

N432 Postpartum Care Plan

Lakeview College of Nursing

Taylor Hamilton

Demographics (3 points)

Date & Time of Admission 10/26/2020	Patient Initials M.C.	Age 26	Gender Female
Race/Ethnicity White	Occupation Stay at home	Marital Status Married	Allergies Lexapro
Code Status Full code	Height 5'10"	Weight 327lbs	Father of Baby Involved Yes

Medical History (5 Points)

Prenatal History: Patient had c-section on 10/21 due to arrest of dilation in the first stage and was sent to be induced at her 37-week appointment due to her gestational hypertension.

Past Medical History: Anemia, anxiety, arthritis, chronic constipation, depression, gestational hypertension, hidradenitis, iron deficiency anemia, OCD, pelvic pain

Past Surgical History: Colonoscopy (5/1/2019), laparoscopy (8/20/2019), c section (10/21/2020)

Family History: No known problems in her father or ½ brother, stroke in her ½ sister, suicide attempt in mother

Social History (tobacco/alcohol/drugs): No smoking, no drug use, no tobacco use, no current alcohol use

Living Situation: With her husband and now her child

Education Level: High school and college education; should not provide any learning barriers.

Admission Assessment

Chief Complaint (2 points): Postpartum fever

Presentation to Labor & Delivery (10 points): The patient was a direct admission from her postpartum appointment on 10/26. At her appointment for a blood pressure check, she had a fever of 100.7 and reported of chills. Upon assessment, M.C. was also tachycardic and reported that she had pain/tenderness when a fundal assessment was performed. When arriving at the postpartum unit she was still complaining of chills and had a fever. Patient was then admitted to the postpartum unit for further testing, fluids, and antibiotics.

Diagnosis

Primary Diagnosis on Admission (2 points): Postpartum endometritis

Secondary Diagnosis (if applicable):.N/A

Postpartum Course (18 points)

This patient was admitted to OSF labor and delivery on 10/18/2020 following her 37 week prenatal appointment. In most cases, patients with gestational hypertension will be delivered at or prior to 37 weeks to prevent further complications (Children's Hospital of Philadelphia, 2014). She had gestational hypertension and during the visit she was referred to labor and delivery to start the induction process which ultimately led to a cesarean birth on 10/21/2020 at 1114 to a healthy male child and they were both discharged home with follow up visits scheduled for both mom and baby. On 10/26/2020, the patient went to a postpartum blood pressure check appointment where it was found that she had a fever at 100.7 and during her fundal assessment she reported tenderness. The patient also reported to be experiencing chills. While admitted the patient was diagnosed with postpartum endometritis which is one of the leading causes of infection following childbirth. Postpartum endometritis affects about 15-20% of all caesarean deliveries that were unplanned (Moldenhauer, 2020). Doctors prescribed antibiotics to take until she was afebrile for 24 hours. When this nursing student arrived on the unit on 10/28/2020, she had been afebrile for 24 hours and was feeling much better. The doctors had stopped her antibiotics, also. Her son was also admitted to the unit on the same day for low bilirubin levels and was discharged on 10/28/2020.

Postpartum Course References (2) (APA):

Moldenhauer, J. (2020, May). *Puerperal Endometritis - Gynecology and Obstetrics*. Merck Manuals Professional Edition. <https://www.merckmanuals.com/professional/gynecology-and-obstetrics/postpartum-care-and-associated-disorders/puerperal-endometritis>

The Children's Hospital of Philadelphia. (2014, August 24). *Gestational Hypertension* | *Children's Hospital of Philadelphia*. Chop.Edu. <https://www.chop.edu/conditions-diseases/gestational-hypertension>

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		3.86	3.41	Patient has iron deficiency anemia
Hgb	11.7-16.0		11.2	9.9	Could be low due to iron deficiency anemia and recent c-section
Hct	35-47%		34.3	29.9	Could be low due to her iron deficiency anemia
Platelets	150-400		187	322	
WBC	4.5-11		8.55	12.8	Could be due to her recent c-section (Moldenhauer, 2020).
Neutrophils	1.8-7.7		6.39	11.0	Could be due to her recent c-section (Moldenhauer, 2020).
Lymphocytes	1.0-4.8		4.1	0.9	Could be due to her recent c-section (Moldenhauer,

					2020).
Monocytes	0.0-0.8		0.64	0.7	
Eosinophils	0.0-0.5		0.09	0.01	
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	A/B/O/AB	AB	AB	AB	
Rh Factor	+/-	+	+	+	
Serology (RPR/VDRL)	Non-reactive	Non-reactive	Non-reactive	Non-reactive	
Rubella Titer	Nonimmune	Nonimmune	Nonimmune	Nonimmune	
HIV	Negative	Negative	Negative	Negative	

HbSAG	Non-reactive	Non-reactive	Non-reactive	Non-reactive	
Group Beta Strep Swab	Negative	Negative	Negative	Negative	
Glucose at 28 Weeks	<140	128			
MSAFP (If Applicable)	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
COVID	Negative			Negative	

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)	N/A				

Lab Reference (APA):

Moldenhauer, Jennifer. (2020, May). *Postpartum Care - Gynecology and Obstetrics*. Merck Manuals Professional Edition. <https://www.merckmanuals.com/professional/gynecology-and->

obstetrics/postpartum-care-and-associated-disorders/postpartum-care#:~:text=Because%20the
%20white%20blood%20count

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>The patient was admitted to the Labor and Delivery unit on 10/18/2020 around 1800 following her 37 week prenatal appointment where she was sent in due to her gestational hypertension.</p> <p>The patient was in labor for a total of 36 hours when she was scheduled for a c-section and delivered at 1114 on 10/21/2020 due to her inability to progress past the first stage of labor.</p> <p>The patient's placenta was removed during the third stage of labor (Holman et al., 2019).</p>
<p>Current stage of labor</p>	<p>4th stage - postpartum day 7</p> <p>This client was 7 days postpartum and readmitted due to a fever and postpartum endometritis. The patient was having complaints of tenderness upon fundus assessment and was also reporting of chills. Her uterus was midline and firm and she was having scant lochia</p>

	<p>which she reported was like a normal period. The patient was diagnosed with postpartum endometritis and was treated with antibiotics until she was afebrile for 24 hours. Signs and symptoms that this patient had were tachycardia, chills, abdominal tenderness, and a low-grade fever (Moldenhauer, 2020). The patient is voiding independently with no pain or issues but has not had a bowel movement since she was readmitted. The patient is feeding her newborn son every 1-2 hours via breastfeeding. The patient was sitting up in bed and actively listening but lacked showing emotions. This patient also has a history of depression. She was not asking many questions and her significant other was asking a lot of questions and being very involved in her and their son's care. The patient reported that she was feeling better than she had when she was admitted and was ready to be discharged especially since her son was discharged that morning.</p>
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Stage of Labor References (2) (APA):

Holman, H., Williams, D., Sommer, S., Johnson, J., Wheless, L., Wilford, K., McMichael, M., & Barlow, M. (2019). *RN Maternal Newborn Nursing Review Module (11.0)*. Assessment Technologies Institute, LLC.

Moldenhauer, J. (2020, May). *Puerperal Endometritis - Gynecology and Obstetrics*. Merck Manuals Professional Edition. <https://www.merckmanuals.com/professional/gynecology-and-obstetrics/postpartum-care-and-associated-disorders/puerperal-endometritis>

Current Medications (7 points, 1 point per completed med)

7 different medications must be completed

Home Medications (2 required)

Brand/Generic	Ibuprofen / Motrin	Hydrocodone acetaminophen/ Norco
Dose	800mg	5-325mg
Frequency	Q8H	Q4H
Route	Oral	Oral
Classification	Analgesic	Opioid analgesic
Mechanism of Action	Blocks cyclooxygenase to inhibit an inflammatory response. Acts on the	Reduces pain by binding to and activating opioid receptors

	hypothalamus to cause peripheral vasodilation and promote heat loss	
Reason Client Taking	Moderate or severe pain	Moderate to severe pain
Contraindications (2)	Hypersensitivity to ibuprofen or its components, pain with CABG procedure	Respiratory depression, suspected paralytic ileus
Side Effects/Adverse Reactions (2)	Abdominal pain, elevated liver enzymes	Depression, hypotension
Nursing Considerations (2)	Risk of GI bleeding, risk for GI ulceration	Monitor for respiratory depression, reassess pain after 15 mins
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Monitor for signs and symptoms of a GI bleed, Monitor renal function	Vital signs, monitor for constipation
Client Teaching needs (2)	Take with food, take with a full glass of water	Do not take more than the prescribed dose, do not mix with alcohol or other drugs

Hospital Medications (5 required)

Brand/ Generic	Clindamycin in D5W / Cleocin	Docusate Sodium / colace	Enoxaparin / Lovenox	Ferrous Sulfate / Iron	Gentamicin in 0.9 NS / Gentak
Dose	900 mg	100 mg	40 mg	325 mg	500mg
Frequency	Q8	2X day	Q12	Daily	Daily
Route	IV	Oral	SubQ	Oral	IVPB
Classification	antibacterial	Stool softener	Antithrombotic	Antianemic	Antibiotic
Mechanism of Action	Inhibits protein synthesis in susceptible bacteria binding to the 50S subunits of bacterial ribosomes and preventing peptide bond formation	Decreases surface tension between oil and water in feces which allows more fluid to invade stool causing softer stool	Rapidly binds with and inactivates clotting factors.	Acts to normalize RBC production by binding with hemoglobin	Binds to bacterial ribosomes and inhibits protein synthesis
Reason Client Taking	Postpartum endometritis	constipation	Recent surgery	Iron deficiency anemia	Postpartum endometritis

Contraindications (2)	History of colitis associated with antibiotics, ulcerative colitis.	Fecal impaction, obstruction in intestines	Active major bleed, history of heparin induced thrombocytopenia	Hemochromatosis, hemolytic anemia	Hypersensitivity to gentamicin, other aminoglycosides, or their components
Side Effects/Adverse Reactions (2)	Headache, fatigue	Palpitations, dizziness	Bloody stools, hemorrhage	Headache, metallic taste	Hypertension, respiratory depression
Nursing Considerations (2)	Use cautiously in pt. With a history of a GI disease, assess patients' bowel pattern daily.	Extended use can cause dependency, assess for abuse of laxatives.	Watch closely for bleeding, monitor potassium levels for elevation	Give with orange juice, give one hour before or two hours after meals	Don't give through IV as other drugs without consulting the pharmacist, assess for signs of other infections
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Bowel sounds, stool	Auscultate for bowel sounds	Stool, potassium levels	Blood pressure, hemoglobin levels	Body fluid / tissue specimen for culture and sensitivity, CBC
Client	Take entire	Do not use if	How to	Do not	Complete

Teaching needs (2)	course of therapy even if feeling better, educate on s/s of GI bleed	having diarrhea, do not use if having n/v/d	administer injection, alert all healthcare providers about current use of enoxaparin	chew the tablet, keep out of reach of children	entire course of antibiotics, report adverse reactions immediately (hearing loss)
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Medications Reference (APA):

Jones & Barlett Learning. (2020). 2020 nurse's drug handbook (19th ed.).

Assessment

Physical Exam (18 points)

<p>GENERAL (0.5 point):</p> <p>Alertness:</p> <p>Orientation:</p> <p>Distress:</p> <p>Overall appearance:</p>	<p>A&O x3. No acute distress and appeared well overall, appears stated age.</p>
<p>INTEGUMENTARY (2 points):</p> <p>Skin color:</p> <p>Character:</p> <p>Temperature:</p> <p>Turgor:</p> <p>Rashes:</p> <p>Bruises:</p> <p>Wounds/Incision: .</p> <p>Braden Score:</p> <p>Drains present: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Type:</p>	<p>Skin pink and warm, turgor within 3 seconds, no rashes or bruises noted, Incision from c-section 7 days prior appearing to heal well.</p> <p>Braden scale: 22</p> <p>No drains present</p>
<p>HEENT (0.5 point):</p> <p>Head/Neck:</p> <p>Ears:</p> <p>Eyes:</p> <p>Nose:</p> <p>Teeth:</p>	<p>Head and neck symmetrical with trachea midline, no drainage noted from the ears, eyes or nose, all teeth present with good dentition.</p>

<p>CARDIOVASCULAR (1 point):</p> <p>Heart sounds:</p> <p>S1, S2, S3, S4, murmur etc.</p> <p>Cardiac rhythm (if applicable):</p> <p>Peripheral Pulses:</p> <p>Capillary refill:</p> <p>Neck Vein Distention: Y <input type="checkbox"/> N <input type="checkbox"/> Edema Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Location of Edema:</p>	<p>Normal S1 and S2 with a rate of 98. No murmurs, gallops or rubs noted. Peripheral pulses strong and present bilaterally. Capillary refill within 3 seconds, no neck vein distention noted, small traces of edema located in patients ankles.</p>
<p>RESPIRATORY (1 points):</p> <p>Accessory muscle use: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Breath Sounds: Location, character</p>	<p>No use of accessory muscles. Breath sounds were clear and equal bilaterally.</p>
<p>GASTROINTESTINAL (5 points):</p> <p>Diet at Home:</p> <p>Current Diet:</p> <p>Height:</p> <p>Weight:</p> <p>Auscultation Bowel sounds:</p> <p>Last BM:</p>	<p>Regular diet both at home and while in the hospital.</p> <p>Height: 5'10"</p> <p>Weight: 327 lbs</p> <p>Bowel sounds present in all four quadrants. Last bowel movement was on 10/26. There was some discomfort with palpation around her incisional site and while performing a fundal assessment.</p> <p>No distension noted, incision from her recent c-section on 10/21. No other scars, drains or wounds</p>

<p>Palpation: Pain, Mass etc.:</p> <p>Inspection:</p> <p style="padding-left: 40px;">Distention:</p> <p style="padding-left: 40px;">Incisions:</p> <p style="padding-left: 40px;">Scars:</p> <p style="padding-left: 40px;">Drains:</p> <p style="padding-left: 40px;">Wounds:</p> <p>Fundal Height & Position:</p>	<p>present. Fundus even and midline with umbilicus.</p>
<p>GENITOURINARY (5 Points):</p> <p>Bleeding:</p> <p>Color:</p> <p>Character:</p> <p>Quantity of urine:</p> <p>Pain with urination: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Inspection of genitals:</p> <p>Catheter: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p style="padding-left: 40px;">Type:</p> <p style="padding-left: 40px;">Size:</p> <p>Rupture of Membranes:</p> <p>Time:</p> <p>Color:</p> <p>Amount:</p>	<p>Minimal bleeding noted “similar to a normal period with amount and color”</p> <p>No clots present</p> <p>Voiding independently without issues an adequate amount</p> <p>No pain with urination</p> <p>No redness or discharge present upon inspection</p> <p>No catheter present.</p> <p>Artificial rupture of membrane prior to c-section</p> <p>10/20/2020 at 1628</p> <p>Clear, normal, none</p> <p>No episiotomy or laceration</p>

<p>Odor:</p> <p>Episiotomy/Lacerations:</p>	
<p>MUSCULOSKELETAL (2 points):</p> <p>ADL Assistance: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Fall Risk: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Fall Score:</p> <p>Activity/Mobility Status:</p> <p>Independent (up ad lib)</p> <p>Needs assistance with equipment</p> <p>Needs support to stand and walk</p>	<p>.No ADL assistance needed</p> <p>Not a fall risk</p> <p>Fall score: 0</p> <p>Patient is up ad lib</p> <p>No assistance or support needed.</p>
<p>NEUROLOGICAL (1 points):</p> <p>MAEW: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>PERLA: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Strength Equal: Y <input type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/></p> <p>Orientation:</p> <p>Mental Status:</p> <p>Speech:</p> <p>Sensory:</p> <p>LOC:</p> <p>DTRs:</p>	<p>.MAEW present</p> <p>PERLA present</p> <p>Strength equal bilaterally in both hands and feet</p> <p>Alert and Orientated x3</p> <p>Mental status intact</p> <p>Speech intact</p> <p>Sensory intact</p> <p>No LOC noted</p> <p>Negative homans sign, L/R patellar 2+</p>

<p>PSYCHOSOCIAL/CULTURAL (1 points):</p> <p>Coping method(s):</p> <p>Developmental level:</p> <p>Religion & what it means to pt.:</p> <p>Personal/Family Data (Think about home environment, family structure, and available family support):</p>	<p>Coping mechanisms include spending time with her significant other, but has struggled with depression in the past. Developmental level is appropriate for her age and is not provoking learning barriers.</p> <p>Patient did not report any religion that she was associated with.</p> <p>The patient has a good support system with both her significant other and her extended family that is excited for her and the baby to return home.</p>
<p>DELIVERY INFO: (1 point)</p> <p>Delivery Date:</p> <p>Time:</p> <p>Type (vaginal/cesarean):</p> <p>Quantitative Blood Loss:</p> <p>Male or Female</p> <p>Apgars:</p> <p>Weight:</p> <p>Feeding Method:</p>	<p>10/21/2020</p> <p>1114</p> <p>Cesarean</p> <p>Male</p> <p>8/9</p> <p>3565g</p> <p>Breastfeeding</p>

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	102	130/78	N.a (not reported in Careall prenatal records)	97.3	94%
Labor/Delivery	89	135/79	n/a (not reported in careall prenatal records)	n/a (not reported with her c-section vitals)	96%
Postpartum	98	133/61	18	98.3	95%

Vital Sign Trends: Patient's vitals were for the most part stable. She was hypertensive which sent her in to get induced due to her gestational hypertension and she was still hypertensive 7 days post-partum (her postpartum vitals). Patient had also been febrile which is why she was readmitted but had been afebrile for 24 hours at the time of the vital check at 0720.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0725	1-10	Abdomen	4	aching	Pain medication given
0840	1-10	Abdomen	1	dull	Pain goal met following pain medication administration

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:	18g in left hand 10/26/2020 IV was patent, clean, dry, and intact. No bleeding or draining, LR infusion at 125 mL/hr

Intake and Output (2 points)

Intake	Output (in mL)
100% of breakfast 725 mL of LR	700 mL

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.
Monitor temp (N)	Q4	Patient was admitted for postpartum endometritis and needed to be on IV antibiotics until afebrile for 24 hours
Frequent ambulation	Every hour	Patient needs to ambulate frequently due to promote blood flow and prevent DVT following c-section

Administer pain medication (M)	PRN	Want to stay on top of her pain so she is able to ambulate and attend to her newborn
Monitor BP	Q4	Patient had gestational hypertension so BP needs to be monitored

Phases of Maternal Adaptation to Parenthood (1 point)

What phase is the mother in? Dependent phase

What evidence supports this? This mother seemed to be in the dependent phase because she was having her significant other play a big role in the care of their son. She was still in some pain from the postpartum endometritis and also her recent c-section so he was doing a lot of the care and participating more in the care when interacting with the nurses and doctors. The mother seemed to have flat emotions and often looked to her significant other when encouraged to hold or do something with the infant.

Discharge Planning (2 points)

Discharge location: The patient will discharge back home with her significant other and newborn

Equipment needs (if applicable): None needed.

Follow up plan (include plan for mother AND newborn): Patient’s blood pressure will continue to be monitored along with ensuring she is remaining afebrile and the baby will have a follow up visit with a pediatrician.

Education needs: Patient will need education on being a new mother and caring for a newborn, hypertension education, and endometritis education. Patient could also be educated on signs of postpartum depression and be told to seek help if she feels as though that is something she is going through when she returns home.

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)</p> <p>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)</p> <p>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)</p> <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>1. Acute pain related to c-section and endometritis as evidenced by stating pain is a 4/10</p>	<p>This was chosen because she was readmitted due to her endometritis which is a painful</p>	<p>1. Assess pain Q4 Rationale want to stay on top of pain so it does not become unbearable for the patient</p> <p>2. Educate on other non pharmaceutical methods of</p>	<p>Patient was receptive to pain medication and the treatment was successful in helping to reduce her pain.</p>

	condition.	pain relief. Rationale other methods of pain relief like calming, massage, relaxation could assist in pain relief.	
2. Knowledge deficit related to first child and first c-section	Patient will have some education needs due to her being a first time mother and having her first c-section	<p>1. Provide ample time for questions during education</p> <p>Rationale Providing time and not making her feel rushed will allow her time and make her feel like she can ask as many questions her or her significant other may have</p> <p>2. Spend extra time with the patient giving multiple ways to do things and provide resources she can use following discharge.</p> <p>Rationale Providing teaching on multiple ways to do things may be comforting if one specific way of doing something isn't working for her</p>	Patient and her significant other used active listening when being told things and asked questions when they had them.
3. Risk for infection related to endometritis	One of the leading causes for a postpartum infection is endometritis	<p>1. Monitor temperature Q4</p> <p>Rationale Need to monitor temp to ensure she is afebrile and the medication is working</p> <p>2. Continue antibiotics until afebrile for 24 hours</p> <p>Rationale Continuing antibiotic use will rid of the</p>	Patient reported that she felt much better than she did when she was admitted and the antibiotics were working

		infection / inflammation which will also reduce pain	
4. Risk for constipation related to use of pain medication	Patient recently had a abdominal surgery and is using pain medication	<p>1. Encourage activity / ambulation</p> <p>Rationale Encouraging ambulation will help reduce the risk of constipation</p> <p>2. Use constipation medications as needed.</p> <p>Rationale Using constipation medication will help soften stool that could be affected from the pain medication and also her recent surgery.</p>	Patient acknowledged the nurse when she was told it was a good idea to continue to ambulate. Patient was also reporting flatus and had active bowel sounds.

Other References (APA)