

N432 Postpartum Care Plan
Lakeview College of Nursing
Nikki Brown

Demographics (3 points)

| | | | |
|--|-----------------------------------|-----------------------------------|---|
| Date & Time of Admission 6/16/21 | Patient Initials SP | Age 33 | Gender F |
| Race/Ethnicity White | Occupation Not employed | Marital Status Married | Allergies Ceclor, Lovenox, Augmentin |
| Code Status Full | Height 5'5" | Weight 282lbs (127.9kg) | Father of Baby Involved Yes |

Medical History (5 Points)

Prenatal History: 12/7/20 prenatal care started. Gestational diabetes in pregnancy 4/20/21 (this pregnancy). Chronic hypertension, history of 2 cesarian sections, cold sore, history of gastric bypass, morbid obesity w/BMI of 40.0-44.9 (adult should be <40.) GTPAL: Gravida 3, Term 3, Living 3, Livebirth 3.

Past Medical History: Allergic rhinitis, anxiety, asthma, depression, HTN, sleep apnea syndrome, and vitamin D deficiency.

Past Surgical History: Adenoidectomy, C-sectionx2, colposcopy, gastric sleeve, myringotomy w/tubes, wisdom tooth extraction.

Family History: unknown

Social History (tobacco/alcohol/drugs): Former smoker, cigarettes, quit 11/1/15 5.6 years ago. Uses vape "some days." Drinks one can of beer per week. No birth control protection, sexually active.

Living Situation: unknown

Education Level: unknown

Admission Assessment

Chief Complaint (2 points): Scheduled repeat cesarian section

Presentation to Labor & Delivery (10 points):

Diagnosis

Primary Diagnosis on Admission (2 points): Scheduled repeat cesarian section

Secondary Diagnosis (if applicable): N/A

Postpartum Course (18 points)

Postpartum Course References (2) (APA):

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 | 3.50-5.20 | 4.41 | 4.03 | 4.03 | Within normal limits |
| Hgb | 11-16 | 12.9 | 12.1 | 12.1 | Within normal limits |
| Hct | 34-47 | 39.2 | 37 | 37 | Within normal limits |
| Platelets | 140-400 | 253 | 217 | 217 | Within normal limits |
| WBC | 4-11 | 6.89 | 9.87 | 9.87 | Within normal limits |
| Neutrophils | 1.60-7.70 | 4.57 | 7.15 | 7.15 | Within normal limits |
| Lymphocytes | 1-4.9 | 1.74 | 1.95 | 1.95 | Within normal limits |
| Monocytes | 0-1.1 | 0.42 | 0.70 | 0.70 | Within normal limits |
| Eosinophils | 0-0.5 | 0.11 | 0.03 | 0.03 | Within normal limits |
| Bands | 0-2 | N/A | N/A | N/A | Within normal limits |

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 | O+ | O+ | O+ | Within normal limits |
| Rh Factor | +/- | Pos. >20 | Pos. >20 | Pos. >20 | Within normal limits |
| Serology (RPR/VDRL) | Nonreactive | Nonreactive | Nonreactive | Nonreactive | Within normal limits |
| Rubella Titer | Pos. | 122.80 | N/A | N/A | If samples are greater than or equal to 100 IU/mL are considered pos. for IgG antibodies to rubella virus. |
| HIV | Nonreactive | Nonreactive | N/A | N/A | Within normal limits |
| HbSAG | Nonreactive | Nonreactive | N/A | N/A | Within normal limits |
| Group Beta Strep Swab | +/- | Pos. | Pos. | Pos. | This means that the mother has the bacteria in her body that can cause meningitis. |
| Glucose at 28 Weeks | <140 | 85 | 71 | 71 | Within normal limits |
| MSAFP (If Applicable) | 0.5-2.0 | N/A | N/A | N/A | Not tested |
| | | | | | |
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| | | | | | |

Additional Admission Labs Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

| Lab Test | Normal Range | Prenatal Value | Value on Admission | Today's Value | Reason for Abnormal |
|----------|--------------|----------------|--------------------|---------------|----------------------|
| LDH | 84-246 | 175 | 229 | 229 | WNL |
| COVID | Not Detected | N/A | Not Detected | N/A | Within normal limits |
| Calcium | 8.4-10.2 | 9.6 | 9.6 | 9.6 | Within normal limits |
| Albumin | 3.5-5.0 | 4.1 | 3.6 | 3.6 | Within normal limits |

| | | | | | |
|-----------------|---------|-----|-----|-----|----------------------|
| BUN | 7-25 | 8 | 7 | 7 | Within normal limits |
| Total Bilirubin | 0.2-1.3 | 0.4 | 0.3 | 0.3 | Within normal limits |
| Potassium | 3.5-5.1 | 3.5 | 4.2 | 4.2 | Within normal limits |

Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

| Test | Normal Range | Prenatal Value | Value on Admission | Today's Value | Explanation of Findings |
|----------------------------------|--------------|----------------|--------------------|---------------|-------------------------|
| Urine Creatinine (if applicable) | 0-254mg | 195mg | 68.40mg | 68.40mg | Within normal limits |

Lab Reference **(1)** (APA):

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

| | Your Assessment |
|---|---|
| History of labor: Length of labor Induced /spontaneous Time in each stage | Labor started at 0927 and ended at 0928 due to patient having a cesarian section. Patient had an elective c-section due to already having previous c-sections. She also has gestational diabetes mellitus and chronic hypertension. |
| Current stage of labor | Current stage of labor is 4 th stage postpartum (Ricci et al., 2017). |

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| | <p>The patient is approximately five hours postpartum, and her vital signs are stable and within normal limits. Uterus is firm and -1 under umbilicus. Lochia is rubra and scant. The client is feeding the newborn every 2-3 hours. Mother is awake and alert.</p> |
|--|--|

Stage of Labor References (2) (APA):

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

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

Home Medications (2 required)

| | | | | | |
|----------------------------|--|--|--|--|--|
| Brand/Generic | | | | | |
| Dose | | | | | |
| Frequency | | | | | |
| Route | | | | | |
| Classification | | | | | |
| Mechanism of Action | | | | | |
| Reason Client | | | | | |

| | | | | | |
|---|--|--|--|--|--|
| Taking | | | | | |
| Contraindications (2) | | | | | |
| Side Effects/Adverse Reactions (2) | | | | | |
| Nursing Considerations (2) | | | | | |
| Key Nursing Assessment(s)/Lab(s) Prior to Administration | | | | | |
| Client Teaching needs (2) | | | | | |

Hospital Medications (5 required)

| | | | | | |
|----------------------------|-------------------------|-----------|--|--|-----------|
| Brand/Generic | Enoxaparin (Lovenox) | Labetalol | Ibuprofen | Acetaminophen (Tylenol Extra Strength) | Buspirone |
| Dose | 40mg | 200mg | 600mg | 500mg | 10mg |
| Frequency | Q12h | BID | Q6h | Q4h PRN | BID |
| Route | SubQ | PO | PO | PO | PO |
| Classification | | | Nonsteroidal anti-inflammatory (NSAID) | | |
| Mechanism of Action | | | It works by reducing hormones that cause | | |

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|---|--|--|---|--|--|
| | | | inflammation and pain in the body. | | |
| Reason Client Taking | | | Pain and inflammation | | |
| Contraindications (2) | | | known hypersensitivity to ibuprofen. Known allergies to NSAID's | | |
| Side Effects/Adverse Reactions (2) | | | hemorrhage, vomiting, anemia, decreased hemoglobin, eosinophilia, and hypertension. | | |
| Nursing Considerations (2) | | | History: Allergy to ibuprofen, salicylates or other NSAIDs; CV dysfunction, hypertension; peptic ulceration, GI bleeding; impaired hepatic or renal function; pregnancy; lactation Physical: Skin color, lesions; T; orientation, reflexes, ophthalmologic evaluation, audiometric evaluation, | | |

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|---|--|--|--|--|--|
| | | | peripheral sensation; P, BP, edema | | |
| Key Nursing Assessment(s)/Lab(s) Prior to Administration | | | liver evaluation, bowel sounds; CBC, clotting times, urinalysis, LFTs, renal function tests, serum electrolytes | | |
| Client Teaching needs (2) | | | Use drug only as suggested; avoid overdose. Take the drug with food or after meals if GI upset occurs. Do not exceed the prescribed dosage. Avoid over-the-counter drugs. Many of these drugs contain similar medications, and serious overdose can occur. | | |

Medications Reference (1) (APA):

Assessment

Physical Exam (18 points)

| | |
|---|---|
| <p>GENERAL (0.5 point): Alertness: Orientation: Distress: Overall appearance:</p> | <p>Alert and oriented x3, person, place, and time. Overall comfortable, does not appear to be in distress. Just completed her first shower after birth. Well nourished and well groomed.</p> |
| <p>INTEGUMENTARY (2 points): Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds/Incision: . Braden Score: 21 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p> | <p>Skin is pink, warm, and dry. No rashes or bruises seen. Patient has horizontal incision post c-section. The incision had two small openings that were taped together with steri-strips from primary nurse. Braden score 21.</p> |
| <p>HEENT (0.5 point): Head/Neck: Ears: Eyes: Nose: Teeth:</p> | <p>Head symmetrical without lesions or bumps. Hair is well maintained. Ears are clear and free of cerumen; patient has good hearing. Nasal canal is clear and free of bleeding, polyps, and exudate. Eyes are symmetrical, sclera white, conjunctiva pink. Mouth and teeth are normal.</p> |

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|---|---|
| <p>CARDIOVASCULAR (2 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 checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema:</p> | <p>Normal sinus rhythm. Clear S1 and S2 with no additional heart sounds. Normal heart rate and rhythm. Pulses bilaterally are 2+, capillary refill is normal and less than 3 seconds. No edema present.</p> |
| <p>RESPIRATORY (1 points): Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p> | <p>.Breath sounds are clear with no adventitious sounds. Chest rises and falls symmetrically.</p> |
| <p>GASTROINTESTINAL (2 points): Diet at Home: Current Diet: Height: Weight: Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds:</p> | <p>Regular diet at home. Currently on a regular diet. Normal bowel sounds in all four quadrants. Horizontal incision inspected from cesarian section. No distention, drains, or wounds present. Abdomen is soft and nontender. Negative for diarrhea, heartburn, nausea, and vomiting. Positive for passing flatus. Last bowel movement was this morning.</p> |
| <p>GENITOURINARY (3 Points): Fundal Height & Position: Bleeding: Lochia Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size: Rupture of Membranes: Time: Color: Amount: Odor: Episiotomy/Lacerations:</p> | <p>Fundal height is -1 below the umbilicus, no bleeding upon fundal massage, lochia was rubra. Urine is yellow and clear, no pain with urination, genitals are normal. No catheter present. Patient had cesarian AROM.</p> |
| <p>MUSCULOSKELETAL (2 points):</p> | <p>Extremities warm with no numbness or paralysis.</p> |

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|---|---|
| <p>ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Fall Risk: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Fall Score: 0</p> <p>Activity/Mobility Status:</p> <p>Independent (up ad lib) <input type="checkbox"/></p> <p>Needs assistance with equipment <input type="checkbox"/></p> <p>Needs support to stand and walk <input type="checkbox"/></p> | <p>Active ROM in all extremities. Client gets out of bed independently as well as performs ADLs.</p> |
| <p>NEUROLOGICAL (1 points):</p> <p>MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>PERLA: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no -</p> <p>Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input checked="" type="checkbox"/></p> <p>Orientation:</p> <p>Mental Status:</p> <p>Speech:</p> <p>Sensory:</p> <p>LOC:</p> <p>DTRs:</p> | <p>Alert and oriented x3, person, place, and time. Speech is clear. Posture is normal. LOC is alert. DTR are +2.</p> |
| <p>PSYCHOSOCIAL/CULTURAL (2 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>.Appropriate coping mechanisms. Asks questions and for direction from nurse and HCP when she needs help. Husband in room with her all day helping to care for the baby.</p> |
| <p>DELIVERY INFO: (2 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>06/16/21 0927 Cesarian section No blood loss Male baby 1 min=8, 5 min=9 7 lbs 7.9 oz (3399g) Breast feeding, pumping, and formula supplementation.</p> |

Vital Signs, 3 sets (5 points)

| Time | Pulse | B/P | Resp Rate | Temp | Oxygen |
|-----------------------|-------|---------|-----------|-----------|-----------|
| Prenatal | 105 | 140-186 | Not taken | Not taken | Not taken |
| Labor/Delivery | 85 | 123/83 | 18 | 98.8 | N/A |

| | | | | | |
|-------------------|----|--------|----|------|----|
| | | | | | |
| Postpartum | 88 | 138/86 | 16 | 98.4 | 98 |

Vital Sign Trends:

Pain Assessment, 2 sets (2 points)

| Time | Scale | Location | Severity | Characteristics | Interventions |
|-------------|--------------|--------------------|-----------------|------------------------|----------------------|
| 0915 | Numeric | Back | 5 | Ache | Ibuprofen |
| 1500 | Numeric | Abdominal and back | 5 | Ache | Ibuprofen |

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 Lower right forearm 6/16/21 @ 0600 Flushes w/o difficulty No signs of erythema or drainage Dry and intact Saline Lock |

Intake and Output (2 points)

| Intake | Output (in mL) |
|--|-----------------------|
| Patient eating regularly. No IV fluids | 500mL |

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.) | | |
| | | |
| | | |
| | | |
| | | |

Phases of Maternal Adaptation to Parenthood (1 point)

What phase is the mother in? Taking-hold phase

What evidence supports this? The mother is explaining to us the needs and wants of her baby and how she is handling them by what she thinks is best.

Discharge Planning (2 points)

Discharge location: Home

Equipment needs (if applicable): Breast pump.

Follow up plan (include plan for mother AND newborn): 6-week appointment with pediatrician to follow up.

Education needs: This is the mothers third child and is doing well with baby. Can reeducate on safety at home.

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 (2 pts 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 acute pain related to cesarian section as evidence by incision.</p> | <p>Incision from c-section can cause pain during the healing process.</p> | <p>1.Assess location, duration, and nature of pain. Rationale: can help indicate suitable choice for treatment (Martin, 2021). 2.Educate proper relaxation techniques. Rationale: May help in decreasing anxiety (Martin, 2021).</p> | <p>The patient and husband responded well to the interventions and attempted relaxation techniques as instructed.</p> |
| <p>2. Risk for infection related to invasive procedure as evidence by incision.</p> | <p>Patient has a healing incision on abdomen, and it can become infected.</p> | <p>1. Assess for signs and symptoms of infection. Rationale: Infection can cause serious complications and impair wound healing (Martin, 2021). 2.Provide perineal care Rationale: Decreases the risk for ascending infection (Martin, 2021).</p> | <p>Patient and husband know to watch for signs and symptoms of infection and report immediately.</p> |
| <p>3. Risk for low self-esteem related to cesarian section as evidence by body changes.</p> | <p>After a cesarian section the body takes time to recover and can be a difficult change.</p> | <p>1. Ascertain patient’s unusual feelings about self and pregnancy. Rationale: cesarian section has the potential to change the way one sees themselves (Martin, 2021) 2. Allow patient to verbalize feelings and thoughts. Rationale: Self-image</p> | <p>Patient identifies and discusses negative feelings. Patient verbalizes confidence in herself and her abilities.</p> |

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| | | related to disappointment in the birth experience may interfere with postpartal activities (Martin, 2021). | |
| 4. Sensory/perceptual alterations related to increased number of personnel as evidence by irritability. | Patient can become irritable if numerous people come in and out of the room affecting her sleep. | <p>1. Decrease noise levels and limit conversations. Rationale: Limit unnecessary anxiety (Martin, 2021).</p> <p>2. Consider eliminating additional personnel. Rationale: Avoid interruption into personal space, which could increase anxiety (Martin, 2021).</p> | Patient was accepting of the interventions and appreciative. Patient appears appropriately relaxed. |

Other References (APA)

Martin, P. (2021, June 11). *Nursing Guides, Care Plans, NCLEX Practice Questions*. Nurseslabs. <https://nurseslabs.com/>.