

N432 Postpartum Care Plan

Lakeview College of Nursing

Name

Demographics (3 points)

| | | | |
|---|----------------------------------|---------------------------------|---|
| Date & Time of Admission 0525 9/21/2020 | Patient Initials V. N. | Age 35 years old | Gender Female |
| Race/Ethnicity White | Occupation Unemployed | Marital Status Single | Allergies Benadryl (hives), Calamine (hives), Ceclor (hives), Fish (hives), Zyrtec (hives), Estrogen (nausea) |
| Code Status Full Code | Height 157.5 cm | Weight 84.8 kg | Father of Baby Involved Yes |

Medical History (5 Points)

Prenatal History: G2P2T2A0L2, previous birth was a Cesarean section, only 3 prenatal visits before current birth, visits stopped at 16 weeks, tobacco use during pregnancy, vitamin B12 deficiency

Past Medical History: suicide attempt at 19 years old, self-harm as a teen, endometriosis, mood disorder

Past Surgical History: wrist surgery

Family History: cancer in brother and father, hypertension and thyroid disease in mother

Social History (tobacco/alcohol/drugs): 1 pack/day smoker, previous alcohol use, current and previous drug use

Living Situation: lives in Danville alone

Education Level: high school diploma, some college

Admission Assessment

Chief Complaint (2 points): contractions

Presentation to Labor & Delivery (10 points): Patient presented at 38 weeks 4 days, ultrasound showed mom in active labor. Contractions began a couple of hours before coming to the hospital. Lives in Danville alone. Desired **TOLAC**.**<--What is this?** Normal fetal movement. Unsure about fluid loss, states she was vomiting and urinating in the car. No vaginal bleeding.

Diagnosis

Primary Diagnosis on Admission (2 points): labor

Secondary Diagnosis (if applicable): .

Postpartum Course (18 points)

This patient is currently in the fourth stage of labor. This stage begins after the placenta has passed through the birth canal and ends with the adjustment and stabilization of the mother, initiating the postpartum period (Ricci et al., 2017). In this stage, the mother gets to see and hold her newborn and begin to bond with it (Ricci et al., 2017). The mother feels peace and excitement at being able to see her newborn (Ricci et al., 2017). The fundus of the uterus initially sits between the umbilicus and the pubic symphysis but rises up to the level of the umbilicus within the first hour after birth (Ricci et al., 2017). If the uterus is boggy, the nurse must massage it to make it firm (Ricci et al., 2017). The lochia is flowing moderately, red, and has some small clots (Ricci et al., 2017). If the lochia is flowing heavily or has large clots, the nurse must notify the provider (Ricci et al., 2017). She may also be experiencing some cramping due to contraction of the uterus (Ricci et al., 2017). The mother is usually thirsty and hungry and will begin requesting food and drink (Ricci et al., 2017). This client did not get a chance to bond with her

newborn as the baby went immediately sent to the NICU after birth. However, physiologically, the mother is within the limits defined above. She was also active and talking to the nurses and students while on the floor.

This patient then progressed to the puerperium period, which lasts about 6 weeks after delivery of the placenta (Ricci et al., 2017). Some complications include postpartum hemorrhage, infection, large blood clots, foul-smelling discharge, severe headache, dyspnea, and pain with urination (*First Period After Pregnancy: What to Expect*, 2018). She did not experience any complications after birth. The first psychological phase of labor is called the taking-in phase, which this patient was experiencing (Ricci et al., 2017). She was experiencing more dependent behavior and allowing the nurses to make major decisions for her (Ricci et al., 2017). She was very talkative regarding her labor and delivery experience with all of the students and nurses who would listen (Ricci et al., 2017). Usually, new mothers will spend time examining their newborn and identifying specific features (Ricci et al., 2017), but since her newborn was in the NICU and she did not have time to interact or spend time with her, she was not exhibiting this behavior.

Postpartum Course References (2) (APA):

First Period After Pregnancy: What to Expect. (2018, February 28). Healthline.

<https://www.healthline.com/health/pregnancy/first-period-postpartum#7>

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

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 | 3.8 – 5.3 10 ⁶ cells/uL | 3.66 10 ⁶ cells/uL | 3.91 10 ⁶ cells/uL | No postpartum bloodwork | Pregnancy can sometimes cause a slight decrease in RBCs (Pagana et al., 2019). |
| Hgb | 11.7 – 16 g/dL | 10.9 g/dL | 12 g/dL | N/A | The hemoglobin is low due to anemia (Pagana et al., 2019). ←how does this relate to pregnancy |
| Hct | 35 – 47% | 33.6% | 36.3% | N/A | Pregnancy can sometimes cause a slight decrease in hematocrit (Pagana et al., 2019). |
| Platelets | 150 – 400 10 ³ cells/uL | 215 10 ³ cells/uL | 202 10 ³ cells/uL | N/A | N/A |
| WBC | 4.5 – 11 10 ³ cells/uL | 10.43 10 ³ cells/uL | 16.3 10 ³ cells/uL | N/A | The WBCs on admission were high due to stress related to active labor (Pagana et al., 2019). |
| Neutrophils | 1.8 – 7.7 10 ³ cells/uL | 7.06 10 ³ cells/uL | 13.1 10 ³ cells/uL | N/A | The absolute neutrophil count was high on admission due to stress related to active labor (Pagana et al., 2019). |
| Lymphocytes | 1 – 4.8 10 ³ cells/uL | 2.56 10 ³ cells/uL | 2.2 10 ³ cells/uL | N/A | N/A |
| Monocytes | 0 – 0.8 10 ³ cells/uL | 0.62 10 ³ cells/uL | 0.8 10 ³ cells/uL | N/A | N/A |
| Eosinophils | 0 – 0.5 10 ³ cells/uL | 0.13 10 ³ cells/uL | 0.1 10 ³ cells/uL | N/A | N/A |
| Bands | 0 – 0.2 10 ³ cells/uL | 0.06 10 ³ cells/uL | 0.1 10 ³ cells/uL | N/A | N/A |

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 | A, B, O | N/A | O | N/A | N/A |
| Rh Factor | + or - | N/A | + | N/A | N/A |
| Serology (RPR/VDRL) | nonreactive | nonreactive | N/A | N/A | N/A |
| Rubella Titer | Positive = immune Negative = not immune | Positive | N/A | N/A | N/A |
| HIV | nonreactive | nonreactive | N/A | N/A | N/A |
| HbSAG | nonreactive | nonreactive | N/A | N/A | N/A |
| Group Beta Strep Swab | negative | negative | N/A | N/A | N/A |
| Glucose at 28 Weeks | <140 mg/dL | 90 mg/dL | N/A | N/A | N/A |
| MSAFP (If Applicable) | 0.5 – 2 MoM | N/A | N/A | N/A | N/A |
| | | | | | |
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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 |
|--------------------|---------------------|-----------------------|---------------------------|----------------------|--|
| Vitamin B12 | 213 – 816 pg/mL | 165 mg/mL | N/A | N/A | Pregnancy can sometimes cause a decrease in vitamin B12, requiring a supplement (Pagana et al., 2019). |
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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) | 37 – 250 mg/dL | N/A | N/A | N/A | N/A |

Lab Reference (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). *Mosby's Diagnostic and Laboratory Test Reference*. Elsevier.

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

| | Your Assessment |
|---|--|
| <p>History of labor:</p> <p>Length of labor</p> <p>Induced /spontaneous</p> <p>Time in each stage</p> | <p>Vaginal birth after C-section</p> <p>In labor for approx. 2h 7 minutes</p> <p>Spontaneous labor</p> <p>Unable to calculate time in each stage since patient presented fully dilated</p> |
| Current stage of labor | <p>Fourth stage of labor, uterus is at the level of the umbilicus, lochia is flowing moderately, red, and has small clots mixed in (Ricci et al., 2017). Uterus is beginning to contract back to its</p> |

| | |
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| | <p>pregnant size (Shiel, n.d.). Laboratory values are expected to stabilize (Ricci et al., 2017).</p> |
|--|---|

Stage of Labor References (2) (APA):

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

Shiel, W. C. (n.d.). *Definition of Fourth stage of labor*. MedicineNet.

<https://www.medicinenet.com/script/main/art.asp?articlekey=3512>

**Current Medications (7 points, 1 point per completed med)
*7 different medications must be completed***

Home Medications (2 required)

| | | | | | |
|-----------------------|---------------------------|---------------------------|--|--|--|
| Brand/Generic | Tylenol/ acetaminophen | Terazol-7/ terconazole | | | |
| Dose | 975 mg | 5 g | | | |
| Frequency | Q6H PRN | Once daily for 7 days | | | |
| Route | Oral | Topical | | | |
| Classification | Nonopioid analgesic | Antifungal | | | |

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|---|---|---|--|--|--|
| Mechanism of Action | Inhibits prostaglandin synthesis in the CNS, preventing pain and fever (Vallerand et al., 2019) | Compromises fungal cell wall, causing cellular contents to leak out (Vallerand et al., 2019) | | | |
| Reason Client Taking | Mild to moderate cramping | Vulvovaginal candidiasis | | | |
| Contraindications (2) | Alcohol intake (Vallerand et al., 2019), hepatic impairment (Vallerand et al., 2019) | First trimester of pregnancy (Vallerand et al., 2019), hypersensitivity to any ingredients (Vallerand et al., 2019) | | | |
| Side Effects/Adverse Reactions (2) | Increased liver enzymes (Vallerand et al., 2019), skin rash (Vallerand et al., 2019) | Headache (Vallerand et al., 2019), dysmenorrhea (Vallerand et al., 2019) | | | |
| Nursing Considerations (2) | Avoid giving when patient has taken other medications with alcohol or has recently drunk (Vallerand et al., 2019). Discontinue use immediately and notify provider is | Obtain a pregnancy test before administration (Vallerand et al., 2019). Monitor infection during the course of administration (Vallerand et al., 2019). | | | |

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| | allergic reaction occurs (Vallerand et al., 2019). | | | | |
| Key Nursing Assessment(s)/Lab(s) Prior to Administration | Liver enzymes (Vallerand et al., 2019), ETOH levels (Vallerand et al., 2019), rashes (Vallerand et al., 2019), hypersensitivity reactions (Vallerand et al., 2019), assess pain and fever (Vallerand et al., 2019) | Negative pregnancy test (Vallerand et al., 2019), intact vulva (Vallerand et al., 2019) | | | |
| Client Teaching needs (2) | Avoid taking with alcohol (Vallerand et al., 2019). Do not exceed 4 g in 24 hours (Vallerand et al., 2019). | Do not use during first trimester or you think you might be pregnant (Vallerand et al., 2019). Teach proper cleansing technique before applying (Vallerand et al., 2019). | | | |

Hospital Medications (5 required)

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|---|---|--|--|--|---|
| Brand/Generic | Dermoplast/ benzocaine | Colace/ docusate sodium | hydrocortiso ne | Zofran/ ondansetron | Nicoderm CQ/nicoti ne |
| Dose | 1 spray | 100 mg | 1% cream | 4 mg | 21 mg |
| Frequency | Q6H PRN | Q12H PRN | Q6H PRN | Q6H PRN | Once daily |
| Route | Topical | oral | Topical | Oral | Transder mal |
| Classification | Topical anesthetic | Laxative | corticosteroi ds | Antiemetic | Smoking deterrent |
| Mechanism of Action | Inhibits conduction and initiation of sensory nerve impulses (Vallerand et al., 2019) | Promotes water incorporatio n into stool, softening them (Vallerand et al., 2019) | Suppresses normal immune response and inflammatio n (Vallerand et al., 2019) | Blocks the effects of serotonin in the CNS (Vallerand et al., 2019) | Provides a source of nicotine during smoking cessation (Vallerand et al., 2019) |
| Reason Client Taking | Vulvovagin al pain | constipation | hemorrhoids | nausea | Nicotine addiction |
| Contraindications (2) | Active, untreated infection on affected area (Vallerand et al., 2019), hypersensiti vity (Vallerand et al., 2019) | Abdominal pain (Vallerand et al., 2019), nausea (Vallerand et al., 2019) | Hypersensiti vity (Vallerand et al., 2019), untreated infection (Vallerand et al., 2019) | Congenital long QT syndrome (Vallerand et al., 2019), concurrent use of apomorphin e (Vallerand et al., 2019) | Recent MI (Vallerand et al., 2019), arrhythmi as (Vallerand et al., 2019) |
| Side Effects/Adverse Reactions (2) | Burning (Vallerand et al., 2019), irritation (Vallerand et al., 2019) | Mild cramps (Vallerand et al., 2019), diarrheal (Vallerand et al., 2019) | Adrenal suppression (Vallerand et al., 2019), contact dermatitis (Vallerand et al., 2019) | Serotonin syndrome (Vallerand et al., 2019), headache (Vallerand et al., 2019) | Headache (Vallerand et al., 2019), insomnia (Vallerand et al., 2019) |
| Nursing Considerations (2) | Assess pain before and | Assess color, | Assess affected | Assess nausea and | Evaluate smoking |

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| | after application (Vallerand et al., 2019), assess for burning, itching, irritation after application (Vallerand et al., 2019). | consistency, and amount of stool (Vallerand et al., 2019). Give with a full glass of water or juice (Vallerand et al., 2019). | skin (Vallerand et al., 2019). Notify provider if symptoms of infection develop (Vallerand et al., 2019). | vomiting before and after administration (Vallerand et al., 2019). Assess for extrapyramidal effects periodically (Vallerand et al., 2019). | cessation progress periodically (Vallerand et al., 2019). Monitor for toxicity symptoms (Vallerand et al., 2019) |
| Key Nursing Assessment(s)/Lab(s) Prior to Administration | Assess area on which this medication is to be administered (Vallerand et al., 2019), assess pain (Vallerand et al., 2019) | Assess bowel pattern (Vallerand et al., 2019), abdominal distention (Vallerand et al., 2019), bowel sounds (Vallerand et al., 2019) | Assess affected skin (Vallerand et al., 2019), periodic adrenal function tests (Vallerand et al., 2019) | Assess nausea and vomiting (Vallerand et al., 2019) | Assess smoking history (Vallerand et al., 2019), assess for symptoms of smoking withdrawal (Vallerand et al., 2019) |
| Client Teaching needs (2) | Do not spray on compromised skin (Vallerand et al., 2019). Do not use more than directed, notify nurse or provider if pain does not subside (Vallerand et al., 2019). | Patient must be adequately hydrated for this medication to work (Vallerand et al., 2019). Do not take within 2 hours of other laxatives (Vallerand et al., 2019). | Notify provider if signs of infection develop (Vallerand et al., 2019). Apply on clean, dry, intact skin (Vallerand et al., 2019). | Notify provider immediately of irregular heartbeat, serotonin syndrome, or involuntary movements (Vallerand et al., 2019). Notify provider of hypersensitivity reactions | Do not use more than directed (Vallerand et al., 2019). Apply patch at the same time each day, rotating sites (Vallerand et al., 2019). |

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| | | | | (Vallerand et al., 2019) | |
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Medications Reference (APA):

Vallerand, A. H., Sanoski, C. A., & Quiring, C. (2019). *Davis’s drug guide for nurses*. F.A. Davis Company.

Assessment

Physical Exam (18 points)

| | |
|---|---|
| <p>GENERAL (0.5 point): Alertness: A/O x4 Orientation: oriented Distress: no acute distress Overall appearance: disheveled</p> | <p>Alert and oriented to person, place, time, and situation. No acute distress. Disheveled appearance.</p> |
| <p>INTEGUMENTARY (2 points): Skin color: pink Character: dry Temperature: warm Turgor: 2+ Rashes: none Bruises: right hand Wounds/Incision: left labial tear Braden Score: 23 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p> | <p>Skin is warm, pink, and dry. Turgor 2+. No rashes noted. Left labial tear noted. Cracks in feet from edema noted. Bruises on right hand secondary to IV.</p> |
| <p>HEENT (0.5 point): Head/Neck: normocephalic Ears: pearly grey tympanic membrane Eyes: PERRLA, white sclera Nose: clear, midline Teeth: no dentures</p> | <p>Head and neck are normocephalic. Ears level with eyes, pearly grey tympanic membrane noted. PERRLA, white sclera noted. Nose is midline, nares are clear. No dentures noted, all teeth present.</p> |
| <p>CARDIOVASCULAR (1 point): Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): normal sinus rhythm Peripheral Pulses: 2+ bilateral Capillary refill: <3 seconds bilateral</p> | <p>S1, S2 heart sounds, clear, normal sinus rhythm. 2+ bilateral peripheral pulses. <3 second capillary refill bilateral. No neck vein distention. Slight, resolving edema in feet secondary to pregnancy.</p> |

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| <p>Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Edema Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Location of Edema: feet</p> | |
| <p>RESPIRATORY (1 points):</p> <p>Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Breath Sounds: Location, character</p> | Lung sounds clear in all fields. |
| <p>GASTROINTESTINAL (5 points):</p> <p>Diet at Home: low sodium</p> <p>Current Diet: regular</p> <p>Height: 157.5 cm</p> <p>Weight: 84.89 kg</p> <p>Auscultation Bowel sounds: clear, present all 4 quadrants</p> <p>Last BM: 9/21/20</p> <p>Palpation: Pain, Mass etc.:</p> <p>Inspection:</p> <ul style="list-style-type: none"> Distention: yes Incisions: none Scars: C-section Drains: none Wounds: none <p>Fundal Height & Position: level with umbilicus</p> | Bowel sounds clear and present in all 4 quadrants. Abdominal distention secondary to enlarged uterus. No incisions, drains, or wounds noted on abdomen. C-section scar present. Fundus is midline and level with umbilicus. |
| <p>GENITOURINARY (5 Points):</p> <p>Bleeding: scant</p> <p>Color: red</p> <p>Character: liquid, small clots</p> <p>Quantity of urine: not measured</p> <p>Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Inspection of genitals: small perineal tear</p> <p>Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <ul style="list-style-type: none"> Type: Size: <p>Rupture of Membranes: yes</p> <p>Time: unspecified, possibly a few days prior to admission</p> <p>Color: clear</p> <p>Amount: scant</p> <p>Odor: none</p> <p>Episiotomy/Lacerations: 3 cm left labial tear</p> | Scant, red vaginal blood with small clots noted. Small perineal tear noted. Leakage of amniotic fluid for a few days prior to admission. Leakage was clear, scant, odorless. 3cm left labial tear noted. |
| <p>MUSCULOSKELETAL (2 points):</p> <p>ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Fall Risk: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Fall Score: 0</p> | Patient is independent and active. |

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| <p>Activity/Mobility Status: active Independent (up ad lib) <input checked="" type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p> | |
| <p>NEUROLOGICAL (1 points): MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input checked="" type="checkbox"/> Orientation: oriented Mental Status: alert Speech: clear Sensory: adequate LOC: awake DTRs: good</p> | <p>Patient is oriented, alert, awake, with clear speech. Responds to commands.</p> |
| <p>PSYCHOSOCIAL/CULTURAL (1 points): Coping method(s): pacing Developmental level: some college Religion & what it means to pt.: Personal/Family Data (Think about home environment, family structure, and available family support): home support, women’s care clinic, Christian chaplain</p> | <p>Appears worried about postpartum depression.</p> |
| <p>DELIVERY INFO: (1 point) Delivery Date: 9/21/2020 Time: 0732 Type (vaginal/cesarean): VBAC Quantitative Blood Loss: not documented Male or Female Apgars: 5/8 Weight: 2615 g Feeding Method: feeding tube</p> | |

Vital Signs, 3 sets (5 points)

| Time | Pulse | B/P | Resp Rate | Temp | Oxygen |
|----------------|-------|--------|-----------|--------|--------|
| Prenatal | N/A | 124/80 | N/A | N/A | N/A |
| Labor/Delivery | 88 | 135/67 | 18 | 97 F | 100% |
| Postpartum | 79 | 119/69 | 16 | 97.7 F | 98% |

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Vital Sign Trends: increased from normal adult vital signs during labor, stabilized during postpartum period; prenatal vital signs were not taken/documentated

Pain Assessment, 2 sets (2 points)

| Time | Scale | Location | Severity | Characteristics | Interventions |
|------|--------|----------|----------|-----------------|---------------|
| 0740 | 0 - 10 | abdomen | 3 | Dull, cramping | Fentanyl |
| 1535 | 0-10 | abdomen | 0 | none | none |

IV Assessment (2 Points)

| IV Assessment | Fluid Type/Rate or Saline Lock |
|--|--------------------------------|
| Size of IV: 20 G Location of IV: right hand Date on IV: 9/21/2020 0535 Patency of IV: removed Signs of erythema, drainage, etc.: none IV dressing assessment: dry | No fluid, IV removed |

Intake and Output (2 points)

| Intake | Output (in mL) |
|--------------|----------------|
| Not measured | Not measured |

Nursing Interventions and Medical Treatments During Postpartum (6 points)

| Nursing Interventions and Medical Treatments (Identify nursing interventions with “N” after you list them, identify medical treatments with “T” after you list them.) | Frequency | Why was this intervention/ treatment provided to this patient? Please give a short rationale. |
|---|-----------|---|
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| Breast pump and feeding education N | Once | This patient was unsure of how to approach breastfeeding her newborn. She also wanted to try breastfeeding exclusively, so she required some education. |
| Christian chaplain visit N | PRN | This patient is very spiritual, and having a chaplain helps her to cope. She would have rather had her own priest visit, but due to visitor limitations, she could only see the hospital chaplain. |
| 4mg Zofran T | Q6H PRN | This patient was found to have nausea and vomiting as an adverse effect of the synthetic oxytocin she was given during labor. |
| Encourage visits with newborn in NICU N | PRN | This patient's newborn was admitted to the NICU, so the baby cannot stay with the mother during their hospital stay. However, it is still important for the mother and baby to establish a bond as early as possible. |

Phases of Maternal Adaptation to Parenthood (1 point)

What phase is the mother in? Taking-in phase

What evidence supports this? She let the nurse take full control of her activities of daily living.

The nurse had to remind her when to get up and walk, go visit her newborn, and remind her when to order her food.

Discharge Planning (2 points)

Discharge location: home

Equipment needs (if applicable): breast pump

Follow up plan (include plan for mother AND newborn): Encourage bonding when newborn is discharged from NICU, follow-up with psychiatrist, update WIC status, finalize name for newborn

Education needs: breastfeeding and using the breast pump

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

| <p>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</p> | <p>Rational (1 pt each) Explain why the nursing diagnosis was chosen</p> | <p>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.</p> | <p>Evaluation (1 pt each) <ul style="list-style-type: none"> How did the patient/family respond to the nurse’s actions? Client response, status of goals and outcomes, modifications to plan. </p> |
|---|--|--|--|
| <p>1. Risk for bleeding related to recent vaginal delivery as evidenced by red lochia with small blood clots (<i>Approved NANDA Nursing Diagnosis List 2018-2020, 2020</i>).</p> | <p>Airway, breathing, and circulation are the top three priorities in nursing. Her airway and breathing are uncompromised, so the next step was to assess circulation and determine risk in that category.</p> | <p>1. Assess lochia Q4H for excessive bleeding. Rationale The risk for excessive vaginal bleeding is highest up to 6 weeks after delivery of the placenta (Ricci et al., 2017). 2. Notify the provider immediately if the patient is soaking through more than 1 pad every hour. Rationale Soaking through too many pads is a simple indicator of postpartum hemorrhage and is a good way to teach the patient how to self-assess for postpartum hemorrhage as well (Ricci et al., 2017).</p> | <p>The nurse assessed this patient’s lochia Q4H and found no excessive bleeding or other signs of postpartum hemorrhage.</p> |
| <p>2. Ineffective coping related to recent birth as evidenced by not visiting newborn or bonding with newborn (<i>Approved</i></p> | <p>Bonding with a newborn immediately after birth will help the newborn thrive, but this patient did not appear to be interested in bonding with</p> | <p>1. Encourage visits and bonding with the newborn in the NICU during the mother’s and newborn’s stay. Rationale Bonding with the newborn, especially when the newborn has been admitted to the NICU, can help</p> | <p>This patient was encouraged to visit her newborn daughter in the NICU, but only visited once briefly during the shift and the NICU nurse reported that the mother did not spend much time with her newborn and she was</p> |

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| <p><i>NANDA Nursing Diagnosis List 2018-2020, 2020).</i></p> | <p>her newborn, which can increase the mother’s risk for postpartum depression (Ricci et al., 2017).</p> | <p>prevent postpartum depression and increase coping with being a new mother (Ricci et al., 2017). 2. Educate the patient on bonding techniques with her newborn and the importance of bonding. Rationale Bonding with the newborn when she goes home is important in reducing the risk of postpartum depression and increase coping with being a new mother (Ricci et al., 2017).</p> | <p>pacing and acting anxious during the visit before leaving.</p> |
| <p>3. Knowledge deficit related to recent birth as evidenced by asking many questions and stating incorrect information during a breast pump education session (Approved <i>NANDA Nursing Diagnosis List 2018-2020, 2020).</i></p> | <p>New mothers usually require some education, even if they have had a child before. Best practice may have changed since the last birth and it is important to have the most up-to-date information available regarding newborn care (Ricci et al., 2017).</p> | <p>1. Provide an education session on breast pump use and breastfeeding. Rationale A one-on-one education session on something as intimate as breastfeeding may be the best way to teach this patient considering she has a lot of questions. 2. Provide physical resources to refer to after discharge. Rationale Having credible, physical resources, such as handouts and pamphlets, can help retain information and will prevent exposure to inaccurate information (Ricci et al., 2017),</p> | <p>A breastfeeding expert came to educate this patient and by the end of the session, she understood how to use the breast pump and how to encourage successful breastfeeding.</p> |
| <p>4. Anxiety related to an underlying mental health disorder exacerbated by childbirth as evidenced</p> | <p>Anxiety can lead to other chronic health problems, and it is not effective during motherhood because it can</p> | <p>1. Encourage coping mechanisms during hospital stay. Rationale Coping mechanisms can help reduce anxiety, thus increasing bonding with the newborn and reducing the</p> | <p>This patient called her own psychiatric provider instead of accepting a referral from the OB provider. Coping methods were encouraged and she appeared to be coping</p> |

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| by pacing, fast speech, and restlessness (<i>Approved NANDA Nursing Diagnosis List 2018-2020, 2020</i>). | increase the risk of postpartum depression (Ricci et al., 2017). | risk for postpartum depression (Ricci et al., 2017). 2. Encourage regular visits with a psychiatric expert Rationale An expert in mental health can help this patient maintain coping methods and prescribe psychiatric medications as needed. | well, despite existing anxiety. |
|--|--|---|---------------------------------|

Other References (APA)

Approved NANDA Nursing Diagnosis List 2018-2020. (2020). Health-Conditions.

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

N432 Postpartum Care Plan Grading Rubric

Student Name:

| Demographics | 3 points | 1.5 points | 0 points | Points |
|---|---|--|---|--------|
| Demographics <ul style="list-style-type: none"> • Date of admission • Patient initials • Age • Gender • Race/ Ethnicity • Occupation • Marital Status • Allergies • Code Status • Height • Weight • Father of Baby | Includes complete information regarding the patient. Each section is filled out appropriately with correct labeling. 3 pts | 1-2 of the key components are not filled in correctly. | 3 or more of the key components are not filled in correctly and therefore no points were awarded for this section | |

| Involvement | | | | |
|---|--|---|--|---------------|
| Medical History | 5 points | 2.5 points | 0 points | Points |
| <p>Prenatal History</p> <p>Past Medical History</p> <ul style="list-style-type: none"> • All previous medical diagnosis should be listed <p>Past Surgical History</p> <ul style="list-style-type: none"> • All previous surgeries should be listed <p>Family History</p> <ul style="list-style-type: none"> • Considering paternal and maternal <p>Social History</p> <ul style="list-style-type: none"> • Smoking (packs per day, for how many year) • Alcohol (how much alcohol consumed and for how many years) • Drugs (how often and drug of choice) <p>Living</p> | <p>Includes each section completed correctly with a detailed list of pertinent medical history, surgical history, family history and social history. If patient is unable to give a detailed history, look in the EMR and chart.</p> <p>5 pts</p> | <p>1-2 of the key components is missing detailed information.</p> | <p>3 or more of the key components are not filled in correctly</p> | |

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| <p>situation Education level</p> <ul style="list-style-type: none"> If applicable to learning barriers | | | |
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| Chief Complaint | 2 points | 1 point | 0 points |
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| <p>Chief Complaint</p> <ul style="list-style-type: none"> Identifiable with a couple words of what the patient came in complaining of | <p>Chief complaint is correctly identified. 2 pts</p> | <p>Chief complaint not completely understood.</p> | <p>No chief complaint listed.</p> |
| Admission History | 10 points | 5 points | 0 points |
| <p>Presentation to Labor & Delivery</p> <ul style="list-style-type: none"> Information is identified in regards to why the patient came to the hospital Utilization of OLD CARTS as appropriate Written in a paragraph form with no less than 5 sentences Information was not copied directly from the chart and no evidence of plagiarism Information specifically stated by the patient using their own words is in quotations Plagiarism will receive a 0 | <p>Every key component of the HPI is filled in correctly with information such as those identified with (OLD CARTS). It is written in a paragraph form, in the student's own words. There is no evidence of plagiarism identified. This is developed in a paragraph format with no less than</p> | <p>1-2 of the key components are missing in the HPI. The HPI is lacking important information to help determine what has happened to the patient.</p> | <p>3 or more components are missing in the HPI. Paragraph is not well developed and it is difficult to understand what the patient is seeking care for. There is evidence of plagiarism noted in the HPI.</p> |

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| | 5 sentences. 10 pts | | |
| Primary Diagnosis | 2 points | 1 points | 0 points |
| <p>Primary Diagnosis</p> <ul style="list-style-type: none"> The main reason the patient was admitted <p>Secondary Diagnosis</p> <ul style="list-style-type: none"> If the patient has more than one reason they are being admitted | <p>All key components are filled in correctly. The student was able to identify the correct primary diagnosis and listed the appropriate secondary diagnosis if applicable.</p> <p>2 pts</p> | <p>One of the key components is missing or not understood correctly.</p> | <p>Student did not complete this section and there is concern for lack of understanding the diagnosis.</p> |

| Postpartum Course | 18 points | 9 points | 4.5 points |
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| <p>Postpartum Course</p> <ul style="list-style-type: none"> • Professionally written essay in APA format outlined all aspects of the stage of labor the client is in during the student’s care • information is well written and no less than 1 page • Location of client in postpartum course • Normal findings during client’s location in the postpartum course • Abnormal findings during client’s location in the postpartum course • Stage of adapting client is in • Risk factors for postpartum complications <ul style="list-style-type: none"> ○ Postpartum hemorrhage ○ Infection (include S/S) ○ Postpartum mood disorder • Listed clinical data that correlates to this particular client • Plagiarism results in a zero in this section • 2 APA references, essay is written in correct APA format. | <p>All key components were addressed, and student had a good understanding of the expectations listed. Disease process was thorough with a direct correlation of how this related to the patient and their diagnostic testing that was performed.</p> <p style="color: red; text-align: center;">18 pts</p> | <p>1-2 key components were missing such as signs and symptoms, expected findings, correlation and treatment. Student was able to describe the pathophysiology of the disease process.</p> | <p>3-4 key components were missing throughout the paper. Unable to determine if the student had a good understanding of the disease process and the direct correlation to the patient.</p> |

| Laboratory Data | 15 points | 7.5 points | 0 points |
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| <p>Normal Values</p> <ul style="list-style-type: none"> • Should be obtained from the chart when possible as labs vary some. If not possible use laboratory guide. • Normal values should be listed for all laboratory data. <p>Laboratory Data</p> <ul style="list-style-type: none"> • Prenatal Values • Admission Values • Most recent Values (the day you saw the patient) <p>Rational for abnormal values</p> <ul style="list-style-type: none"> • Written in complete sentences with APA citations • Explanation of the laboratory abnormality in this patient • For example, elevated WBC in patient with pneumonia is on antibiotics. • Minimum of 1 APA reference, no reference will result in zero points for this section | <p>All key components have been addressed and the student shows an understanding of the laboratory norms and abnormalities. Student had 1 reference listed and is able to correlate abnormal laboratory findings to the patient's particular disease process.</p> <p style="color: red; text-align: center;">15 pts</p> | <p>1-2 of the patient's labs were not reported completely with normal values or patient results. Lab correlation did not completely demonstrate student's understanding of correlation.</p> | <p>Student did not have an understanding of laboratory values and the abnormalities. 3 or more labs were excluded. Student did not discuss the abnormal findings in APA format with a minimum of 1 reference.</p> |
| Stage of Labor | 15 points | 7.5 points | 0 points |

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| <p>Stage of Labor Write Up:</p> <ul style="list-style-type: none"> • History of labor <ul style="list-style-type: none"> ○ Length of labor ○ Induced vs. spontaneous ○ Time in each stage of labor • Current stage of labor • Include an assessment in the student's own words of each component • Normal values/expected values are listed • Minimum of 2 APA reference, no reference will result in zero points for this section | <p>All key components have been addressed and the student shows an understanding of the norms and abnormalities. Student had 1 reference listed and is able to correlate abnormal findings to the patient's particular disease process.</p> <p style="color: red;">15 pts</p> | <p>1-2 of the key components is missing, yet the student is able to demonstrate an understanding of the stage(s) of labor.</p> | <p>3 or more of the key components is missing. Student did not have an understanding of the stage(s) of labor. Student did not have an APA reference listed.</p> |
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| Current Medications | 7 points | 6-1 points | 0 points |
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| <p>Current Medications</p> <ul style="list-style-type: none"> • Requirements of 5 inpatient hospital medications and 2 home medications—these must be 7 DIFFERENT medications • Each medication must have brand/generic name • Dosage, frequency, route given, class of drug and the action of the drug • Reason client taking • 2 contraindications must be listed <ul style="list-style-type: none"> ○ Must be pertinent to your patient • 2 side effects or adverse effects • 2 nursing considerations • Key nursing assessment(s)/lab(s) prior to administration <ul style="list-style-type: none"> ○ Example: Assessing client’s HR prior to administering a beta-blocker ○ Example: Reviewing client’s PLT count prior to administering a low-molecular weight heparin • 2 client teaching needs • Minimum of 1 APA citation, no citation will result in loss of all points in the section | <p>All key components were listed for each of the 10 medications, along with the most common side effects, contraindications and client teachings. Student had 1 APA citation listed. 7 pts</p> | <p>1 point will be lost for each medication with incomplete information.</p> | <p>There was noted lack of effort on the student’s part to complete this section or there was no APA citation listed.</p> |
| Physical Exam | 18 points | 9 points | 0 points |
| <ul style="list-style-type: none"> • Completion of a head to toe assessment done on the students own and not copied from the | <p>All key components are met</p> | <p>1-3 of the key components</p> | <p>4 or more of the key components</p> |

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| <p>patient's chart</p> <ul style="list-style-type: none"> • Fall risk assessment • Braden skin assessment • No fall risk or Braden scale will result in a zero for the section | <p>including a complete head to toe assessment, fall risk and Braden score. 18 pts</p> | <p>is missing from a given section. Each body system is worth 2 points.</p> | <p>are missing. Therefore, it is presumed that the student does not have a good understanding of the head to toe assessment process.</p> |
| <p>Vital Signs</p> | <p>5 points</p> | <p>2.5 points</p> | |
| <p>Vital Signs</p> <ul style="list-style-type: none"> • 3 sets of vital signs are recorded with the appropriate labels attached • Includes a prenatal set, labor/delivery set, and postpartum set • <i>If client has not delivered for a postpartum set, student is to list TWO vitals from labor and delivery</i> • Student highlighted the abnormal vital signs • Student wrote a summary of the vital sign trends | <p>All the key components were met for this section (with 2 sets of vital signs) and student has a good understanding of abnormal vital signs. 5 pts</p> | <p>Only 1 set of vital signs were completely recorded and/or 1 of the key components were missing.</p> | |
| <p>Pain Assessment</p> | <p>2 points</p> | <p>1 point</p> | |
| <p>Pain assessment</p> <ul style="list-style-type: none"> • Pain assessment was addressed and recorded twice throughout the care of this patient | <p>All the key components were met (2 pain assessments) for this section and student has a good understanding of the pain</p> | <p>Only 1 pain assessment was completely</p> | |

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| <ul style="list-style-type: none"> It was recorded appropriately and stated what pain scale was used | assessment. 2 pts | recorded and/or 1 of the key components is missing. |
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| IV Assessment | 2 points | 1 point |
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| <p>IV assessment</p> <ul style="list-style-type: none"> IV assessment performed and it is charted including what size of IV and location of the IV Noted when the IV was placed Noting any signs of erythema or drainage Patency is verified and recorded Fluid type and rate is recorded or Saline lock is noted. IV dressing assessment is recorded (clean, dry and intact) | All of the key components were addressed. Student demonstrates an understanding of an IV assessment. 2 pts | One of the key components is missing. |
| Intake and Output | 2 points | 1 point |
| <p>Intake</p> <ul style="list-style-type: none"> Measured and recorded appropriately—what the patient takes IN Includes: oral intake, IV fluid intake, etc. <p>Output</p> <ul style="list-style-type: none"> Measured and recorded appropriately—what the patient puts OUT Includes: urine, stool, drains/tubes, emesis, etc. | All of the key components of the intake and output were addressed. Student demonstrates an understanding of intake and output. 2 pts | 1 of the key components of the intake and output is missing. Difficult to determine if the student has a thorough understanding |

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| | | | ng of the intake and output. | |
| Nursing Care/Interventions | 6 points | | 3 points | |
| <p>Nursing Interventions</p> <ul style="list-style-type: none"> List the nursing interventions and medical treatments utilized with your client Includes a rationale as to why the intervention is carried out or should be carried out for the client Differentiates between nursing interventions (N) and medical interventions (M) Include the frequency that the intervention is being performed | <p>All the key components of the nursing care were addressed. Student demonstrated an understanding of the nursing care.</p> <p>6 pts</p> | | <p>1 of the key components of the nursing care was missing, therefore it was difficult to determine if the student had a thorough understanding of the nursing care.</p> | |
| Phases of Maternal Adaption to Parenthood | 1 point | 0.5 points | 0 points | |
| <p>Phases of Maternal Adaption to Parenthood</p> <ul style="list-style-type: none"> What phase is the mother in? What evidence supports this? | <p>All key components were addressed. The student demonstrated an appropriate understanding of the phases of maternal adaption to parenthood.</p> <p>1 pts</p> | <p>1 of the key components is missing or incomplete. Student demonstrated somewhat of an understanding of the phases of maternal adaption to parenthood.</p> | <p>2 or more of the key components are missing or incomplete. It was difficult to determine if the student had an understanding of the phases of maternal</p> | |

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| | | | adaption to parenthood. | |
| Discharge Planning | 2 points | 1 point | 0 points | |
| <p>Discharge Planning</p> <ul style="list-style-type: none"> • Discharge location • Equipment needs (if applicable) • Follow up plan <ul style="list-style-type: none"> ○ Include plan for mother AND newborn • Education needs | <p>All key components were addressed. The student demonstrated an appropriate understanding of the discharge plan.</p> <p style="color: red;">2 pts</p> | <p>1 of the key components is missing or incomplete. Student demonstrated somewhat of an understanding of the discharge plan.</p> | <p>2 or more of the components are missing or incomplete. It was difficult to determine if the students had an understanding of the discharge plan.</p> | |
| Nursing Diagnosis | 30 points | 29-10 points | 9-0 points | |
| <p>Nursing Diagnosis</p> <ul style="list-style-type: none"> • List 4 nursing diagnosis <ul style="list-style-type: none"> ○ Include full nursing diagnosis with “related to” and “as evidenced by” components ○ These should be specific to the patient • Appropriate nursing diagnosis • Appropriate rationale for each diagnosis <ul style="list-style-type: none"> ○ Explain why the nursing diagnosis was chosen • Minimum of 2 interventions for each diagnosis <ul style="list-style-type: none"> ○ Include a rationale for each | <p>All key components were addressed. The student demonstrated an appropriate understanding of nursing diagnoses, rationales, interventions and listed diagnosis in correct priority.</p> | <p>1-2 of the nursing diagnosis/rational/intervention sections was incomplete or not appropriate to the patient Each section is worth 3 points. Prioritization was not appropriate.</p> | <p>3 or more of the nursing diagnosis sections were incomplete or inappropriate. Prioritization is dangerously inappropriate.</p> | |

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| <p>intervention</p> <ul style="list-style-type: none"> • Correct priority of the nursing diagnosis • Appropriate evaluation | <p>30 pts</p> | | | |
| <p>Overall APA format</p> | <p>5 Points</p> | <p>2.5 Points</p> | <p>0 Points</p> | |
| <p>APA Format</p> <ul style="list-style-type: none"> • The student used appropriate APA in text citations and listed all appropriate references in APA format. • Professional writing style and grammar was used in all narrative sections. | <p>APA format was completed and appropriate. Grammar was professional and without errors</p> <p style="text-align: center;">5 pts</p> | <p>APA format was used but not correct with 1-2 errors noted. 1-2 grammar errors or overall poor writing style was used. Content was difficult to understand.</p> | <p>No APA format or 3 or more errors noted. Grammar or writing style did not demonstrate collegiate level writing with 3 or more errors noted.</p> | |
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| <p>Instructor Comments:</p> <p style="color: red; text-align: center;">Very well done with good perceptions regarding the nursing needs for this client.</p> <p style="color: red; text-align: center;">Cynthia Lammert MSN RN</p> | | | | |
| <p>Total Points Awarded</p> | <p>150/150=100 %</p> | | | |

