

N432 Postpartum Care Plan
Lakeview College of Nursing
February 8, 2021
Professor Fonner
Professor Bohlen
Ashley Miller

Demographics (3 points)

Date & Time of Admission 2/1/2021 1041	Patient Initials SG	Age 30	Gender Female
Race/Ethnicity White	Occupation Payroll at Mechanical Contract	Marital Status Married	Allergies No Known Allergies
Code Status Full Code	Height 156.2 cm	Weight 89.4 kg	Father of Baby Involved Yes

Medical History (5 Points)

Prenatal History: G: 2 T: 1 P: 0 A: 1 L: 1, COVID-19 Positive in her third trimester, polyhydramnios affecting pregnancy in third trimester, thickening of nuchal fold, history of miscarriage, currently pregnant, and intrauterine pregnancy

Past Medical History: Screening for cervical cancer results: negative

Past Surgical History: The patient denies having any past surgical history.

Family History: The patient denies any family history.

Social History (tobacco/alcohol/drugs): The patient denies having any history of smoking, drinking alcohol, and using drugs.

Living Situation: The patient lives at home in a rural town outside of Champaign, IL, with her husband and two dogs.

Education Level: Both parents have a BSN; the father is in accounting, and the mother is in communication.

Admission Assessment

Chief Complaint (2 points): Labor (Induction)

Presentation to Labor & Delivery (10 points):

The patient was induced on 2/1/2021 at OSF. The patient was doing well with the pain throughout the night, and on 2/2/2021 patient was given an epidural. On 2/2/2021 at 1041 patient was fully dilated and pushing. After pushing for two hours and three contractions with vacuum assistance and two pop offs, the vacuum failed. Staff and patient concluded performing a cesarean. The patient was taken to the operating room, where she received a spinal and preoperative antibiotic. The team completed the cesarean on the patient to deliver the infant.

Diagnosis

Primary Diagnosis on Admission (2 points): Induction

Secondary Diagnosis (if applicable): Polyhydramnios affecting pregnancy in the third trimester

Postpartum Course (18 points)

S.G. is a 30-year-old woman who delivered on 2/2/2021 at 1041 in the morning via cesarean. S.G. is in postpartum recovery with her newborn. S.G. is in stage four of labor, also called puerperium (Ricci et al., 2021). There are many risk actors S.G. can encounter during the labor stage. The risk factors can include bleeding after postpartum, infections, and postpartum depression. S.G.'s vital signs were stable except for her slightly high pulse. S.G. can move and get up independently and reports some pain and discomfort coming from her cesarean incision site.

In the fourth stage of labor, some normal findings would include that the lochia would have scant to moderate (Ricci et al., 2021). As a nurse, she will be observing her vital

signs, the amount of lochia, where the fundus is located every shift (Ricci et al., 2021). S.G. fundus was located 1 cm below the umbilicus, and her cesarean incision was dry, intact. No drainage or redness comes from the incision. As the fourth stage of labor continues, all body systems work towards the pregnancy stage (Ricci et al., 2021). The nurse is encouraging S.G. to feed her newborn on demand, skin-to-skin contact, and as much interaction as she possibly can get with her newborn while in the hospital.

Hemorrhage and infection will be the two significant abnormal findings during stage 4 of labor (Ricci et al., 2021). With infection being one of the abnormal results in S.G.'s labor stage, it is not all that common for her since she had a cesarean section performed to deliver her infant. S.G. had a 15 to 20% chance of getting an infection considering her cesarean was not scheduled. She was already in labor (Postpartum infections of the uterus-Women's Health Issues, n.d.). Symptoms of infection nurses need to be aware of include pain in the lower abdomen and pelvis, fever, paleness, chills, feeling ill or discomfort, and headache or loss of appetite (Postpartum infections of the uterus-Women's Health Issues, n.d.).

Hemorrhage is another abnormal finding in the fourth stage of labor, but it is still very possible that a post-pregnant woman can have bleeding. A postpartum hemorrhage can be caused by a tear in the cervix or tissues of the vagina, blood vessels torn in the uterus, blood clotting disorders, or placenta problems (Stanford Children's Health, 2019). S.G. was at risk for hemorrhage due to her prolonged labor; she was obese for her height and size and the use of vacuum-assistants while in labor (Stanford Children's Health, 2019).

The current phase S.G. is in is the taking-in phase, a time of reflection for the mother (Belleza & R.N., 2016). Now that S.G. is 1-2 postpartum, she is more independent

in her daily tasks and decision making (Belleza & R.N., 2016). S.G. is still having discomfort in her incision site, but as long she manages it, she is doing well. Once S.G. and the newborn go home, they will do great they both thriving right now with no complications currently.

Postpartum Course References (2) (APA):

Belleza, M., & R.N. (2016, May 31). *Postpartum Changes: Physical and Emotional Adjustments After Pregnancy*. Nurseslabs. [https://nurseslabs.com/postpartum-changes/#:~:text=Takeing %20In%20Phase](https://nurseslabs.com/postpartum-changes/#:~:text=Takeing%20In%20Phase).

Postpartum Infections of the Uterus- Women's health Issues. (n.d.). Merck Manuals consumer Version. Retrieved on February 8, 2021, from <https://www.merckmanuals.com/home/women-s-health-issues/postdelivery-period/postpartum-infections-of-the-uterus>.

Ricci, S. S., Kyle, T., & Carman, S. (2021). *Maternity and pediatric nursing* (4th ed.). Wolters Kluwer.

Stanfordchildrens.org (2019). *Stanfordchildrens.org*. Retrieved on February 8, 2021, from <https://www.stanfordchildrens.org/en/topic/default?id=postpartum-hemorrhage-90-P02486>.

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	3.8-5.30	4.96	4.18	3.43	A decrease in RBC because the patient just delivered an

					infant by cesarean, causing the mother to possibly have iron deficiency anemia (Kathleen Deska Pagana et al., 2019).
Hgb	12.0-15.8	14.6	12.2	10.3	A decrease in Hgb is due to the mother having a cesarean and the amount of blood loss she had after the procedure (Kathleen Deska Pagana et al., 2019).
Hct	36.0-47.0	42.6	35.7	29.1	A decrease in Hct could be due to hemorrhage after the mother having a cesarean (Kathleen Deska Pagana et al., 2019).
Platelets	140-440	347	199	166	Normal lab value
WBC	4.0-12.0	6.8	7.30	16.40	The patient's WBC count could be high because she had a cesarean and the risk for infection (Kathleen Deska Pagana et al., 2019).
Neutrophils	47.0-73.0	N/A	68.2	82.8	The neutrophil count could be high due to the possibility of the patient having a cesarean done and causing her body to react to the incision and causing an infection (Kathleen Deska Pagana et al., 2019).
Lymphocytes	18.0-24.8	24.8	22.1	9.5	The lymphocyte count could be low since the patient had a cesarean and the risk for infection caused by the procedure (Kathleen Deska Pagana et al., 2019).
Monocytes	4.0-12.0	6.1	6.2	7.2	Normal lab value
Eosinophils	0.0-5.0	1.0	2.4	0.2	Normal lab value
Bands	No range available	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, B, AB, O	A	A	A	N/A
Rh Factor	Positive or Negative	Positive	Positive	Positive	N/A
Serology (RPR/VDRL)	Nonreactive	Nonreactive	Nonreactive	Nonreactive	Normal lab value
Rubella Titer	Positive	Positive	Positive	Positive	Normal lab value
HIV	Nonreactive	Nonreactive	Nonreactive	Nonreactive	Normal lab value
HbSAG	Nonreactive	Nonreactive	Nonreactive	Nonreactive	Normal lab value
Group Beta Strep Swab	Negative	Positive	Positive	Positive	The mother's GBS being abnormal is the colonization of the bacteria being more significant during pregnancy (Ricci et al., 2021).
Glucose at 28 Weeks	Less than 140	160	136	136	An increase in glucose for the mother at prenatal value could be due to a stress test for the glucose homeostasis mechanisms (Ricci et al., 2021).
MSAFP (If Applicable)	N/A	N/A	N/A	N/A	Normal lab value

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	Patient did not have labs performed
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)	N/A	N/A	N/A	N/A	Patient did not have labs performed

Lab Reference (1) (APA):

OSF Heart of Mary. (2019). *Reference Range. (Lab Values)*. Champaign, IL.

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

	Your Assessment
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<p>History of labor:</p> <p>Length of labor</p> <p>Induced /spontaneous</p> <p>Time in each stage</p>	<p>S.G. presented to OSF on 2/1/2021 to labor and deliver to have an induction. S.G. was in labor for over 21 hours, and the physician having to use the vacuum three times on fetal with two pop offs; the team and S.G. concluded that it was time to go in and have a cesarean performed. The team prepped S.G. for a procedure to be done, and at 0910 in the morning of 2/2/2021, they delivered the fetus.</p> <p>The patient was in labor for 21 hours and 47 minutes</p> <p>The patient was induced and then was went for cesarean</p> <p>1 stage: 18 hours and 30 minutes</p> <p>2 stage: 3 hour and 15 minutes</p> <p>3 stage: 0 hour and 2 minutes</p> <p>4 stage: Was not reached</p> <p>Total: 21 hours and 47 minutes</p>
<p>Current stage of labor</p>	<p>The patient was sent down for a cesarean after being in labor for 21 hours and 47 minutes. The infant’s head was getting stuck in the birthing canal.</p> <p>S.G. is currently in stage four of labor. It is also called the puerperium period, which lasts approximately six weeks (Ricci et al., 2021), which is the period after the fetus's placenta has been delivered (Ricci et al., 2021).</p> <p>Expected findings in stage four of labor include bleeding that</p>

	<p>can either scant or moderate, and the fundus has decreased in size (Postpartum Care/ GLOWM, n.d.). Assess the mother's breasts, lochia, fundus (height and location), and bladder (Ricci et al., 2021). The fundus height should decrease in size at least 1 cm a day after delivery (Ricci et al., 2021). The cervix closes about 1cm over the first week of postpartum but could take several months to reach the prepregnant stage (Postpartum Care/ GLOWM, n.d.).</p> <p>During the physical assessment, S.G.'s fundus was 1cm below the umbilicus and midline. S.G. is lactating and breastfeeding. S.G.'s bladder is midline and functioning correctly. S.G. stated that she has not yet passed flatus or had a bowel movement. Her last bowel movement was 2/1/2021.</p>
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Stage of Labor References (2) (APA):

Postpartum Care/ GLOWM. (n.d.). www.glowm.com. Retrieved on February 7, 2021, from https://www.glowm.com/section_view/heading/postpartum-care/item/143.

Ricci, S. S., Kyle, T., & Carman, S. (2021). *Maternity and pediatric nursing* (4th ed.) Wolters Kluwer.

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

Home Medications (2 required)

Brand/Generic	Prenatal Vitamins/ Materna	Simethicone/ Mylicon			
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Dose	1 tablet	160 mg			
Frequency	Nightly	4x Daily			
Route	Oral	Oral			
Classification	Vitamin	Antiflatulents			
Mechanism of Action	Used to provide the additional vitamins needed for pregnancy.	Used to relieve painful pressure caused by excess gas in the stomach and intestines.			
Reason Client Taking	Pregnancy	Help get bowels to move			
Contraindications (2)	Hyperkalemia; Vitamin D overload	Interact with vitamins; interact with herbal products			
Side Effects/Adverse Reactions (2)	Upset stomach; Headache	Allergic reaction; nausea			
Nursing Considerations (2)	Watch for symptoms of overdose; watch for signs of an allergic reaction	Watch for an allergic reaction; watch for any continuing discomfort after taking the medication			
Key Nursing Assessment(s)/Lab(s) Prior to Administration	N/A	Assess for any abdominal discomfort			
Client Teaching needs (2)	Do not take this medication	Do not take more than as directed;			

	with dairy products; avoid taking any other multivitamin product within 2 hours before or after you take the prenatal multivitamins	Simethicone works best if you take it after meals and at bedtime			
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Hospital Medications (5 required)

Brand/Generic	Reglan/ Metoclopramide	Zofran/ Ondansetron	Norco/ Hydrocodone/ Acetaminophen	Ibuprofen/ Motrin	Pitocin/ Oxytocin
Dose	10 mg	4 mg	1 tablet	800 mg	30 units/ 500 mL
Frequency	Once	Once	Q 4 hours	Q 8 hours	Once
Route	IV	IV	Oral	Oral	IV
Classification	Prokinetic agents	5-HT3 Antagonist	Analgesics	NSAIDS	Oxytocic
Mechanism of Action	Increases muscle contractions in the upper digestive tract.	Blocks the actions of chemicals in the body that can trigger nausea and vomiting	A combination medicine used to relieve moderate to moderately severe pain	It reduces hormone that cause inflammation and pain in the body	A hormone that is used to induce labor or strengthen uterine contractions, or to control bleeding

					after childbirth
Reason Client Taking	Heartburn	Nausea/Vomiting	Pain	Inflammation	Stimulate uterine contractions
Contraindications (2)	Do not drink alcohol; stop taking Reglan if a patient has tremors or uncontrolled muscle movements	A patient with liver disease; a patient with congestive heart failure	Do not drink alcohol; severe asthma or breathing problems	Stomach or intestinal bleeding; increase risk for fatal heart attack or stroke	Severe infection in the uterus; a difficult labor
Side Effects/Adverse Reactions (2)	Lack of energy; nausea, vomiting	Severe constipation; fast or pounding heartbeats	Headache; Constipation	Skin rash, shortness of breath	Fast, slow, or uneven heart rate; severe headache
Nursing Considerations (2)	Do not take Reglan if a person has a seizure disorder; ever had muscle movement problems after using metoclopramide or similar medicines	Watch for impair thinking or reactions in patients; be careful while driving or anything that requires you to be alert	Watch for signs of an allergic reaction; measure liquid medicine carefully	Monitor kidney and liver function; monitor RBC	Monitor the heart rate; Monitor lung sounds
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Assess for drowsiness	Assess lung sounds	Assess lung sounds	Kidney/liver function; check RBC	Assess the heart rate; Assess the lung sounds
Client Teaching needs (2)	Call provider if a patient has a seizure,	Can be taken with or without food; take a	Do not drink alcohol while on the	Avoid taking aspirin unless	Give all information to the provider

	running a high fever, sweating, confusion	regular tablet with a full glass of water	medication; urination problems	your doctor tells you to; avoid drinking alcohol	about allergic reactions; drinking to much fluid can be unsafe
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(Drugs.com/ Prescription Drug Information, Interactions & Side Effects, 2018)

Medications Reference (1) (APA):

Drugs.com/ Prescription Drug Information, Interaction & Side Effects. (2018). Drugs.com.

Retrieved February 7, 2020, from <https://drugs.com/>

Assessment

Physical Exam (18 points)

GENERAL (0.5 point): Alertness: Orientation: Distress: Overall appearance:	Alert A/O x4 No visible signs of distress noted. Appropriate for time and place
INTEGUMENTARY (2 points): Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds/Incision: . Braden Score:	Pink Intact/Dry Warm Elastic No rashes are present No bruises are present 1 incision on the lower abdomen from having a cesarean

Drains present: Y <input type="checkbox"/> N <input type="checkbox"/> Type:	23 No N/A
HEENT (0.5 point): Head/Neck: Ears: Eyes: Nose: Teeth:	Symmetrical, Normocephalic, no deviations TM pearly, symmetrical PERAL and six cardinal fields of gaze exhibited Patent, no deviated septum, drainage No signs of dental carries, moist, pink, and 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: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input type="checkbox"/> Edema Y <input type="checkbox"/> N <input type="checkbox"/> Location of Edema:	S1 and S2 present, no S3 or S4 present Normal Sinus Rhythm 2+ Less than 3 seconds No Yes Lower extremities, especially in the feet
RESPIRATORY (1 points): Accessory muscle use: Y <input type="checkbox"/> N <input type="checkbox"/> Breath Sounds: Location, character	No Anterior and Posterior lobes are clear and diminished bilaterally
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:	Regular Regular 5' 1.5" 194 lbs. (89.4 kg) Hyperactive bowel sounds in all four quadrants Last BM: 2/1/2021 No presence of masses, slight pain at the incision sight Some distention from having the cesarean Incision is clean, no drainage, no odor, no redness, dressing is dry and intact No scars are present No drains present No wounds present
GENITOURINARY (5 Points): Fundal Height & Position: Bleeding amount:	1 cm below umbilicus and midline Scant (<2.5 cm on pad/ hour)

<p>Lochia Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input type="checkbox"/> Type: Size: Rupture of Membranes: Time: Color: Amount: Odor: Episiotomy/Lacerations:</p>	<p>Rubra Clear/ Yellow 700 mL No No abnormalities No N/A N/A 2/1/2021 1225 Clear Moderate Normal The patient had a cesarean performed.</p>
<p>MUSCULOSKELETAL (2 points): ADL Assistance: Y <input type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input type="checkbox"/> Fall Score: Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	<p>No No Not a fall risk (0) Independent Yes No No</p>
<p>NEUROLOGICAL (1 points): MAEW: Y <input type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC: DTRs:</p>	<p>Yes Yes Yes Both A/O x4 Alert and Orientated Clear Intact Alert Normal</p>
<p>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):</p>	<p>Is spending time with the husband and dogs and relaxing when able. BSN in Communication No religion was mentioned during time of assessment The patient lives at home with her husband and two dogs. The husband is supportive, the couple lives in a rural town, and the family structure is stable. Her parents and husband's</p>

	parents are available as family support for the couple.
DELIVERY INFO: (1 point) Delivery Date: Time: Type (vaginal/cesarean): Quantitative Blood Loss: Male or Female Apgars: Weight: Feeding Method:	2/1/2021 1041 Cesarean 836 cc Female 1 minute: 1 5 minutes: 6 10 minutes: 9 7 pounds and 9 ounces Breastfeeding with a nipple shield

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	101	137/87	16	36.4°C (97.5°F)	97% RA
Labor/Delivery	100	103/66	18	36.3°C (97.3°F)	94% RA
Postpartum	101	120/70	16	36.8°C (98.3°F)	98% RA

Vital Sign Trends:

At the prenatal time, vitals were staying stable, with the pulse being slightly out of range. At the time of labor and delivery, the patient’s vitals were within range. Postpartum vital signs for the patient were within normal limits, besides the pulse being slightly elevated.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1505	Numeric 0-10	Incision site due to having a cesarean	4 out 10	Aching and tightness	PRN pain medication was given
1605	Numeric 0-10	Incision site due to having a cesarean	0 out of 10	With the patient’s pain level being a 0 out of 10, the patient has no characteristics.	With no pain characteristics and the patient not having pain at this time, no intervention is implemented.

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 18 gauge Location of IV: Right Hand Date on IV: 2/1/2021 Patency of IV: Patent Signs of erythema, drainage, etc.: N/A IV dressing assessment: Clean, dry, and intact	Saline Lock

Intake and Output (2 points)

Intake	Output (in mL)
Intake was not noted.	700 mL of urine

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.
Patient has PRN pain medications that she may ask for if her pain level gets to	The pain medication is PRN, which	To ensure S.G.’s pain is adequately managed so that she can take of her newborn.

unbearable (T).	means the patient can only get the medication every so often.	
Checking for the fundus height (N).	When the next shift nurse comes into their assessment.	To ensure that the fundus is descending back into the pelvis.
Breastfeeding (N)	When infant is feeding or when mom has a question about breastfeeding.	To ensure that the infant is latching correctly to the nipple, the mother is holding the infant correctly to make breastfeeding more effective and check the mother and infant's bonding.
Bathing the infant (N).	One to three times a week	We are educating the mom on how often to bathe the newborn. To be sure that the newborn's skin does not become too dry and irritated from being washed too often.

Phases of Maternal Adaptation to Parenthood (1 point)

What phase is the mother in? S.G. is in the taking-in phase.

What evidence supports this? She shows interest in being involved in the babies' care. S.G. focuses on her eating habits, so when she goes home to breastfeed, S.G. is making enough.

Discharge Planning (2 points)

Discharge location: They will go home with husband.

Equipment needs (if applicable): They will need a breast pump.

Follow up plan (include plan for mother AND newborn): The follow-up plan includes the newborn will need an appointment with a pediatrician. The mother's 6-week postpartum appointment will also need to be scheduled.

Education needs: When the baby is sleeping, the mother needs to sleep and rest. She cannot lift more than what the baby weighs for the first couple of weeks. She needs to avoid tubs and swimming until after a postpartum checkup. Nothing can be anything placed in the vagina until after the postpartum appointment. She needs to avoid driving for one to two weeks, have good nutrition, and drink plenty of fluids. If the mother has any questions about discharge instructions, call the provider’s office.

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

<p>Nursing Diagnosis (2 pt each) Identify problems that are specific to this patient. Include full nursing diagnosis with “related to” and “as evidenced by” components</p>	<p>Rational (1 pt each) Explain why the nursing diagnosis was chosen</p>	<p>Intervention/Rational (2 per dx) (1 pt each) Interventions should be specific and individualized for his patient. Be sure to include a time interval such as Assess vital signs q 12 hours.” List a rationale for each intervention and using APA format, cite the source for your rationale.</p>	<p>Evaluation (1 pt each)</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. Risk for Infection as related to having a cesarean as evidenced by the incision on the lower abdomen.</p>	<p>Cesarean mothers are at increased risk for infections due to being surgically cut open to have a baby delivered.</p>	<p>1. Assess signs and symptoms of infection (Wayne et al., 2016) Rationale: When a patient has an increase in WBC, elevated temperature, and pulse these are signs for infection (Wayne et al., 2016) 2. Carry out preoperative skin preparation; scrub according to protocol Rationale: Decreases risk of contaminants entering the operative site, reducing risk of (Wayne et al., 2016) preoperative infection (Wayne et al.,</p>	<p>The patient will be responding by not showing no signs or symptoms of infection.</p>

		2016).	
<p>2. Risk for Acute Pain related to having a cesarean as evidenced by patient's pain being a 4 out of 10 on the numeric scale at the incision site.</p>	<p>During the assessment patient stated she was in pain at the incision site with her pain being a 4 out of 10 on the numeric scale. Her pain was achy and tightness at the incision site.</p>	<p>1. Assess location, nature, and duration of pain, especially as it relates to the indication for cesarean birth (Wayne et al., 2016). Rationale: Indicates the suitable choice of treatment (Wayne et al., 2016). 2. Educate proper relaxation techniques; position for comfort as possible (Wayne et al., 2016). Rationale: May help decrease anxiety and tension, promote comfort, and enhance sense of well-being (Wayne et al., 2016).</p>	<p>That patient will report pain to the nurse, so that the nurse can place interventions accordingly to patient's needs of pain.</p>
<p>3. Deficient Knowledge related to being first time mom as evidenced by patient asking plenty of questions to get all the necessary information.</p>	<p>The patient is a first-time mom and is not for sure of what all knowledge she needs to take care of a newborn.</p>	<p>1. Encourage couple to ask questions and verbalize their understanding on the matter (Wayne et al., 2016) Rationale: Provides the opportunity to assess and evaluate patient's or couple's understanding of the situation (Wayne et al., 2016) 2. Further stress anticipated sensations during delivery and recovery period (Wayne et al., 2016). Rationale: Having knowledge about possible outcomes helps prevent unnecessary anxiety (Wayne et al., 2016).</p>	<p>The newborn's mother and father will ask plenty of questions about the care of their newborn and the care of the mother and her postoperative cesarean care.</p>
<p>4. Ineffective breastfeeding related to baby having</p>	<p>During attempts of breastfeeding baby is having</p>	<p>1. Assess the mother and baby during times of breastfeeding. Rationale: To be able to</p>	<p>Mother and infant will show effective breastfeeding methods independently.</p>

<p>a rough time latching as evidenced by mother needing to use a nipple shield.</p>	<p>trouble latching on to mom without a nipple shield.</p>	<p>help mother out with any complications during the time of feeding her newborn (Ricci et al., 2021). 2. Assess the infant for any complications while nursing. Rationale: While the infant may have troubles latching on to the breast. The nurse wants to assess to be sure the infant does not have any delays that are affecting the breastfeeding as well (Ricci et al., 2021).</p>	
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Other References (APA)

Ricci, S. S., Kyle, T., & Carman, S. (2021). *Maternity and pediatric nursing* (4th ed.). Wolters Kluwer.

Wayne, G., BSN, & R.N. (2016, September 25). *10 Cesarean Birth Nursing Care Plans*.

Nurselabs. Retrieved on February 8, 2021, from <https://nurseslabs.com/cesarean-birth-nursing-care-plans/6>.