N432 Postpartum Care Plan

Lakeview College of Nursing

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Demographics (3 points)

Date & Time of Admission 10/20/2020	**Patient Initials** N. O.	**Age** 27 years old	**Gender** Female
Race/Ethnicity Caucasian	**Occupation** Teacher	**Marital Status** Married	**Allergies** Lamictal, Lamotrigine, Lorazepam, Morphine, Sulfa antibiotics, Topiramate
Code Status FULL	**Height** 5'1" (154.94 cm)	**Weight** 143 lbs (64.86 kg)	**Father of Baby Involved** Father is involved

Medical History (5 Points)

Prenatal History:

3 Gravida, 1 Para, 1 Term, 0 preterm, 1 Abortion, 1 Living

Past Medical History:

Anorexia, epilepsy (HCC), history of liver failure, seizures (HCC), depression, history of suicide attempts

Past Surgical History:

The patient's past surgical history includes bilateral wisdom tooth extraction, myringotomy, and adenoidectomy.

Family History:

The patient's mother was diagnosed with breast cancer and thyroid disease. The patient's father was diagnosed with hypertension.

Social History (tobacco/alcohol/drugs):

The patient denies any history of smoking, use of illicit drugs, or drinking alcohol.

Living Situation:

The patient lives at home in Mahomet, IL with her husband and one living child.

Education Level: The patient graduated college.

Admission Assessment

Chief Complaint (2 points): Active labor

Presentation to Labor & Delivery (10 points):

N.O., a 27-year-old woman who presented to the labor and delivery unit at OSF on 10/20/2020 in the active labor phase. She was initially in for a check up and during her cervical exam, her water broke. Upon spontaneous rupture of membranes, her cervix was 4 cm dilated, 90% effaced, and the fetal presenting part was at -2 station. She stated that she was not in distress during the event and was cooperative with her care providers to ensure the safety of her baby. Upon further examination, the fetus was in the vertex position with the FHR being 130 bpm with moderate variability. Mrs. O was in labor for 12 hours and 43 minutes and delivered her baby boy at 22:39 on 10/20/2020.

Diagnosis

Primary Diagnosis on Admission (2 points): High risk pregnancy

Secondary Diagnosis (if applicable): Seizures

Postpartum Course (18 points)

N.O. is a 27-year-old woman who delivered her infant on 10/20/2020 at 22:39 via normal spontaneous vaginal delivery. N. O. successfully delivered her infant and the placenta and is now in recovery. Mrs. O is in stage 4 of labor, also called the puerperium period (Ricci et al., 2017). There are many risk factors that Mrs. O can develop during this stage of labor. These risk factors may include postpartum infections, bleeding, and mood disorders like postpartum depression (Hinkle & Cheever, 2018). Mrs. O's vital signs are stable after assessment during clinical. She

can move without assistance and reports minimal discomfort. There is an increased risk of infection and bleeding during the 4th stage of labor; postpartum mothers need to be monitored closely and consistently (Ricci et al., 2017). Mrs. O does have a history of anxiety and depression, so she would need to be closely monitored for signs of postpartum depression. Mrs. O sees a provider for her depression and anxiety. Her provider will evaluate Mrs. O for risk factors for developing postpartum depression (Ricci et al., 2017).

In stage 4 of labor, scant to moderate lochia is a normal finding (Ricci et al., 2017). The nurse must monitor vital signs, the amount of lochia, and the fundus' location every 15-30 minutes (Ricci et al., 2017). Mrs. O had some scant bleeding on her pad upon physical assessment. The mother is encouraged to interact with their newborn during the 4th stage of labor (Ricci et al., 2017). The nurse and student escorted Mrs. O into the NICU so she may feed her newborn. Later in the morning, the nurse brought baby O to his mom's room, where she fed him some more.

Infection and bleeding are two significant abnormal findings during stage 4 of labor (Hinkle & Cheever, 2018). In a hemorrhagic event, the patient may become hypotensive and exhibit tachycardia (Hinkle & Cheever, 2018). Some signs and symptoms to look out for with infection include elevated white blood cell count, fevers, and fatigue (Hinkle & Cheever, 2018). Mrs. O does have some elevated neutrophil counts between delivery and postpartum recovery. The elevated neutrophil count may indicate an active infection or inflammation (Hinkle & Cheever, 2018). Mrs. O will need to be monitored closely for signs of infection.

Mrs. O is in the "take-in-phase" of postpartum. This stage sets in 1-2 days after delivery (Belleza, 2017). She is demonstrating independence with activities of daily living. She needs assistance in managing her discomforts, both pharmacological and nonpharmacological. She is

transitioning into her new role of being a mother for the newborn. Upon assessment, the student noted that she stares and smiles at her newborn very often. She talked a lot about her experience with this pregnancy and her experience while in labor. She provided great detail about her rupture of membranes and her admission to the labor and delivery unit.

Postpartum Course References (2) (APA):

Belleza, M. (2017). Postpartum changes: Physical and emotional adjustments after pregnancy. *Nurse's Labs.* https://nurseslabs.com/postpartum-changes/

Hinkle, J. L. & Cheever, K. H. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed.). Wolters Kluwer Health Lippincott Williams & Wilkins.

Ricci, S. S., Carman, S., & Kyle, T. (2017). *Maternity and pediatric nursing* (3rd ed.). 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	4.91	4.88	4.88	Normal lab value
Hgb	12.0-15.8	15.2	14	14	Normal lab value
Hct	36.0-47.0	43.2	41.1	41.1	Normal lab value
Platelets	150-450	301	219	219	Normal lab value
WBC	4.0-12.0	11.38	10	10	Normal lab value
Neutrophils	47.0-73.0	N/A	78.5	78.5	An increase in neutrophils can be seen when there is inflammation, infection, or elevated stress levels (Hinkle & Cheever, 2018). N.O. was going through labor and

					delivery and had some inflammation and increased stress before, during, and after delivery.
Lymphocytes	18.0-42.0	18.9	12.9	12.9	Reduction of lymphocytes is common in pregnant women. This allows the fetus to develop without being attacked by the mother's immune system (Ricci et al., 2017).
Monocytes	4.0-12.0	6.1	8.0	8.0	Normal lab value
Eosinophils	0-5	0.4	0.3	0.3	Normal lab value
Bands	3%	N/A	N/A	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	A	A	A	N/A
Rh Factor	Positive	Positive	Positive	Positive	N/A
Serology (RPR/VDRL)	nonreactive	Non reactive	Non reactive	Non reactive	Normal lab value
Rubella Titer	immune	Positive	Positive	Positive	Normal lab value
HIV	nonreactive	Non detected	Non detected	Non detected	Normal lab value
HbSAG	nonreactive	Non detected	Non detected	Non detected	Normal lab value
Group Beta Strep Swab	Negative	Negative	Negative	Negative	Normal lab value
Glucose at 28 Weeks	<140	87	87	87	Normal lab value

MSAFP (If Applicable)	nonreactive	N/A	N/A	N/A	N/A

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
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A

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)	0.6-1.2	0.44	0.8	0.8	Normal lab value

Lab Reference (APA):

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

OSF Heart of Mary. (2019). *Reference Range.* (lab values). Champaign, IL.

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

	Your Assessment
History of labor: **Length of labor** **Induced /spontaneous** **Time in each stage**	N.O. was initially at OSF for her check up with her provider. During the routine cervical exam, N.O. had spontaneous rupture of membranes at 18:27 and was admitted into the labor and delivery unit shortly after on 10/20/2020. Upon assessment, she was 4 cm dilated, 90% effaced, and the fetal presenting part was at -2 station. 1st stage: 12 hours 16 minutes 2nd stage: 23 minutes 3rd stage: 4 minutes Total: 12 hours 43 minutes
Current stage of labor	N.O. is currently in stage 4 of labor, also called puerperium, which typically last 6-8 weeks or until she has recovered (Ricci et al., 2017). This period begins shortly after delivery of the fetus and placenta (Ricci et al., 2017). Expected findings in the stage 4 of labor include scant to moderate amount of lochia and a fundus that is decreasing in size. Assess the mother's lochia, breasts, uterus (fundal height and location), and bladder (Ricci et al., 2017). Assess the breasts for lactation and colostrum. The fundal height should decrease approximately 1 cm per day after delivery of the infant and placenta (Ricci et al., 2017). Increase in urinary frequency and a decrease in bowel motility may occur shortly after delivery (NCBI, 2015). Check the vagina for bleeding after delivery every 5-15 minutes (NCBI, 2015). During physical assessment, N.O.'s fundus is 2 cm below her umbilicus. Mrs. O is lactating and breastfeeding. Her bladder is midline and nondistended. She did not report any dysuria or discomfort while voiding. She stated that she has not had a bowel movement since before her admission. She has scant bleeding on her pad.

Stage of Labor References (2) (APA):

NCBI. (2015). Pregnancy, childbirth, postpartum and newborn care: A guide essential practice. Geneva: *World Health Organization.* https://www.ncbi.nlm.nih.gov/books/NBK326674/

Ricci, S. S., Carman, S., & Kyle, T. (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	Multivitamin	**Zofran** ondansetron			
Dose	0.8 mg (1 tab)	4 mg (1 tab)			
Frequency	HS	Q6H; PRN			
Route	PO	PO			
Classification	Vitamin	Antiemetic			
Mechanism of Action	Supports metabolic functions, protein synthesis, and DNA synthesis.	Blocks serotonin receptors centrally – this reduces nausea and vomiting by preventing serotonin release in the small intestine.			
Reason Client Taking	Vitamin deficiencies during pregnancy	For nausea and vomiting			
Contraindications (2)	Wilson's disease; undiagnosed anemias	Long QT syndrome; hypersensitivity			
Side Effects/Adverse Reactions (2)	nausea, vomiting; constipation	Elevated liver enzymes; syncope			
Nursing Considerations (2)	Severe iron toxicity may occur; perform a medication reconciliation to make sure the patient is not taking medications that will interact with the multivitamin and its components.	Monitor patient closely for signs and symptoms of hypersensitivity; monitor patient's electrocardiogram as ordered			
Key Nursing Assessment(s)/Lab(s) Prior to	Monitor the patient for hypervitaminosis - increased vitamins in serum blood test.	Monitor telemetry for long QT interval			

Administration					
Client Teaching needs (2)	Take your multivitamin with a full glass of water; store at room temperature away from moisture and heat.	Advise patient to use calibrated container or oral syringe to measure oral solution; immediately report signs and symptoms of hypersensitivity, such as rash			

Hospital Medications (5 required)

Brand/Generic	**Colace** docusate sodium	**Motrin** ibuprofen	**Keppra** levetiracetam	**Zoloft** sertraline	hydrocortisone cream
Dose	100 mg (1 capsule)	800 mg (1 tablet)	750 mg (1 tablet)	50 mg (1 tablet)	1%
Frequency	BID; PRN	Q8H; PRN	Daily	Daily	Q6H; PRN
Route	PO	PO	PO	PO	Topical
Classification	Laxative; stool softener	Analgesic; Anti-inflammatory; antipyretic	Anticonvulsant	Antianxiety; antidepressant; antipanic	Anti-inflammatory
Mechanism of Action	Acts as a surfactant that softens stool by decreasing surface tension between oil and water in feces.	Blocks activity of enzymes that produce prostaglandins. By inhibiting prostaglandins, this reduces inflammatory symptoms and relieves pain. The drug works at the hypothalamus and causes vasodilation that causes heat dissipation.	May protect against secondary generalized seizure activity by preventing coordination of epileptiform burst firing.	Inhibits reuptake of the neurotransmitter serotonin by CNS neurons, thereby increasing the amount of serotonin available in nerve synapse.	Binds to intracellular glucocorticoid receptors and suppresses inflammatory and immune responses.
Reason Client Taking	Constipation	For pain	The patient has a hx of seizures	Anxiety & Depression	Hemorrhoids

Contraindications (2)	Fecal impaction; undiagnosed abdominal pain.	Angioedema; asthma.	Hypersensitivity; allergies to the components of the medication.	Use within 14 days of an MAO inhibitor; concurrent use of disulfiram.	Hypersensitivity; Systemic fungal infection
Side Effects/Adverse Reactions (2)	Nausea; vomiting	Abdominal cramps; anemia	Hypotension; anxiety	Increased anxiety; abdominal cramps or pains	Ataxia; hypotension
Nursing Considerations (2)	Assess for laxative abuse syndrome; assess for laxative dependence.	This medication should not be used in pregnant women at 30 weeks gestation; the risk for heart failure increases with the use of ibuprofen.	When changing dosage from PO to IV, no dosage or frequency change is needed; Monitor the patient for adverse reactions that may occur 14 days after initial therapy.	This medication should not be given with patients who have bradycardia; Watch the patient closely for suicidal tendencies.	Give the medication in the morning to mimic normal peak in adrenocortical secretion of corticosteroids; Expect medication to worsen infections or mask signs and symptoms.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Assess the client for hypersensitivity; assess for symptoms that may indicate appendicitis.	Monitor the patient for adverse GI reactions including constipation and vomiting.	Monitor the patient for seizure activity during the therapy; monitor blood pressure.	Monitor liver enzymes, BUN, and creatinine before, during, and after therapy	Monitor the patient's blood glucose, blood pressure, and electrolyte levels during therapy.
Client Teaching needs (2)	Do not use docusate when you are experiencing abdominal pain; Notify your provider if you notice any rectal bleeding.	Take the medication with a full glass of water; Take the medication with food to reduce GI upset.	Seek immediate emergency care if an allergic reaction occurs; Avoid driving because of drowsiness until the effects wear off.	The oral solution contains alcohol and should not be taken with disulfiram; Do not stop taking the medication abruptly - gradual tapering helps to avoid withdrawal.	Avoid people with active infections; Do not stop the drug abruptly without consulting your provider.

Medications Reference (APA):

Jones & Bartlett Learning. (2019). *2019 Nurse's Drug Handbook* (18th ed.). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL (0.5 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	The patient was awake and oriented to person, place, time, and situation (x4). The patient responded to the questions asked appropriately. She looked well nourished and in a good mood. Very easy to talk to and very approachable. There were no visible signs of distress noted or discomfort reported by the patient.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds/Incision:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	Braden Score: 20 (not a skin risk) The skin was appropriate color for race, intact, warm, and dry to touch with good skin turgor. There were no rashes, bruises, or wounds noted or reported by the patient. No drains are present.
HEENT (0.5 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	The patient's head is normocephalic and midline with no deviations. The patient exhibited PERRLA and the six cardinal fields of gaze. The ears were showed patent canals. The tympanic membrane is pearly, grey in color, and intact bilaterally. There was no drainage in the patient's ears. Her nose showed no deviated septum. Her nose showed equal turbinates, bilaterally. The oral mucosa is pink, moist, and intact with teeth present. Tongue was pink in color. No abnormalities noted.
CARDIOVASCULAR (1 point): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:**	S1 and S2 were heard - regular rate and rhythm. Peripheral pulses were palpated in pedal sites; graded at 2+ bilateral. Her capillary refill was less than 3 seconds.

Capillary refill: **Neck Vein Distention: Y ☐ N ☐** **Edema Y ☐ N ☐** **Location of Edema:**	There was no postpartum edema or JVD noted.
RESPIRATORY (1 points): **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	The patient's respirations were even and unlabored at 16 breaths/min at the time of assessment. Her lungs were clear to auscultation in all lobes bilaterally with no accessory muscle use. The patient's chest moved with each respiration with no visible chest wall deformities. Her O2 sat was noted at 98% at the time of assessment. The patient had no productive cough.
GASTROINTESTINAL (5 points): **Diet at Home:** **Current Diet:** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Fundal Height & Position:**	Ht: 155 cm (5'1") Wt: 64.9 kg (143 lbs) Last BM: 10/19/2020 The patient was not on any special diet at home; she was on a regular diet during her inpatient stay. Her abdomen was soft and nondistended with inactive bowel sounds after auscultating for 4-5 minutes - this is a common finding during the first couple of days after labor. The abdomen was round and moved with respirations. The fundus was midline upon palpation and the fundal height was measured at 2 cm (2 finger widths) below the umbilicus. There was no organomegaly noted. No distention, incision, scar, drain, or wound noted. No feeding tubes in use.
GENITOURINARY (5 Points): **Bleeding:** **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:**	Upon assessment, the patient's urine was clear and yellow in the toilet, was unable to measure the exact amount. N.O. had a spontaneous rupture of membranes at approximately 18:27 on 10/20/2020. She reported a large amount of fluid that was clear with no odor. 1 cm laceration was repaired after delivery. The laceration was clean and intact.

Size: **Rupture of Membranes:** **Time:** **Color:** **Amount:** **Odor:** **Episiotomy/Lacerations:**	No distention of the bladder noted. The patient did not report any changes in voiding or dysuria. The patient did not have a catheter or on dialysis.
MUSCULOSKELETAL (2 points): **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	Fall Score: 0 (Not a fall risk) The patient was able to perform active range of motion in both upper and lower extremities, bilaterally. She exhibited equal bilaterally strength in all four extremities. The patient is up ad lib. N.O. does not require any equipment with ambulation or ADLs. There was no joint swelling noted. No discomforts reported.
NEUROLOGICAL (1 points): **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:** **DTRs:**	The patient moved all extremities well (MAEW). PERRLA was noted. Her strength is equal bilaterally in all extremities. Her mental status is appropriate for her age. She is alert and oriented x4. The patient speaks English as her primary language; she fluently and clearly responded to questions. Sensory is intact. DTRs are intact. No change in LOC noted.
PSYCHOSOCIAL/CULTURAL (1 points): **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	N.O. suffers from depression and anxiety. She has a history of suicidal attempts. She has been seeing a therapist with her husband. No religion was mentioned during the time of assessment.
DELIVERY INFO: (1 point) **Delivery Date:** **Time:** **Type (vaginal/cesarean):** **Quantitative Blood Loss:** **Male or Female** **Apgars:**	N.O. delivered her baby boy A.O. on 10/20/2020 at 22:39 via normal spontaneous vaginal delivery (NSVD). She lost approximately 100 mL of blood during the delivery. Baby A.O.'s APGAR scores at one minute and five minutes were 8 and 8. Baby A. O. weighed 8

Weight: **Feeding Method:**	lbs 7.3 oz (3,835 grams). The preferred feeding method by the mom (N.O.) is breastfeeding. Baby A.O. is also bottle feeding.

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	102	126/80	16	98.2 F (36.8 C)	95%
Labor/Delivery	100	111/68	20	97.3 F (36.3 C)	97%
Postpartum	82	114/74	16	98.1 F (36.7 C)	98%

Vital Sign Trends: The patient's pulse was elevated during the prenatal and labor and delivery phase because of the increased capacity needs for the mother and the fetus (Ricci et al., 2017). The mother's pulse was within normal limits after delivery. All other vital signs were normal.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0900	Numeric	Abdomen	4/10	Cramping, discomfort	Position changes
1100	Numeric	Abdomen	4/10	Cramping, discomfort	Position changes; PRN medications

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV:	No IV present.

Location of IV: **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	Dressing of prior IV is dry and intact. No signs of erythema or drainage noted. No discomfort reported by the patient.

Intake and Output (2 points)

Intake	**Output (in mL)**
8 oz (240 mL) of water (0800) 8 oz (240 mL) of water (1000)	The patient did not void during the time of clinical between 0700-1100.

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.**
Administer anticonvulsant medications - T	Daily (0900)	N.O. has a history of seizures and was a high risk pregnancy due to her history of seizures. She gets 750 mg of levetiracetam daily in the morning.
Assess pain - N	Every 4 hours	Mrs. O was 9-10 hours postpartum during the time of clinicals. Assessing her pain status and implementing interventions every 4 hours were some of the nonpharmacological treatments that can be done.
Administer analgesic medications - T	Every 8 hours	If the nonpharmacological interventions are inadequate, Mrs. O can receive pain medications to improve the pain she is experiencing.
Assess comfort - N	Every 4 hours	The pain and cramping that Mrs. O is

		experiencing can hinder her recovery progression. We want to make sure that she is comfortable and is able to rest when she needs to.

Phases of Maternal Adaptation to Parenthood (1 point)

What phase is the mother in? N. O. is in the take-in phase.

What evidence supports this?

She is very expressive and talkative when it comes to the subject of her pregnancy with baby A. O. She provided an in depth description of how her pregnancy went and how she was healthy and received so much support from everyone. She is slowly showing increased interest in being involved in the baby's care. This is a sign that she is moving into the "taking hold" phase of postpartum (Belleza, 2017).

Discharge Planning (2 points)

Discharge location: The patient will be discharged home with her husband and children.

Equipment needs (if applicable): No equipment needed for the patient.

Follow up plan (include plan for mother AND newborn):

The mother and infant will need to see their provider 48 hours after discharge for a check up for both of them.

Education needs:

Mrs. O is pretty educated when it comes to taking care of a newborn. She has had 2 prior pregnancies and 1 living child. She will need education about changes in respiratory patterns for baby A. O. due to the sighing that he exhibits consistently. The sighing was not a major concern, but can be indicative of a respiratory disorder.

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."

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.
Risk for bleeding related to puerperium period (Stage 4 of labor) as evidenced by scant to moderate lochia on the patient's bed pad.	Postpartum mothers are at a risk for bleeding if there are inadequate contractions of the uterus.	1 Monitor the amount of bleeding and discharge every 4 hours. **Rationale:** We want to monitor the amount of bleeding to ensure that there are no excessive amounts lost. We want to avoid hemorrhages and manifestations of fluid volume deficit (Hinkle & Cheever, 2018). 2 Monitor the mother's vital signs every 4 hours. **Rationale:** By monitoring vital signs, we can see if there is a consistent trend of normal values. Elevation or decreases in values may indicate underlying issues like hemorrhage - tachycardia, hypotension (Hinkle & Cheever, 2018).	**Goal:** The mother will have a consistent trend of vital signs and scant to moderate amounts of bleeding (lochia). N. O. presented with a trend of stable vital signs and with scant bleeding present on her bed pad.
Risk for infection related to puerperium period (Stage 4 of	Postpartum mothers are at increased risk	1 Practice aseptic technique when providing care and conducting assessments.	**Goal:** N. O. will show no signs and symptoms of infection during her

labor) as evidenced by 1 cm laceration and presence of lochia.	for infection due to the exposed tissues and blood vessels after delivery.	**Rationale:** We want to use aseptic technique when caring for the patient to minimize the risks for infections (Hinkle & Cheever, 2018). 2 Reduce causative factors. **Rationale:** Reducing the chances of organisms entering compromised areas (laceration) is the main goal to reduce the chances of infection (Hinkle & Cheever, 2018).	inpatient stay. Care providers are practicing aseptic technique (proper PPE, standard precautions) when providing care for N. O.
Ineffective breastfeeding related to interrupted process of feeding as evidenced by inadequate latching of the infant.	Baby A. O. is having difficulties latching to mom's nipple during breastfeeding attempts.	1 Assist the mother during the first several breastfeeding attempts. **Rationale:** We want to assist the mother to figure out the best breastfeeding method that will be comfortable for both the mother and the infant (Ricci et al., 2017). 2 Assess the infant for any discomfort. **Rationale:** Baby A. O. has had trouble with latching to the breast. We want to assess the infant for any discomfort or developmental delays in terms of breastfeeding (Ricci et al., 2017).	**Goal:** N. O. will demonstrate effective breastfeeding methods independently. The nurse, student, and nursing instructor attempted to assist N. O. with breastfeeding methods. Interventions like changing positions of the mother and infant as well as alternating between breasts were implemented. Baby A. O. was comfortable breastfeeding in the football hold position at mom's right breast.
Impaired comfort related to puerperium period (Stage 4 of labor) as evidenced	N. O. reported cramping and discomfort in her abdomen	1 Promote comfort with nonpharmacological interventions/education.	**Goal:** N. O. will report improved pain after interventions have been implemented.

by the lack of improvement with pain interventions.	during the time of clinical.	**Rationale:** We want to promote comfort in breastfeeding mothers because cramping in the uterus is indicative of adequate breastfeeding during the postpartum period (Ricci et al., 2017). 2 Administer prescribed analgesic medications. **Rationale:** If nonpharmacological interventions are inadequate, we want to provide analgesic medications to improve pain in the patient (Ricci et al., 2017).	Position changes were suggested for the patient during the start of assessment. N. O. reported no change in pain during re-assessment. The student nurse reported to the patient's nurse to where the nurse administered PRN analgesic to N. O.

Other References (APA)

Hinkle, J. L. & Cheever, K. H. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed.). Wolters Kluwer Health Lippincott Williams & Wilkins.

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

Swearingen, P., & Wright, J. (2019). *All-in-one nursing care planning resource: medical-surgical, pediatric, maternity, and psychiatric-mental health*. (5 ed.). Elsevier.