N432 Postpartum Care Plan

Lakeview College of Nursing

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Demographics (3 points)

Date & Time of Admission	Patient Initials	Age	Gender
9/6/21 0805	J.F	32 y/o	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Unemployed	Married	No known allergies
Code Status	**Height**	**Weight**	**Father of Baby Involved**
Full code	162.6 cm	62.1 kg	Yes

Medical History (5 Points)

Prenatal History: G2T2P0A0L2. Polyhydramnios in current and previous pregnancy.

Previous pregnancy occurred two years ago; labor was successful.

Past Medical History: None reported

Past Surgical History: None reported

Family History: None reported

Social History (tobacco/alcohol/drugs): Denies any use of alcohol, tobacco, and recreational drugs.

Living Situation: Lives at home with spouse and child.

Education Level: Patient graduated from college.

Admission Assessment

Chief Complaint (2 points):Induction of labor

Presentation to Labor & Delivery (10 points): 32 y/o woman presented to the ER on 9/6/21 and was admitted for the induction of labor at 39 weeks 5 days. Patient denied any bleeding, headache, and vision changes. Fetal movement was observed. Patient diagnosed with polyhydramnios at 37 weeks and reported recurrent urinary tract infections during

pregnancy. Patient tested positive for GBS in the 3rd trimester, however tested negative after treatment.

Diagnosis

Primary Diagnosis on Admission (2 points):Induction of labor

Secondary Diagnosis (if applicable):Polyhydramnios

Postpartum Course (18 points)

The patient is in the subacute postpartum period as the patient gave birth at least 48 hours ago. The patient did not have a lot of abnormal findings in the postpartum course. The patient's lab did show a slight increase in WBC count during prenatal and admissions; however, this is normal as WBC can increase during times of stress (Capriotti, 2020, p. 247). The patient is recovering well and has minimal abnormal findings. The patient's labs mainly were all within limits, and delivery was suitable. Upon assessment, the patient's fundus was firm and was in the midline 2cm below the umbilicus, and the patient's bleeding was light and was a dark red color, and they reported no pain. All findings are specific physiological adaptations.

The patient is in the taking-hold phase of the maternal adaptation process. This phase is defined by the mother's desire for autonomy while caring for her newborn (Ricci et al., 2020). This phase is expressed when the patient shows concern for both her and her baby's vitals.

The mother is learning to control her body's function by asking the nurse to watch her baby while she urinates and questions her lochia. The patient is increasing her independence while learning to care for her newborn. The risk factors for postpartum hemorrhage include retained placental fragments, precipitous labor (lasting less than 30 hours), and labor induction (Ricci et al., 2020). The patients did have induced work, and the total delivery time was a little over 3 hours at 3 hours 19 mins, indicating little to no risk for postpartum hemorrhage.

Risk factors for postpartum infection include a history of diabetes, prolonged labor, indwelling catheter use, prolonged rupture of membranes, anemia, and a compromised immune system (Ricci et al., 2020). Based on the patient's past medical history, there are no indications for risk of infection. However, the patient should be cautious to monitor the following signs and symptoms of postpartum infection: body aches, chills, fever, nausea, and leukocytosis. The patient's WBC and lymphocytes presented an increase; however, the results are expected after postpartum, as stressful events can cause an increase in white blood cells (Capriotti, 2020). The risk factors for postpartum mood disorder are decreased social support system, history of previous depressive disorder, and other medical conditions (Barlow et al., 2019). The patient's past medical history report no ailments that may contribute to developing a mood disorder. The patient also reports having a sound support system.

Postpartum Course References (2) (APA):

Capriotti, T., & Frizzell, J.P. (2020). ***Pathophysiology: Introductory Concepts and Clinical Perspectives*** **(2nd ed.). F.A. Davis Company.**

Barlow, M., Holman, H., Johnson, J., McMichael, M, Sommer, S., Wheless, L., Wilford, K., & Williams, D. (2019). ATI: RN *Maternal newborn nursing* (11th ed.). Assessment Technologies Institute, LLC.

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

Laboratory Data (15 points)

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

Lab	Normal Range	Prenatal Value	Admission Value	Today's Value	Reason for Abnormal Value
RBC	3.90-4.98	4.00	3.99	n/a	n/a
Hgb	12.0-15.5	12.2	11.6	n/a	n/a
Hct	35-45	37.3	34.8	n/a	n/a
Platelets	140-400	250	203	n/a	n/a
WBC	4.0-9.0	9.0	9.4	n/a	Pt. is postpartum and extreme stress can stimulate the rise in the number of WBCs in the bloodstream" (Capriotti, 2020, p. 247).
Neutrophils	40-70	66.2	68.7	n/a	n/a
Lymphocytes	10-20	20.1	22.2	n/a	Pt. is postpartum and extreme stress can stimulate the rise in the number of WBCs in the bloodstream" (Capriotti, 2020, p. 247).
Monocytes	4.4-12.0	4.7	7.9	n/a	n/a
Eosinophils	0-6.3	0.6	0.6	n/a	n/a
Bands	0-5.1	n/a	n/a	n/a	n/a

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

Lab Test	Normal Range	Prenatal Value	Value on Admission	Today's Value	Reason for Abnormal
Blood Type	**A+ A- B+ B AB+ AB- O+ O-**	**O+**	**O+**	**O+**	**n/a**
Rh Factor	**+ / -**	**+**	**+**	**+**	**n/a**
Serology (RPR/VDRL)	**+ / -**	**RPR +**	**RPR +**	**RPR** +	**n/a**
Rubella Titer	**+ / -**	**+**	**+**	**+**	**n/a**
HIV	**+ / -**	**-**	**-**	**-**	**n/a**
HbSAG	**+ / -**	**-**	**-**	**-**	**n/a**
Group Beta Strep Swab	**+ / -**	**+**	**+**	**+**	**n/a**
Glucose at 28 Weeks	**<140**	**73**	**n/a**	**n/a**	**n/a**
MSAFP (If Applicable)	**0.5 to 2.0 or 2.5 MoM**	**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**

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-19	**-**	**-**	**-**	**n/a**	**n/a**
n/a	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
n/a	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
n/a	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**

n/a	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
n/a	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
n/a	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**

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

Test	Normal Range	Prenatal Value	Value on Admission	Today's Value	Explanation of Findings
Urine Creatinine (if applicable)	**0.4 to 0.8 mg/dl.**	**n/a**	**n/a**	**n/a**	**n/a**

Lab Reference (1) (APA):

Lakeview College of Nursing, "Tab: Diagnostics: Lab"

Capriotti, T., & Frizzell, J.P. (2020). ***Pathophysiology: Introductory Concepts and Clinical Perspectives*** **(2nd ed.). F.A. Davis Company.**

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

	Your Assessment
History of labor: **Length of labor** **Induced /spontaneous**	**3 hours 19 minutes** **Induced** **Stage 1: 3 hours 9 minutes**

Time in each stage	**Stage 2: 6 minutes** **Stage 3: 4 minutes** **The total length of the patient labor was 3 hours and 19 minutes. Delivery was induced. The first stage of labor lasted 3 hours and 9 minutes. During this time, cervical dilation begins in its latent phase, where mild contractions start. The cervix dilates 6-10 cm during the active phase, and contractions are moderate to palpitation. The patient spent 6 minutes in stage two. This stage focuses on pushing the baby out and starts with 10cm cervical dilation. Longer durations in stage two are associated with adverse maternal outcomes. The patient, however, spent less time in the stage, timing at 6 minutes. The third stage of labor is newborn birth and placental separation. Postpartum hemorrhage is most likely to occur in this stage; however, it can be prevented with active interventions. The patient was successful, and no hemorrhage was reported. The patient spent 4 minutes in this stage.**
Current stage of labor	**The patient is currently in stage four of labor, postpartum. The mother has given birth, expelled the placenta, and is recovering. The mother had an episiotomy, and the fundus and lochia were observed. Upon current assessment, the**

	fundus is firm and 2 cm below the midline, 48 hours postpartum. The lochia is light flow and dark red. The mother's vital signs postpartum were decreasing and stabilizing to its baseline within defined limits. The mother is recovering well, and is postpartum physiological adaptations are taking place.

Stage of Labor References (2) (APA):

Barlow, M., Holman, H., Johnson, J., McMichael, M, Sommer, S., Wheless, L., Wilford, K., & Williams, D. (2019). ATI: RN *Maternal newborn nursing* (11th ed.). Assessment Technologies Institute, LLC.

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

Home Medications (2 required)

Brand/Generic	**Pepcid / famotidine**	**Prenatal Plus (Calcium carbonate) / prenatal vitamin**	**n/a**	**n/a**	**n/a**
Dose	**20 mg**	**27 mg**	**n/a**	**n/a**	**n/a**
Frequency	**1x daily**	**1x daily**	**n/a**	**n/a**	**n/a**
Route	**PO**	**PO**	**n/a**	**n/a**	**n/a**

Classification	**Histamine H2 antagonists**	**Vitamin and mineral combination**	**n/a**	**n/a**	**n/a**
Mechanism of Action	**Blocks H2 blockers inhibit gastric acid secretion**	**Provides nutrients for developing baby decreasing serious birth defects**	**n/a**	**n/a**	**n/a**
Reason Client Taking	**Acid reflux**	**Pregnancy**	**n/a**	**n/a**	**n/a**
Contraindications (2)	**Hypersensitivity, lactation**	**Gastritis, hemolytic anemia**	**n/a**	**n/a**	**n/a**
Side Effects/Adverse Reactions (2)	**Constipation, nausea**	**Constipation, upset stomach**	**n/a**	**n/a**	**n/a**
Nursing Considerations (2)	**May cause arrythmias, do not take with hepatic impairment**	**Administer prescribed dosage, monitor for signs and symptoms of overdose**	**n/a**	**n/a**	**n/a**
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Monitor for hypersensitivity, Asses gastric pH**	**Assess electrolyte balance, asses for vitamin deficiency**	**n/a**	**n/a**	**n/a**
Client Teaching needs (2)	**Increase fluid and fiber to prevent constipation, administer drug at bedtime**	**Do not take more than prescribed dose, avoid taking other multivitamins**	**n/a**	**n/a**	**n/a**

Hospital Medications (5 required)

Brand/Generic	**Colace / docusate sodium**	**Motrin / ibuprofen**	**Pitocin / oxytocin**	**Tucks / witch hazel topical**	**Lanolin / lanolin topical**
Dose	**100 mg**	**800 mg**	**60 – 300 mL /hr**	**5% lidocaine**	**100% lanolin**
Frequency	**2x daily**	**2x daily, PRN**	**continuous**	**1x hr, PRN**	**1x hour, PRN**
Route	**PO**	**PO**	**IV**	**topical**	**topical**
Classification	**Surfactant**	**Analgesic/ NSAID**	**Oxytocic hormones**	**Anesthetics**	**Emollients**
Mechanism of Action	**Soften stools by decreasing surface tension between water and oil in feces**	**Blocks the enzyme cyclooxygenase and inhibits the synthesis of prostaglandins which decreases inflammation, pain, and vasodilation**	**Increases the concertation of calcium inside muscle cells in the uterus causing contractions**	**Pramoxine numbs the skin by blocking pain and itching**	**Decreases trans epidermal water loss by forming an occlusive oil film in the stratum corneum**
Reason Client Taking	**Relieve constipation**	**Relieve pain**	**To induce labor**	**Relieve hemorrhoids, bleeding, skin irritation**	**Relieve dry skin**
Contraindications (2)	**Fecal impaction, undiagnosed abdominal pain**	**Pregnant women at 30 weeks gestations due to the risk of premature closure of ductus arteriosus, GI bleedings**	**Fetal distress, placenta previa**	**Hypersensitivity to pramoxine, severely broken skin**	**Hypersensitivity to its ingredients, severely broken skin**
Side Effects/Adverse Reactions (2)	**Diarrhea, dizziness**	**Bronchospasms, renal failure**	**Nausea, vomiting**	**Rash, itching**	**Hives, severe burning**
Nursing	**Advise**	**Use with**	**May**	**Consult with**	**Rinse with**

Considerations (2)	**patient to not use docusate when experiencing abdominal pain, Increase fluids and fiber when taking this medication**	**caution with patients with history of GI bleeding, Drug may worsen anemia due to decreased hemoglobin and hematocrit**	**cause ICH in fetus, may cause seizures in mother**	**provider before using alternative medicine to prevent interactions, Educate client on allergic reactions**	**water if lanolin gets in eyes, nose, lanolin can be used on nipples it does not need to be washed off before breast feeding**
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Assess patient's bowel movements, Review patients' electrolytes**	**Asses BP drug may cause hypertension or worsen it, Monitor CBC for decreased hemoglobin and hematocrit**	**Monitor uterine activity, Monitor fetal heart rate**	**Monitor patient skin integrity, monitor for hypersensitivity**	**Monitor patient skin integrity, monitor for hypersensitivity**
Client Teaching needs (2)	**Encourage patient to increase fiber and water intake, educate patient to notify provider when adverse effects such as rectal bleeding occurs**	**Teach patient to take ibuprofen with food, instruct patient to avoid alcohol and corticosteroids when taking ibuprofen**	**Educate patient on the use of Pitocin, educate patient to notify provider when adverse effects occur**	**Educate client on proper usage, ensuring that they don't use too much, Teach client on signs of allergic reaction to tucks**	**Educate client on proper usage, ensuring that they don't use too much, Teach client on signs of allergic reaction to lanolin**

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2019). 2019 Nurse's Drug Handbook. Burlington, MA

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 **Alert and responsive** **ANO x4** **No signs of distress** **Appearance is appropriate**
INTEGUMENTARY (1 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds/Incision:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	 **Skin color usual for ethnicity** **Moist** **Warm** **Elastic turgor** **No rashes** **No bruises** **Wound on perineum** **23** **n/a**
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 **Normocephalic, no deviation of trachea** **No drainage, grey-pink tympanic membrane** **No drainage, symmetrical, pink conjunctiva** **No septum deviation, polyps, turbinate** **Teeth intact, no visible dental caries**
CARDIOVASCULAR (2 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:**	 **Normal S1/S2 heart sounds heard** **No murmur or gallops heard** **Normal steady rate and rhythm** **Peripheral pulses 3+** **Capillary refill 2 sec** **n/a**
RESPIRATORY (1 points):	

Accessory muscle use: Y☐ N ☒ **Breath Sounds: Location, character**	**Respiration pattern is regular** **Bronchovesicular breath sounds heard bilaterally in all 4 quadrants** **Equal lung aeration**
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:**	 **Regular diet at home** **Regular diet** **162.6 cm** **62.1 kg** **Active in all 4 quadrants** **9/05/21** **No pain/masses detected upon palpation** **Skin warm and color usual for ethnicity** **No distention observed** **No incision overserved** **No scars observed** **No drains observed** **No wounds deserved**
GENITOURINARY (2 Points): **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	 **Non observed/reported** **n/a** **Episiotomy red observed** **hemorrhoids observed** **n/a** **n/a**
MUSCULOSKELETAL (1 points): **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score: 0** **Activity/Mobility Status:** **Independent (up ad lib) ☒** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	 **Nail bed pink, capillary refill 2 sec, warm skin** **Radial pulse 2+, pedal pulse 2+** **5 Equal active range of motion against full resistance on all 4 extremities** **Up ad lib** **n/a** **n/a**
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	 **ANO x4** **Normal cognition** **Clear** **Sensory perception appropriate**

DTRs:	**Alert and responsive** **2+ Brisk response**
PSYCHOSOCIAL/CULTURAL (2 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):**	**Seeks support through family members specifically spouse with newborn** **Patient is educated and can read and write** **Patient does not have any religious affiliations** **Patient is interested in alternative and complementary care and plans to raise newborn through traditional methods** **Patient lives with spouse at home along with their 2-year-old son. Patient has a good relationship with spouse and extended family and will assist her in the care of her newborn**
Reproductive: (2 points) **Fundal Height & Position:** **Bleeding amount:** **Lochia Color:** **Character:** **Episiotomy/Lacerations:**	 **Midline 2 cm below the umbilicus** **Light flow** **Rubra, dark red** **Fundus is firm** **Episiotomy slightly inflamed and red**
DELIVERY INFO: (1 point) **Rupture of Membranes:** **Time:** **Color:** **Amount:** **Odor:** **Delivery Date:** **Time:** **Type (vaginal/cesarean):** **Quantitative Blood Loss:** **Male or Female** **Apgars:** **Weight:** **Feeding Method:**	 **Artificial rupture of membranes** **2107** **Clear** **n/a not reported** **n/a not reported** **9/6/21** **2145** **Vaginal** **265 mL** **Male** **1 min: 8, 5 min: 9** **6 lbs. 7.4 oz** **Breastfeeding**

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	**89 bpm**	**114/78** **mmHg**	**18 bpm**	**98.4 F**	**99%**
Labor/Delivery	**90 bpm**	**121/60**	**20 bpm**	**97.8 F**	**100%**

		mmHg			
Postpartum	**61 bpm**	**101/58 mmHg**	**16 bpm**	**97.1 F**	**97%**

Vital Sign Trends:

Vital signs remained relatively normal parameters throughout. Patient's prenatal pulse and respirations were on the higher side, however, were still in expected limits as this may be due to anxiety or excitement. Patient's pulse, respirations, and BP increased during labor and delivery. All findings were in defined limits and a slight increase is normal during labor. The patients' vital signs decreased back down postpartum. The patients' blood pressure declined, however were not significant to suggest shock from blood loss. Vital signs descended back to patients normal levels.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
8:10 am	**numeric**	**uterus**	**0/10**	**n/a**	**n/a**
10:20 am	**numeric**	**uterus**	**0/10**	**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:**	***** patient did not have an IV** **n/a** **n/a** **n/a** **n/a** **n/a**

Intake and Output (2 points)

Intake	Output (in mL)
None reported/observed	None reported/observed

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.
Assessing location, height, and firmness of fundus - N	During 1st hour: Q15 mins During 2nd hour: Q30 mins During first 24 hrs: Q4 hrs After 24 hrs: Q8 hrs	Assessing the fundus postpartum helps determine uterine size, firmness, and the rate in which the uterus is descending and recovering
Assessing and monitor vital signs along with overall physical/psychosocial assessment - N	During 1st hour: Q15 mins During 2nd hour: Q30 mins During first 24 hrs: Q4 hrs After 24 hrs: Q8 hrs	Assessing and monitoring vitals along with a physical assessment ensures that the patient is recovering properly postpartum. Frequent assessment allows close monitoring and abnormalities to be caught early on
Educating patient on what to expect during postpartum recovery - N	Before and after delivery	Educating the patient on what to expect postpartum is important for self-monitoring during recovery phase as well as easing their anxieties on their changing bodies.
Administering pain medication - MT	2x daily, PRN	The administration of pain medications alleviates patient discomfort.

Phases of Maternal Adaptation to Parenthood (1 point)

The patient is in the taking-hold phase as she demonstrated increased autonomy and mastery of her own body's function by expressing interest in her and her newborn's vital signs and asking questions about postpartum bleeding. The patient is showing signs of independent maternal behavior and taking charge of her body's function by asking the nurse to watch her baby while she urinates. The patient is in this phase because she is showing independence by considering her bodily needs, whilst expressing concern of her baby's health.

Discharge Planning (2 points)

Patient will be discharged home today (9/8/21) with spouse. Patient will not be given any specific equipment but will be able to take home diapers and other baby needs. Patient will need a follow up appointment with the provider in 6 weeks and the newborn should have their first visit to the pediatrician 3-5 days after birth. Patient will need to educate on the postpartum after care specifically vaginal bleeding and soreness. Patient should be educated on the use of witch hazel pads (Tucks) to ease and discomfort and advising the patient to monitor and report severe painful vaginal bleeding and signs of infection such as headache and blurred vision. Advising the patient to have multiple rest periods throughout the day and to avoid lifting heavy objects.

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) Identify problems that are specific to this patient. Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational (1 pt each)** Explain why the nursing diagnosis was chosen	**Intervention/Rational (2 per dx) (1 pt. each)** Interventions should be specific and individualized for his patient. Be sure to include a time interval such as Assess vital signs q 12 hours." List a rationale for each intervention and using APA format, cite the source for your rationale.	**Evaluation (2 pts each)** • How did the patient/ family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Risk for infection related to vaginal delivery as evidenced by red, and inflamed episiotomy	**The patient's episiotomy was slightly inflamed and red, which is normal, however the incision is at risk for infection as the vaginal bleeding may cause stasis of blood**	**1. Assess episiotomy site and lochia discharge q 4 hours for signs for separation, purulent drainage, and foul odor Rationale: Monitoring impending signs of infection such as separation of the episiotomy, purulent drainage and foul odor can prevent systematic infections (Barlow et al., 2019).** **2.Teach client on peri care and changing soiled pads frequently as needed before discharge Rationale Educating the client on appropriate handling techniques prevents the spread of infection organisms (Barlow et al., 2019).**	**1. Patient episiotomy healed properly, and infection did not occur due to close observation.** **2. Patient education was successful, patient was able to implement self-care techniques and proper handling of soiled pads, infection was prevented through proper hygiene.**
2. Risk for deficient fluid volume related to	**Upon assessment, the patient's blood amount**	**1. Measure vaginal blood flow by weighing soiled perineal pad by the hour Rationale**	**1. Patient was compliant, and flow of lochia was observed, and total blood was**

postpartum bleeding as evidenced by light flow, dark red lochia	**was light, and the lochia was dark red postpartum 48 hours. The patient is still at risk for fluid volume deficit due to open wound bleeding**	**Weighing the perineal pads, enables accurate measurement of blood flow (Barlow et al., 2019).** **2.Assess patient blood pressure q4 hours** **Rationale** **Close observation of blood pressure can help monitor signs of shock and fluid volume deficit (Barlow et al., 2019).**	**measured by weighing saturated pads. Appropriate blood loss was observed through the measurement.** **2. Close observation of blood pressure was observed. Vital signs trends were monitored BP remained stable and within patient's baseline preventing fluid volume deficit or shock.**
3. Risk for constipation related to straining during delivery, as evidenced by hemorrhoids	**Patient developed hemorrhoids due to straining during labor this can cause or worsen constipation**	**1. Administer Tucks, PRN, 1x hour** **Rationale** **Tucks is used to treat irritation associated with hemorrhoids. The patient is prescribed this topical medicine to treat hemorrhoids and reduce pain and irritation. (Ricci et al., 2020).** **2. Educate patient before discharge to avoid straining and heavy lifting** **Rationale** **Hemorrhoids are caused by straining and heavy lifting. The patient should avoid any activity that irritates rectal veins (Swearingen et al., 2019).**	**1. Patient's comfort was increased. Topical medicine reduced swelling and irritation of hemorrhoids.** **2. Patient was compliant with teaching and avoided activities that required heavy lifting and straining reducing the risk of rectal veins prolapsing**
4. Deficient knowledge related to postpartum physiological adaptation as evidenced by concern in	**The patient was concerned about the amount of bleeding she had and asked the nurse is it**	**1. Monitoring and assessing lochia amount by saturation from scant to excessive q4 hours** **Rationale** **Close monitoring of the lochia prevents any**	**1. Close observation of lochia prevented any complications. Client's concerns were diminished.** **2. Client is taught that**

vaginal bleeding	**was normal. The patient should have minimal knowledge about postpartum body changes.**	**impending complications and ensures the client that post-birth discharge is standard (Barlow et al., 2019).** **2. Educate client on normal bleeding after postpartum. Educate client that moderate saturation is more than 10cm.** **Rationale** **Educating the client diminishes deficient knowledge and minimizes anxiety as the client learns that this a normal postpartum adaptation (Barlow et al., 2019).**	**the moderate amount of saturation is more than 10cm and that heavy saturation is one pad saturated in 2 hours. Patient is compliant and understand that this normal. Patient is more educated on postpartum physiological changes. Anxiety is minimized.**

Other References (APA)

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

Barlow, M., Holman, H., Johnson, J., McMichael, M, Sommer, S., Wheless, L., Wilford, K., & Williams, D. (2019). ATI: RN ***Maternal newborn nursing*** **(11th ed.). Assessment Technologies Institute, LLC.**

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