Inspection of genitals:** swollen from spontaneous vaginal delivery **Catheter: Y ☐ N ☒** **Type:** **Size:** **Rupture of Membranes:** 09/16/2020 **Time:** 01:02 **Color:** **Amount:** **Odor:** **Episiotomy/Lacerations:** 3rd Right mediolateral laceration	
MUSCULOSKELETAL (2 points): **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score: 0** **Activity/Mobility Status:** **Independent (up ad lib) ☐ yes** **Needs assistance with equipment ☐ no** **Needs support to stand and walk☐ no**	.
NEUROLOGICAL (1 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** Oriented x4 **Mental Status:** Competent	.

Speech: Clear and intact **Sensory:** No sensory deficits **LOC:** Alert **DTRs:** in tact	
PSYCHOSOCIAL/CULTURAL (1 points): **Coping method(s):** Appropriate coping mechanisms. **Developmental level:** Appropriate for age **Religion & what it means to pt**.: N/A **Personal/Family Data (Think about home environment, family structure, and available family support):** Husband at hone for support for both patient and newborn.	.
DELIVERY INFO: (1 point) **Delivery Date:** 09/16/2020 **Time:** 01:59 AM **Type (vaginal/cesarean):** spontaneous vaginal delivery **Quantitative Blood Loss:** 368 **Male or Female** Male **Apgars:** 8&9 **Weight:** 3775g (8lbs 5.2oz) **Feeding Method**: breastfeeding	

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	74	129/87	18	98.4~~%~~	95%
Labor/Delivery	76	120/70	16	98.4~~%~~	94%
Postpartum	71	120/58	18	98.2~~%~~	97%

Vital Sign Trends: Remained stable, no trending up or down noted

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
22:26 (9/15/2020)	1-10	unspecified	6	Not noted	Plan of care for labor discussed at this time, no pain intervention performed. Did you observe this since you were not present for delivery.
0513 we were not on the floor at 0513. (09/16/2020)	1-10	unspecified	5	Not noted	PRN acetaminophen administered

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	18-gauge, Peripheral line, single lumen Right hand 09/15/2020 Patent did she have an IV infusing or was it a saline lock? Did you see it flushed? No noted signs of erythema, drainage from IV. Dressing noted to be clean and intact

Intake and Output (2 points)

Intake	Output (in mL)
???	550mL

Nursing Interventions and Medical Treatments During Postpartum (6 points)

Nursing Interventions and	Frequency	Why was this intervention/ treatment

Medical Treatments (Identify nursing interventions with "N" after you list them, identify medical treatments with "T" after you list them.)		**provided to this patient? Please give a short rationale.**
Ibuprofen given N this is a treatment ordered by provider	Every 8 hours	For pain due to 3rd degree right mediolateral laceration
Episiotomy T	Once at time of birth	Due to 3rd degree laceration
Ice diaper given postpartum N	Every 1 hour as requested	Due to peri-area pain from vaginal birth and laceration

Phases of Maternal Adaptation to Parenthood (1 point)

What phase is the mother in? Taking In stage. Since this is not common knowledge, it should be reference.

What evidence supports this? Mother is focused primarily on her need for food, fluid, and deep restorative sleep; major task is to integrate her birth experience into reality; may recount her birthing experience and attempt to piece together details from those who attended the birth; mother will realize that pregnancy is over and baby is now a separate individual; generally takes 2 days for vaginal deliveries and a bit longer for c-section mothers

Discharge Planning (2 points)

Discharge location: home with husband

Equipment needs (if applicable): Newborn infant car seat, which has been obtained and at the ready.

Follow up plan (include plan for mother AND newborn): Follow up post-partum appointment already set; pediatrician already chosen. When is the appointment dates?

Education needs: what are the educational needs?

Nursing Diagnosis (30 points)
Must be NANDA approved nursing diagnosis and listed in order of priority
Two of them must be education related i.e. the interventions must be education for the client."

2 points for correct priority

Nursing Diagnosis (2 pt each) Identify problems that are specific to this patient. Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational (1 pt each)** Explain why the nursing diagnosis was chosen	**Intervention/Rational (2 per dx) (1 pt each)** Interventions should be specific and individualized for his patient. Be sure to include a time interval such as Assess vital signs q 12 hours." List a rationale for each intervention and using APA format, cite the source for your rationale.	**Evaluation (1 pt each)** • How did the patient/ family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Pain R/T vaginal delivery as evidenced by pain score of 5/10	This nursing diagnosis was chosen due to patient receiving a 3rd degree right mediolateral laceration during delivery. Pt will rate pain less than or equal to 2 on a pain scale of 0-10 within an hr of receiving pain medicine.	**1.** Assess pain and administer pain medicine as prescribed and as needed **Rationale-** If pain medicine is administered before pain becomes too severe, pain level management becomes easier to achieve **2.** Teach nonpharmacological management of pain such as massage, music, warm shower, etc **Rationale-** Pharmacologic and nonpharmacological pain management is more effective and can increase pain relief if used in conjunction with one another	The patient responded well once given ibuprofen, and ice diaper and a nap. Goal for when home after discharge is to make sure patient gets rest along with caring for newborn. Husband of patient is willing and able to help with patient and newborn**.**
2. Fatigue R/T discomfort,	This nursing diagnosis was chosen due to	**1.** Assess normal sleeping patterns at home and anything that might	Patient and husband plan to make sure patient gets plenty of

excitement and disrupted routine as evidenced by patient tired and sleepy	the patient being exhausted from the hard work of vaginal labor. Pt will be able to rest for > or equal to 5 uninterrupted hours at night and have available times to rest during the day. Pt will state she feels rested.	interfere with normal sleep routine **Rationale-** By assessing normal routine of pt, the nurse is better able to individualize nursing care to suit pt's needs **2.** Try to minimize trips to pts room by grouping several tasks in one visit to minimize interruption to pt's normal routine **Rationale-** Traffic in and out of the room can stimulate the pt and prevent her from rest	sleep and will minimize interruptions to patients sleep.
3. Risk for infection R/ T episiotomy as evidenced by 3rd degree right mediolateral laceration.	This nursing diagnosis was chosen due to the severity of the laceration of this patient. Pt will not exhibit any signs of infection while admitted in the hospital.	**1.** Teach pt proper hygiene **Rationale-** Proper hand washing and hygiene is most important way to prevent infection and cross contamination **2.** Teach and encourage proper perineal care (use of sitz bath, squirt bottle, proper way to use pads, etc.) **Rationale-** good perineal care provides comfort, inhibits infection, and aids in healing	The patient responded well to education of hand washing, hygiene and proper perineal care. This patient was receptive and voiced understanding. Patient was able to perform perineal hygiene in bathroom without assistance after nurse taught her.
4. Risk for ineffective coping related to mood alteration and pain	This nursing diagnosis was chosen due to the patient being in pain and with fluctuation in hormones the patient is experiencing.	**1.** Provide a supportive, nurturing environment and encourage the mother to cent her feelings and frustrations to relive anxiety. **Rationale-**The patient will experience a range on emotions and may feel isolated, alone or not herself and it is good to address this before it happens so she will	The patient and her husband were receptive to education of how to avoid ineffective coping. They voiced understanding and plan to vent feelings and be supportive of each other as they acclimate to life with a newborn son.

		know to reach out and not suffer. **2.** Discuss with partner expected behavior from mother and how additional support and help are needed during this time to promote partners participation in care. **Rationale**-It is important to educated the partner of the hormone imbalances and pending mood shifts so they are at the ready to best care for the patient.	

Other References (APA)

(all) References

Assessment Technologies Institute. (2019). *RN maternal newborn nursing edition 11. 0* (11th ed.).

~~(n.d.).~~ Drugs.com. (n.d.).(this should not have an indent. It may be due to the computer control) . Retrieved September 19, 2020, from https://drugs.com

Nursing diagnosis: Everything you need to know [2020 guide]. (2020, June 6). Nurseslabs. Retrieved September 19, 2020, from https://nurseslabs.com/nursing-diagnosis/

Ricci, S. S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing* (3rd ed.). Wolters Kluwer.

Van Leeuwen, A. M., & Bladh, M. L. (2017). *Davis's comprehensive handbook of laboratory and diagnostic tests with nursing implications* (7th ed.). F.A. Davis Company.

Webb, L. A. (2014, June 11). *Understand reporting of OB delivery lacerations*. HCPro: Providing Information to the Healthcare Compliance, Regulation, and Management Industry - www.hcpro.com. https://www.hcpro.com/content.cfm?content_id=305393