N432 Postpartum Care Plan

Lakeview College of Nursing

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Demographics (3 points)

Date & Time of Admission	**Patient Initials**	**Age**	**Gender**
01/31/2021 0500	A. B.	29 years old	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Stay at home mom	Single	NKA
Code Status	**Height**	**Weight**	**Father of Baby Involved**
Full	5’6”	183 lb.	Yes

Medical History (5 Points)

Prenatal History: The client is a 29-year-old female who is on her fourth pregnancy. The client has a gravida of four, a para of one, a term of one, a preterm of zero, an AB of two, and one living. The client delivered a healthy baby boy for her first pregnancy at forty weeks and six days on 05/25/2015 with no complications. The client’s second and third pregnancies were miscarriages. The client had to have a D & C performed in 2019 for the third pregnancy. Lastly, the client delivered another healthy baby boy for her fourth pregnancy at thirty-five weeks and five days gestation on 01/31/2021. The client was not due until 02/28/2020 but had a scheduled cesarean delivery because she developed complete posterior placenta previa and velamentous cord insertion. Velamentous insertion of the cord is when the umbilical cord abnormally inserts on the edge of the placenta (Ricci et al., 2020). Posterior placenta previa is when the placenta partially or totally covers the mother’s cervical opening (Mayo Clinic, 2020). During this fourth pregnancy, the client had an elevated glucose level at her one-hour test but had a normal glucose

level at her three-hour test. The client also had mild anemia which was treated with iron supplements.

Past Medical History: The client has a past medical history of acne, anemia, irritable bowel syndrome, lead exposure, and an O negative blood type.

Past Surgical History: The client has a past surgical history of gum surgery in 2008, a D & C in 2019, and a cesarean delivery in 2021.

Family History: The client's father has hypertension, the paternal grandmother has diabetes and hypertension, and the paternal grandfather has prostate cancer, had a kidney removed, and had a stroke. The client's mom has irritable bowel syndrome, the maternal grandfather is deceased due to a stroke, and the maternal grandmother is deceased due to bladder and bone cancer.

Social History (tobacco/alcohol/drugs): The client is a former smoker. The client previously reported that she would use e-cigarettes occasionally but has not since 2017. The client also reported no alcohol or illicit drug use.

Living Situation: The client lives at home with her boyfriend and five-year-old son. The client also reports having two dogs and a cat in the home.

Education Level: The client has a high school diploma.

Admission Assessment

Chief Complaint (2 points): The client was scheduled for a cesarean delivery.

Presentation to Labor & Delivery (10 points): On January 31st, a 29 y/o Caucasian, single, female, came to the hospital for a scheduled cesarean delivery. The client was having a scheduled cesarean delivery due to complete posterior placenta previa and velamentous cord insertion. Once the client arrived, she was taken through the procedure process and educated on the possible risk factors of a cesarean delivery such as infection, bleeding, injury to the bladder

or ureter, and injury to the baby. They also checked her fetal movement once she arrived and it was normal. The patient then had all her questions answered, signed the consent form, and wished to proceed. Afterwards, they began prepping her for her procedure. Lastly, at 0733 she delivered a healthy 7-pound 4.8-ounce baby boy.

Diagnosis

Primary Diagnosis on Admission (2 points): Primary c-section

Secondary Diagnosis (if applicable): Posterior complete placenta previa

Postpartum Course (18 points)

This patient was primarily diagnosed with scheduled cesarean delivery. This patient also had a secondary diagnosis of complete posterior placenta previa. Placenta previa happens when a baby's placenta partly or entirely covers the mother's cervix (Mayo Clinic, 2020). The cause of placenta previa is unknown, although the patient stated that her doctor believed that she had developed placenta previa due to her previous miscarriages and her D & C in 2019. The main symptom of placenta previa that most mothers have is bright red vaginal bleeding without pain during their second half of pregnancy (Mayo Clinic, 2020). Some mothers may also experience contractions (Mayo Clinic, 2020). Placenta previa is diagnosed through an ultrasound, typically during a second-trimester prenatal visit or after an episode of vaginal bleeding (Mayo Clinic, 2020). Placenta previa is a serious health concern for both the mom and baby as it can cause severe life-threatening vaginal bleeding during and after labor, and can also cause preterm birth (Mayo Clinic, 2020). There is no medical or surgical treatment for placenta previa, but you can help manage the bleeding by bed rest or, in emergency cases, a blood transfusion (Mayo Clinic, 2020).

This patient's scheduled cesarean delivery was at Carle Foundation Hospital in Champaign, Illinois. This patient's estimated delivery date was on 02/28/2021, but the patient delivered on 01/31/2021 due to the diagnosis of her placenta previa found during her second-trimester prenatal visit. On the day of the patient's scheduled cesarean delivery, she came in at 0500 and was taken through the procedure, signed the consent, and wished to proceed. During the cesarean delivery, the patient developed hypotension and lost a total of 1052 milliliters of blood. Therefore, during the cesarean delivery, the patient was put on a continuous ringer's lactate solute intravenously to replace her fluid and electrolytes due to blood volume loss and low blood pressure. The patient was also given a one-time dose of oxytocin to help control the patient's bleeding. These complications during and after labor were mostly caused by the client's complete posterior placenta previa.

Some risk factors for postpartum complications include chronic conditions such as cardiac disease, obesity, or hypertension (Mayo Clinic, 2019). Patients are also at risk for experiencing postpartum hemorrhage, infections, or postpartum depression (Pelly, 2019). Therefore, it is crucial to educate the patient on postpartum complications and the signs and symptoms of those complications, such as letting your client know that bleeding after birth is normal and can last for weeks. However, over time, the bleeding should begin to slow down, and if it does not, you need to contact your primary care provider immediately (Pelly, 2019). You want to educate the patient on the signs and symptoms of infection so they know what to look for and can catch the infection early if they develop one. Some of these signs of infection include increasing pain, fever, redness, warmth to the touch, discharge, and pain when urinating (Pelly, 2019). You also want to talk with your patient and let them know it is okay to feel a little sad the first couple of weeks after birth, but once those symptoms last more than a few weeks or

interfere with the care of your newborn, it is considered postpartum depression (Pelly, 2019). If you think you have postpartum depression, it is important to immediately visit your primary care provider to get the help you deserve (Pelly, 2019).

Lastly, this patient was in the fourth stage of labor at nearly 24 hours postpartum during my time of care (Ricci et al., 2020). The patient was also in the taking-in phase of maternal adaptation to parenthood (Ricci et al., 2020). During the postpartum care, the patient's normal findings included an abdominal incision due to the cesarean delivery and a decreased number of red blood cells, hemoglobin, and hematocrit, which were consistent with the 1052mL of blood that the patient had lost during and after birth. Although these would typically be abnormal findings, they were normal findings for this specific patient. The patient also had some abnormal lab findings during postpartum care, such as an increase in platelets, white blood cells, neutrophils, lymphocytes, monocytes, and eosinophils, which could all indicate an inflammatory response due to an infection in the patient's body somewhere or could just be due to the amount of stress the patient's body was in after labor. Although the patient developed some complications such as hypotension and hemorrhaging during and after birth, she was able to deliver a healthy 7-pound 4.8-ounce 20.5-inch-long baby boy.

Postpartum Course References (2) (APA):

Mayo Clinic. (2019a, April 6). *Postpartum complications: What you need to know*. https://www.mayoclinic.org/healthy-lifestyle/labor-and-delivery/in-depth/postpartum-complications/art-20446702

Mayo Clinic. (2020a, May 30). *Placenta previa - Symptoms and causes*. https://www.mayoclinic.org/diseases-conditions/placenta-previa/symptoms-causes/syc-20352768

Ricci, S., Kyle, T., & Carman, S. (2020). *Maternity and Pediatric Nursing* (4th ed.). LWW.

Pelly, J. (2019, August 27). *Postpartum Complications: Symptoms and Treatments*. Healthline. https://www.healthline.com/health/pregnancy/postpartum-complications#other-issues

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	4-5.5 million	4.70	4.14	3.80	The patient's red blood cells were slightly decreased due to the amount of blood she lost during labor (Capriotti & Frizzell, 2016).
Hgb	12-15 g/dL	13.6	11.0	10.3	The patient's hemoglobin levels were slightly decreased due to mild anemia during pregnancy and due to the amount of blood she lost during labor (Capriotti &

					Frizzell, 2016).
Hct	42% to 52%	42.1%	35.7%	33.1%	The patient's hematocrit levels were decreased due to mild anemia during pregnancy and due to the amount of blood she lost during labor (Capriotti & Frizzell, 2016).
Platelets	150,000 – 400,000 cells/mm3	470,000	445,000	379,000	The patient's platelet count was likely elevated because of the pregnancy (Ricci et al., 2020)
WBC	4,500 – 11,000 cells/mm3 (4.5 – 11.0)	8.24	15.35	20.73	The patient's white blood cell count was elevated due to the amount of stress on the patient's body during pregnancy (Ricci et al., 2020)
Neutrophils	1.70 – 7.00	5.72	10.65	16.44	These values indicate an infection and could also be due to the increased level of white blood cells in the patient's body (Capriotti & Frizzell, 2016).

Lymphocytes	0.90 – 2.90	19.7	17.2	11.0	These values are consistent with the patient's increased white blood cell count (Capriotti & Frizzell, 2016).
Monocytes	0.30 – 0.90	7.6	9.1	7.3	The patient's monocytes are likely elevated because of the inflammatory response due to the pregnancy (Capriotti & Frizzell, 2016).
Eosinophils	0.05 – 0.50	2.4	2.7	1.0	These values indicate an infection and could also be due to the increased level of white blood cells in the patient's body (Capriotti & Frizzell, 2016).
Bands	0.00 – 0.30	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	AB+, AB-, A+, A-, B+, B-, O+, O-	O -	O -	O-	N/A
Rh Factor	Rh+, Rh-	Negative	N/A	N/A	N/A
Serology (RPR/VDRL)	Negative	Nonreactive	N/A	N/A	N/A
Rubella Titer	7 IU/mL or less no significant level detectable, 8-9 IU/mL equivocal, 10 IU/mL or greater positive	71.10 IU/mL	N/A	N/A	These values indicate that the patient has the rubella antibodies in her blood and is immune to future infections (Capriotti & Frizzel, 2016).
HIV	Negative	Nonreactive	N/A	N/A	N/A
HbSAG	Negative	Nonreactive	N/A	N/A	N/A
Group Beta Strep Swab	N/A	N/A	N/A	N/A	N/A
Glucose at 28	Less than	143	N/A	N/A	The patent had a

Weeks	140 mg/dL				slightly elevated one-hour glucose test, so the doctor ordered a three-hour glucose test, and the patient passed the three-hour glucose test. Therefore, the client was ruled out of possibly having gestational diabetes (Ricci et al., 2020)
MSAFP (If Applicable)	N/A	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
This client did not have any additional	N/A	N/A	N/A	N/A	N/A

labs.					

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

Lab Reference (1) (APA):

Ricci, S., Kyle, T., & Carman, S. (2020). *Maternity and Pediatric Nursing* (4th ed.). LWW.

Capriotti, T., & Frizzell, J. P. (2016). *Human Pathophysiology*. F.A. Davis Company.

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

	Your Assessment
History of labor: **Length of labor** **Induced /spontaneous.**	This patient had an estimated delivery date of 02/28/2021 but gave birth on 01/31/2021 due to complications found during a prenatal visit. The birth was a scheduled cesarean delivery at 36 weeks gestation. The complications found during a prenatal visit included complete posterior placenta previa and velamentous cord insertion. Velamentous insertion of the cord is when the

Time in each stage	umbilical cord abnormally inserts on the edge of the placenta (Ricci et al., 2020). Posterior placenta previa is when the placenta partially or totally covers the mother's cervical opening (Mayo Clinic, 2020). Due to the patient having placenta previa she hemorrhaged during labor and had a total blood loss of 1052. The patient delivered a healthy 7-pound 4.8 ounce 20.5 inches long baby boy at 0733 on 01/31/2021. The patient did have a preterm rupture of membranes due to having her scheduled cesarean delivery before the 37-week gestation mark. The rupture of membranes was also taken out during the delivery and her lochia was red with some clots due to the amount of blood lost.
Current stage of labor	This patient is in the fourth stage of labor. This patient had been in the postpartum period for nearly 24 hours.

Stage of Labor References (2) (APA):

Mayo Clinic. (2020, May 30). *Placenta previa - Symptoms and causes*. https://www.mayoclinic.org/diseases-conditions/placenta-previa/symptoms-causes/syc-20352768

Ricci, S., Kyle, T., & Carman, S. (2020). *Maternity and Pediatric Nursing* (4th ed.). LWW.

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

7 <u>different</u> medications must be completed

Home Medications (2 required)

Brand/Generic	ferrous sulfate (Mol-Iron)	acetaminophen (Tylenol)
Dose	27mg	500mg
Frequency	q.d.	q.6.h. PRN
Route	Orally	Orally
Classification	Anti-anemic, nutritional supplement	Nonsalicylate, para-aminophenol derivative, antipyretic, nonopioid analgesic
Mechanism of Action	Acts to normalize RBC production by binding with hemoglobin or by being oxidized and stored as hemosiderin or aggregated ferritin in reticuloendothelial cells of the bone marrow, liver, and spleen. Iron is an essential component I've hemoglobin, myoglobin, and several enzymes, including	Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system. Acetaminophen also acts directly on temperature-regulating center in the hypothalamus by inhibiting

	catalase, cytochromes, and peroxidase. Iron is needed for catecholamine metabolism and normal neutrophil function.	synthesis of prostaglandin E2.
Reason Client Taking	The patient is taking this medication due to mild anemia during pregnancy.	The patient is taking this medication to relieve mild to moderate pain during pregnancy.
Contraindications (2)	Hemochromatosis, hemolytic anemias	Severe hepatic impairment, severe active liver disease
Side Effects/Adverse Reactions (2)	Hypotension, hemolysis	Hypotension, hepatotoxicity
Nursing Considerations (2)	1. Give iron tablets and capsules with a full glass of juice or water. Do not crush enteric-coated tablets or open capsules. 2. Monitor the patient for signs of iron overdose, which could include abdominal pain, diarrhea, nausea, severe vomiting, and sharp abdominal cramps. In case of iron toxicity or accidental iron overdose give deferoxamine, as prescribed.	1. Use acetaminophen cautiously in clients with hepatic impairment or active hepatic disease, alcoholism, chronic malnutrition, severe hypovolemia, or severe renal impairment. 2. Acetaminophen can cause hepatotoxicity, so liver function tests need to be ordered and monitored.

Key Nursing Assessment(s)/Lab(s) Prior to Administration	The patient should have a CBC done regularly to check the levels of red blood cells contained in the patient's blood and the hemoglobin in the blood. You will want to make sure the patient has not had any antacids, coffee, dairy products, eggs, tea, or whole-grain breads or cereals within 1 hour prior to taking the iron supplement. Obtain the patient's drug history to determine possible drug interactions and allergies.	Assessing the patient's vital signs and pain level prior to administering the acetaminophen. Prior to administering acetaminophen, you should check the patient's liver function test results, prothrombin time, INR, and BUN. Obtain the patient's drug history to determine possible drug interactions and allergies.
Client Teaching needs (2)	1. Inform patient that stool should become dark green or black while taking iron supplements. Advise the patient to notify the provider if the stools do not change color. 2. Urge the patient to eat chicken, fish, lean red meat, and turkey, as well as foods rich in vitamin C to help improve iron absorption.	1. Caution patient to not exceed the recommended dosage or take other drugs containing acetaminophen at the same time because of the risk of liver damage. 2. Teach the patient to recognize signs of hepatotoxicity, such as bleeding, easy bruising, and

		malaise, which commonly occurs with chronic overdose.

Hospital Medications (5 required)

Brand/Generic	phenylephrine hydrochloride (Vicks sinex)	ibuprofen (Advil)	Morphine sulfate (Arymo ER)	oxytocin (Pitocin)	Ondansetron hydrochloride (Zofran)
Dose	100mcg	600mg	0.3mg	20 units	4mg
Frequency	One time dose	q.6.h. PRN	q.4.h PRN	One time dose	q.4.h. PRN
Route	Intravenous push	Orally	Intravenous push	Intravenous injection	Intravenous push
Classification	Antiarrhythmic, decongestant, vasoconstrictor, vasopressor	Analgesic, anti-inflammatory, antipyretic	Opioid analgesic	Oxytocic hormones	Selective serotonin receptor antagonist, Antiemetic
Mechanism of Action	Directly stimulates alpha-	Blocks activity of cyclooxygenase,	Binds with and activates opioid	Promotes contractions by increasing	Blocks serotonin receptors

	adrenergic receptors and inhibits the intracellular enzyme adenyl cyclase, which then inhibits production of cAMP. Inhibitors of cAMP causes arterial and venous constriction and increased peripheral vascular resistance and systolic blood pressure.	the enzyme needed to synthesize prostaglandins, which mediate inflammatory response and cause local pain, swelling, and vasodilation. By inhibiting prostaglandins, this NSAID reduces inflammatory symptoms and relives pain. Ibuprofen's antipyretic action probably stems from its effects on the hypothalamus,	receptors in brain and spinal cord to produce analgesia and euphoria.	the intracellular Ca2+, which in turn activates myosin's light chain kinase.	centrally in the chemoreceptor trigger zone and peripherally at vagal nerve terminals in the intestine. This action reduces nausea and vomiting by preventing serotonin release in the small intestine and by blocking signals to the CNS. Ondansetron may also bind to other serotonin receptors and to mu-opioid

		which increases peripheral blood flow, causing vasodilation and encouraging heat dissipation.			receptors.
Reason Client Taking	This medication was given during labor to help with mild to moderate hypotension.	This medication is being given to relieve mild to moderate pain as an adjunct to opioid analgesics.	This medication was given to help with pain during and after birth.	This medication was given to stimulate uterine contractions and help control postpartum bleeding or hemorrhaging.	This medication was given to help prevent nausea during and after birth.
Contraindications (2)	Severe coronary artery disease or hypertension; use within 14 days of MAO	Hypersensitivity to ibuprofen, its components, or other fever reducers or pain relievers;	Labor (premature delivery), prematurity (infants), arrythmias	Placenta previa, hypertension	Concomitant use of apomorphine, hypersensitivity to ondansetron or its

	inhibitors	asthma			components
Side Effects/Adverse Reactions (2)	Bradycardia, hypotension	Hemorrhage, bleeding	Bradycardia, hypotension	Excessive bleeding long after childbirth, severe weakness	Hypotension, arrythmias
Nursing Considerations (2)	1. when giving intravenously, dilute with D5W or sodium chloride for injection and prepare as prescribed. 2. Assess for signs and symptoms of angina, arrhythmias, and hypertension	1. Use ibuprofen with extreme caution because it increases the risk of having GI bleeding and ulcerations. 2. Assess the patient's skin regularly for signs of rash or other hypersensitivity reaction.	1. When giving intravenous push make sure to push over four to five minutes to minimize adverse effects. 2. Monitor patient for signs of sedation and respiratory depression,	1. electronically monitor the uterine activity and the fetal heart rate throughout the infusion. 2. if uterine contractions become too powerful, the infusion can be abruptly stopped.	1. Monitor patient closely for signs and symptoms of hypersensitivity to ondansetron because hypersensitivity reactions, including anaphylaxis and bronchospasm, may occur. If present discontinue drug and notify

	because it may increase myocardial oxygen demand and the risk of blood pressure changes.		especially when initiating therapy. Morphine might reduce respiratory drive, and the resultant carbon dioxide retention can further increase intracranial pressure.		the prescriber. 2. monitor patient closely for serotonin syndrome, which might include agitation, chills, confusion, diaphoresis, diarrhea, fever, hyperactive reflexes, poor coordination, restlessness, shaking, talking, or acting with uncontrolled excitement, tremor, and twitching.
Key Nursing	Obtain the	Obtain the	Assess the	Obtain the	Assess the

Assessment(s)/Lab(s) Prior to Administration	patient's drug history to determine possible drug interactions and allergies. Obtain the patient's vital signs prior to administering. May need to obtain EKG, pulmonary functions, and x-rays of the chest or nasal sinuses prior to administering. Monitor cardiac output, central venous pressure, pulmonary	patient's drug history to determine possible drug interactions and allergies. Assess the patient's vital signs and pain level prior to administering. Assess the patient's cardio, respiratory, and GI status prior to administering. Try to have the patient eat something prior to administration to avoid GI	patient's vital signs and pain level prior to administering. To ensure that benefits of morphine therapy outweigh the risks, a risk evaluation and mitigation strategy (REMS) is required. Assess the patient's drug use, including all prescriptions and OTC drugs prior to administration	patient's drug history to determine possible drug interactions and allergies. Assess patient's vital signs prior to administration. Pay close attention to the fetal movement and fetal heart rate. Monitor fluid intake and output prior to administering.	patient's vital signs and nausea level prior to administration. Monitor and assess the patient's heart rate and rhythm prior to administration. Obtain the patient's drug history to determine possible drug interactions and allergies.

	artery wedge pressure, and urine output prior to administering.	upset.	. Obtain the patient's drug history to determine possible drug interactions and allergies.		
Client Teaching needs (2)	1. advise the patient to avoid hazardous activities until drug's CNS effects are known. 2. Inform patient to immediately report any shortness of breath, palpitations, dizziness, or	1. Urge patient to avoid alcohol, aspirin, and other corticosteroids while taking ibuprofen, unless prescribed. 2. Advise patient's to report flu-like symptoms, rash, signs of GI bleeding,	1. Instruct patient to change positions slowly to minimize nausea and orthostatic hypotension. 2. Instruct the patient to notify prescriber about worsening or	1. Advise patient to see medical help if the patient starts to experience any side effects such as vomiting, nausea, bleeding, severe headache, or vision changes.	1. Advise patient to seek immediate medical attention if patient experiences persistent, severe, unusual, or worsening symptoms. 2. If giving oral tablets be sure to instruct the client to place

	chest/arm pain	swelling, vision changes, and weight gain.	breakthrough pain.	2. Educate the patient that since she has placenta previa she has a huge risk of bleeding and this medication is supposed to help minimize the risk of bleeding or hemorrhaging.	the disintegrating tablet under the tongue to let it dissolve completely before swallowing.

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2019). *2019 Nurse's drug handbook.* Burlington, MA.

RxList. (2020, October 27). *Pitocin (Oxytocin Injection): Uses, Dosage, Side Effects, Interactions, Warning*. https://www.rxlist.com/pitocin-drug.htm#:%7E:text=Pitocin%20(oxytocin%20injection)%20is%20a,or%20to%20induce%20an%20abortion.

Assessment

Physical Exam (18 points)

GENERAL (0.5 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient appears pleasant. A&O x3 Oriented to person, time, place, and current events. Very talkative and cooperative Patient appears to have no distress. Patient appears overall well groomed.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds/Incision:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	 Tan/pink normal for race Patient appears slightly dehydrated and tired. Warm Normal turgor 2+ No rashes noted. No bruises noted. Patient had a primary low transverse incision across her abdomen due to a cesarean delivery. 4
HEENT (0.5 point): **Head/Neck:**	 Head and neck symmetrical, no bumps or lesions noted. Trachea is midline. Lymph nodes are nonpalpable.

Ears: **Eyes:** **Nose:** **Teeth:**	Ears are free of discharge, no bumps or lesions noted, healthy cerumen, and tympanic membrane is a pearly grey. Eyes normal. Upon inspection sclera was white, cornea was clear, conjunctiva was white with no lesions or discharge noted. Normal EOM. Septum midline. No drainage or bleeding noted. No deviation or abnormalities and sinuses are not tender. Patient has natural teeth on top and bottom. Good dentition overall. No lesions or bumps noted. Mouth is pink and moist.
CARDIOVASCULAR (1 point): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	. S1 and S2 heart sounds normal, no murmurs or rubs present. Pulse is 78 bpm radial. Capillary refill is between 3 and 4 seconds
RESPIRATORY (1 points):	Client has normal lung sounds with no

Accessory muscle use: Y☐ N ☒ **Breath Sounds: Location, character**	rales/crackles, rhonchi, or wheezes present. Respirations are nonlabored.
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:**	 Normal eating at home Regular diet 5'6" 183 lbs., Bowel sounds are audible. Normoactive in all four quadrants 1 day ago. No pain or masses noted on palpation. No abnormalities found upon inspection. The patient has a primary low transverse incision across her abdomen due to a cesarean delivery. Slight abdominal swelling and distention was noted.
GENITOURINARY (5 Points): **Fundal Height & Position:** **Bleeding amount:** **Lochia Color:** **Character:** **Quantity of urine:**	 1052mL The patient's lochia color was red with some clots due to the amount of blood she lost. 250mL of urine

Pain with urination: Y ☐ N ☒	
Inspection of genitals:	Genitals were normal looking. There were no lesions, unusual pigmentation, or other skin changes. The patient had no inflammation, edema, or other lesions of the periurethral tissue. There was also no bleeding or abnormal discharge noted.
Catheter: Y ☐ N ☒	The patient did not have a catheter at the time but did have a foley catheter size 12 in during delivery.
Type:	
Size:	
Rupture of Membranes:	Membranes were taken out during the cesarean delivery.
Time:	0730
Color:	Red
Amount:	
Odor:	No odor present.
Episiotomy/Lacerations:	The patient had a scheduled cesarean delivery.
MUSCULOSKELETAL (2 points):	Patient has no neurovascular deficits noted.
ADL Assistance: Y☐ N ☒	ROM is good.
Fall Risk: Y ☐ N☒	No supportive devices are needed.
Fall Score:	Good, equal bilaterally.
Activity/Mobility Status:	Patient had a fall risk score of zero.
Independent (up ad lib) ☒	

Needs assistance with equipment ☐ **Needs support to stand and walk** ☐	
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:**	Moves both arms and legs well bilaterally. Pupils equal, round, and reactive to light. Alert and oriented x3 to person, time, place, and current events. Mental status is good. Speech was clear and precise. No glasses or contacts present. Vision seems normal. DVT 3+
PSYCHOSOCIAL/CULTURAL (1 points): **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:**	Patient stated, “I like to cope by taking bubble baths to help relax and I like to occasionally read books.” The patient is in her young adulthood developmental level. The patient did not specify a religion.

Personal/Family Data (Think about home environment, family structure, and available family support):	The patient lives with her boyfriend and five-year-old son. The patient also has two dogs and a cat. The boyfriend was at home taking care of their son and her mom was with her in the hospital helping her take care of her newborn baby boy. The patient seems to have a good support system.
DELIVERY INFO: (1 point) **Delivery Date:** **Time:** **Type (vaginal/cesarean):** **Quantitative Blood Loss:** **Male or Female** **Apgars:** **Weight:** **Feeding Method:**	The patient's estimated delivery date was 02/28/2021 but had a scheduled cesarean delivery on 01/31/2021 at 0733. 1052 blood loss Male 1 minute 8, 5 minutes 9 7lb. 4.8oz 20.5 inches long Bottle feeding but was going to try breastfeeding. The patient was unable to produce milk in the past but is hoping she will be able to produce with this pregnancy.

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen

Prenatal	78 radial pulse	107/60 left arm	18	98.6°F oral	98% room air
Labor/Delivery	83 radial pulse	101/67 left arm	18	99.7°F oral	97% room air
Postpartum	78 radial pulse	102/68 left arm	18	98.7°F oral	96% room air

Vital Sign Trends: The patient's vital signs are consistent throughout and do not require any additional monitoring.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1530	The patient rated her pain a zero out of ten.	N/A	N/A	N/A	N/A
1800	The patient denied having any pain.	N/A	N/A	N/A	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock

Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	18 gauge Anterior left lower forearm 01/31/2021 Patent No signs of erythema or drainage. IV dressing site looks clean and dry with no redness or swelling.

Intake and Output (2 points)

Intake	**Output (in mL)**
1/31/2021 – 0600 1000mL (IV), 1400 1000mL (IV), 2100 130mL 2/1/2021 – 0200 90mL, 0900 180mL, 1600 250mL Total intake = 2,650 mL	OR foley catheter on 01/31/2021 – 250mL 1/31/2021 – 1600 300mL, 2049 200mL, 2150 250ml, 2225 800mL 2/1/2021 – 0010 375mL, 0220 300mL, 0232 400mL Total output = 2,875 mL

Nursing Interventions and Medical Treatments During Postpartum (6 points)

Nursing Interventions and Medical Treatments (Identify nursing interventions with "N" after you list them,	**Frequency**	**Why was this intervention/ treatment provided to this patient? Please give a short rationale.**

identify medical treatments with "T" after you list them.)		
Administering pain medication (T)	q.4.h. PRN	This patient had a cesarean delivery with a primarily low transverse incision across the abdomen. If the patient reports pain, morphine, or ibuprofen will be administered.
Reeducation on the basic needs of childcare (N)	Once before discharge or anytime the patient has any questions	This intervention was provided because the patient has not had a newborn baby since her first son was born five years ago. Patients tend to forget, and it never hurts to reeducate them on the basics.
Encouraging ambulation (N)	As frequently as possible	This intervention was provided because walking helps promote blood flow of oxygen throughout the body. It also stimulates circulation which can help stop the development of blood clots.

Measure 24-hour intake and output for (N)	For 24 hours after birth	This intervention was provided because as a nurse you need to observe for any signs of voiding difficulty and will help determine the patient's fluid loss. A urine output of 30-50mL/hr or more indicates an adequate circulating volume.

Phases of Maternal Adaptation to Parenthood (1 point)

What phase is the mother in?

The mother is in the taking-in phase of maternal adaptation to parenthood.

What evidence supports this?

This patient was nearly 24 hours postpartum and wanted nothing more than to just bond with her newborn. The patient's mother was also at the hospital with her helping take care of the newborn and letting her get some rest. Therefore, the patient was in the taking-in phase. The taking-in phase is during the first 24 to 48 hours after giving birth and is when the client needs sleep, depends on others to meet her needs, and relives the events surrounding her labor and delivery process.

Discharge Planning (2 points)

Discharge location: The patient is being discharged to her home.

Equipment needs (if applicable): The patient is going to try to breastfeed and had been using the hospital grade pump. The patient talked with her mom about using a fenugreek and power pumping.

Follow up plan (include plan for mother AND newborn): The mother should follow up with her primary care provider in two weeks to have her incision scar checked and steri-strips removed if they have not yet fallen off on their own. The mother should also take the newborn to follow up with his primary care provider within the first week of delivery.

Education needs: The patient should be reeducated on the basics such as breastfeeding, bottle feeding, bathing, and scheduling. It is crucial to discuss with the patient how important it is to keep the baby on a consistent routine every day. You would also want to reeducate the patient on car seat safety.

Nursing Diagnosis (30 points)

Must be NANDA approved nursing diagnosis and listed in order of priority

Two of the Nursing Diagnoses must be education related i.e. the interventions must be education for the client."

2 points for correct priority

Nursing Diagnosis (2 pt each)	**Rational (1 pt each)**	**Intervention/Rational (2 per dx) (1 pt each)**	**Evaluation (1 pt each)**
Identify problems that are specific to this patient. Include full nursing diagnosis	Explain why the nursing diagnosis was chosen	Interventions should be specific and individualized for his patient. Be sure to include a time interval such	• How did the patient/ family respond to the nurse's actions? • Client response,

with “related to” and “as evidenced by” components		as Assess vital signs q 12 hours.” List a rationale for each intervention and using APA format, cite the source for your rationale.	status of goals and outcomes, modifications to plan.
1. Acute pain related to cesarean delivery as evidenced by low transverse incision across the abdomen.	The patient had a cesarean delivery with a low transverse incision across the abdomen causing her some swelling, discomfort, and pain.	1. Assess vital signs and pain level. If patient is in pain administer morphine or ibuprofen q.4.h. PRN and then reassess vitals and pain level in 30 minutes. **Rationale:** Pain medication will help promote comfort by blocking pain impulses. You want to assess vital signs prior to administration to make sure they are within normal range and assess the patient’s pain level because you do not want to give	The patient was cooperative and willing to learn. The patient denied having any pain while I was there and stated. “I have not had any pain since early this morning.” The patient was also opened to learning proper relaxation techniques to help with decreasing her anxiety and promoting comfort. The patient’s mother was also there helping her out and was very cooperative and ready to support and

		them any medication if they are not in any pain. You also want to reassess after administration to make sure the patient's vital signs are still stable and that the pain medication is working. 2. Educate proper relaxation techniques, position for comfort as possible. Therapeutic touch as appropriate. **Rationale:** Might help in decreasing anxiety and tension, promote comfort, and enhance sense of well-being	learn with her daughter. No modifications need to be made with her plan because the goals were met.
2. Deficient fluid volume related to excessive blood loss after birth as	The patient had a total blood loss of 1052 during labor	1. Administered lactated ringers through intravenous infusions. **Rationale:** This helped	The patient and her family were very cooperative. The patient signed a consent form

evidenced by decreased red blood cell count.	and had a decreased red blood cell count of 3.80 after labor.	restore electrolyte imbalances. This will also help increase circulating volume and enhance blood clotting. 2. Administer oxytocin. **Rationale:** This helped control postpartum bleeding and hemorrhaging.	before labor agreeing to the medical treatment. Her and her family had a full understanding of what medication and treatments she would be receiving, and they understood and had wished to proceed. No modifications need to be made with the patient's plan because the goals were met.
3. Inadequate information related to prevention of infection as evidenced by first invasive procedure.	This patient had a cesarean delivery which included a low invasive incision across her abdomen causing a break in the skin	1. Educate the patient to look for signs and symptoms of infection such as an elevated temperature, elevated pulse, abnormal odor or color of vaginal discharge, bad smell coming from the incision site, pus or drainage, or redness and	The patient and family were cooperative and willing to learn. They were educated on what signs and symptoms to look for in an infection and how to properly clean the incision. The patient correctly cleaned

	putting the patient at risk for infection. It is also her first cesarean delivery and invasive procedure so it is important to educate the client on proper assessment and cleaning techniques to prevent the risk of an infection.	swelling near the incision site. **Rationale:** Teaching the client to assess for signs and symptoms of infection for when she goes home is important because it will help reduce the risk of getting an infection and you want to catch an infection as early as possible if you do develop one. 2. Tell the patient how to properly care for an incision and have the patient demonstrate it back to you. **Rationale:** Teaching the patient to clean the incision at least one a day with mild soap and water and then patting it dry will help reduce the risk of infection and help prevent further	the incision showing that she was capable to take care of the incision herslef at home. No modifications need to be made with the patients plan because the goals were met.

		complications. Also having the patient demonstrate the incision care back to you shows you that the patient understood the information and will be able to properly care for the incision herself once she is discharged home.	
4. Inadequate information related to breastfeeding as evidenced by demand for information.	The patient has a five-year-old son already but was unable to breastfeed with him because she was unable to produce any milk. The patient wants to try and breastfeed again with this baby but lacks	1. Assist the patient by helping the infant grasp the nipple correctly and advise the mother to expose the nipple to air between feedings. **Rationale:** The mother has never breastfed before, so it is important to educate and assist the patient until the patient gets comfortable doing it on her own. **2.** Advise the mother to expose the nipple to air	The patient and her family were very cooperative. They were willing to learn and the patient was very excited to try breastfeeding again. The patient was still trying to get the newborn to latch when I left, and she was also trying to pump and was hoping to be able to produce some milk. No modifications need to be

	knowledge since it will be her first time.	between feedings and to apply aloe vera or vitamin E to help heal the tissue. **Rationale:** The patient needs to be educated on this because if the patient keeps her nipples wet after breastfeeding it will cause soreness and the infant will not be able grip the entire areola properly.	made with the patient's plan because the goals were being met.

Other References (APA)

Swearingen, P. L., & Wright, J. D. (2020). *All-in-one nursing care planning resource: medical-surgical, pediatric, maternity, and psychiatric-mental health*. St. Louis, MO: Elsevier.

Wayne, G. B. (2019, June 1). *10 Cesarean Birth Nursing Care Plans*. Nurseslabs. https://nurseslabs.com/cesarean-birth-nursing-care-plans/