

N432 POSTPARTUM CARE PLAN

N432 Postpartum Care Plan

Lakeview College of Nursing

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9.20.2021

Demographics (3 points)

Date & Time of Admission 9/10/2021 2100	Patient Initials CB	Age 29	Gender Female
Race/Ethnicity White/Caucasian	Occupation High School Teacher	Marital Status Married	Allergies Doxycycline, Latex, and Augmentin.
Code Status Full Code	Height 5'4" 162.6 cm	Weight 299.6 lb 135.6 kg	Father of Baby Involved Involved and in the home.

Medical History (5 Points)

Prenatal History: G:1, T:1, P:0, A:0, and L:1. The mother experienced a positive group b streptococcus test at a prenatal visit on 9/01/2021. Furthermore, she experienced gestational hypertension and preeclampsia; she exhibited mild polyhydramnios and maternal morbid obesity. This pregnancy is the client's first. Therefore, we have no previous prenatal history to reference.

Past Medical History: The client reports a history of anxiety, acne, migraines, urticaria, and depression.

Past Surgical History: The client stated she had undergone a tonsillectomy at 27 and a wisdom tooth extraction at 21.

Family History: The client noted her mother experienced depression, migraine headaches, and thyroid issues; furthermore, she reported that her father experienced arthritis, grandmother experienced breast cancer, and her grandfather had diabetes, type I or II is unknown.

Social History (tobacco/alcohol/drugs): The client reports and denies any history of smoke and drug use; she does report a history of alcohol use up until 2019, occasional use, averaging one drink (8 oz) per month.

Living Situation: The client lives in her home with her husband; the client reports no worries or concerns about her safety in the home.

Education Level: The client has her bachelor's degree, which she uses to work as a high school teacher. There are no learning barriers noted at this time.

Admission Assessment

Chief Complaint (2 points): Delivery of fetus by induction.

Presentation to Labor & Delivery (10 points): The client presented to the unit due to labor induction because of a high-risk pregnancy. The rationale for the client's high risk is that she is GBS-positive. She has exhibited some gestational hypertension and preeclampsia symptoms; furthermore, she experienced mild polyhydramnios and maternal morbid obesity at term. The combination of the previously stated conditions places the mother and infant at risk of developing more severe complications.

Diagnosis

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

Secondary Diagnosis (if applicable): Gestational hypertension, preeclampsia, mild polyhydramnios, maternal morbid obesity, and positive GBS culture.

Postpartum Course (18 points)

Maternal postpartum psychological adaptations begin immediately after birth with a three-part phase succession. Dependent (taking in phase) occurs typically the first 24 to 48 hours following birth (Assessment Technologies Institute, 2019). The client's need for sleep characterizes this phase, focusing on personal needs, relying on others for assistance, excitement, and talkativeness. Lastly, the mother will likely review the birthing process with others (Assessment Technologies Institute, 2019). Dependent-independent (taking-hold phase) begins typically by day 2 or 3 following birth and can last ten days to several weeks (Assessment Technologies Institute, 2019). The taking hold phase denotes the following; the mother begins to focus care onto the baby and improves caregiver competency, wanting to take charge but

needs acceptance from others, taking the initiative to want to learn and practice, and a sense of autonomy develops (Assessment Technologies Institute, 2019).

The Interdependent (letting-go phase) is the last stage of maternal role attainment, and in this stage, the mother reestablishes relationships with other people (Ricci et al., 2021). This role's main goal is for the mother to separate herself from the symbiotic relationship she and her newborn had during pregnancy and establish a life that includes the infant and is not centered around the infant (Ricci et al., 2021). For the assessment, the nurse concluded that our patient is in the taking-hold phase, evidenced by the client asking questions about the infant's bilirubin levels and wanting to swaddle the infant herself. Lastly, the client is three days postpartum. Abnormal findings throughout the maternal role attainment would be as follows; the mother expresses disappointment or displeasure in the infant, avoids caring for the infant, finds excuses not to hold the infant, appears uninterested in having the infant in the room, frequently asking for the infant to be taken back to the nursery (Ricci et al., 2021). The infant will exhibit negative behaviors such as; feeding poorly, crying for long periods showing flat affect, rarely smiling, and being unresponsive to parents (Ricci et al., 2021).

For the physical aspect of the postpartum period, the most common is postpartum hemorrhage, characterized by more than 500 mL blood loss after a vaginal delivery and more than 1,000 mL after a cesarean birth (Assessment Technologies Institute, 2019). Uterine atony, overdistended uterus, prolonged labor, oxytocin-induced labor, high parity, and ruptured uterus are some of the risk factors for postpartum hemorrhage (Assessment Technologies Institute, 2019). Secondly, postpartum infections such as; mastitis, endometritis, puerperal infections, and wound infections can occur up to 28 days following childbirth (Assessment Technologies Institute, 2019). Pelvic pain, chills, fatigue, painful or tenderness around the breast area, flu-like manifestations are some of the signs and symptoms noted with the previously stated infections (Assessment Technologies Institute, 2019). The client experienced a fever throughout her prolonged labor, caused by chorioamnionitis from the possible infection of GBS.

Lastly, postpartum mood disorder consists of postpartum blues, postpartum depression, and postpartum psychosis (Assessment Technologies Institute, 2019). Postpartum blues occurs in 85% of clients during the first few days after birth and generally continues for up to 10 days; and is characterized by mood swings, tearfulness, insomnia, lack of appetite, and a feeling of a letdown (Assessment Technologies Institute, 2019). Postpartum depression occurs typically within six months of delivery and is characterized by persistent feelings of sadness and intense mood swings (Assessment Technologies Institute, 2019). Lastly, there is postpartum psychosis, which happens in the first 2 to 3 weeks of the postpartum period, and is characterized by confusion, disorientation, obsessive behaviors, and paranoia (Assessment Technologies Institute, 2019). The client did not exhibit signs of postpartum blues, nor was it noted in the chart; however, the client has a history of depression, of which she is not medicated for nor complains at this time.

Postpartum Course References (2) (APA):

Assessment Technologies Institute. (2019). *RN maternal newborn nursing edition 11. 0*.

Ricci, S. S., Kyle, T., & Carman, S. (2021). *Maternity and pediatric nursing*. 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	3.8-5.3 million/mm	4.32	4.03	3.16	No abnormal findings to report.
Hgb	12-15.8 g/dL	11.9 g/dL	10.8 g/dL (L)	8.8 g/dL (L)	Anemia is relatively a normal finding in pregnancy, a decrease in Hgb levels enough, and for a more extended period, symptoms of anemia are likely to appear, such as the feeling of increasingly tired, weak, shortness of breath, and pale appearance to the skin

					(Wedro, 2018).
HCT	36-47%	36.2%	32.9% (L)	25.9% (L)	During pregnancy, an increase in plasma volume results in hemodilution (hydremia of pregnancy), and therefore we see a decrease in hematocrit levels (Friel, 2021).
Platelets	140-440 *10 ³ /mm ³	330 * 10 ³ /mm ³	319 * 10 ³ /mm ³	289 * 10 ³ /mm ³	No abnormal findings to report.
WBC	4-12 * 10 ³ /mm ³	17.25 * 10 ³ /mm ³ (H)	16.9 * 10 ³ /mm ³ (H)	21.60 * 10 ³ /mm ³ (H)	Due to the prolonged labor and the rupture of membranes, the client developed chorioamnionitis. The client set a fever intrapartum; however, an increase in white blood cells is normal during pregnancy ("Pregnancy: Laboratory measurements," 2021).
Neutrophils	47-73	13.24	77.7% (H)	83.3% (H)	A slight increase in neutrophils is expected in the latter stage of pregnancy ("Pregnancy: Laboratory measurements," 2021).
Lymphocytes	18-42	12.35	16.2% (H)	9.0% (L)	Fluctuations of lymphocyte levels during pregnancy are expected during pregnancy and postpartum ("Pregnancy: Laboratory measurements," 2021).
Monocytes	4-12	8.6%	4.3%	6.5%	No abnormal findings to report.
Eosinophils	0-5	1.1%	1.5%	1.0%	No abnormal findings to report.
Bands	0-1	1.4%	0.3%	0.1%	

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	No abnormal findings to report.
Rh Factor	Positive or Negative	+	+	+	No abnormal findings to report.
Serology (RPR/VDRL)	Non-reactive or reactive	Non-reactive	Non-reactive	Non-reactive	No abnormal findings to report.
Rubella Titer	Greater than 10	Positive	Positive	Positive	No abnormal findings to report.
HIV	Not Detected or detected	Not Detected	Not Detected	Not Detected	No abnormal findings to report.
HBsAg	Not Detected	Not Detected	Not Detected	Not Detected	No abnormal findings to report.
Group Beta Strep Swab	Negative or positive	Positive	Positive	Not Assessed	Group B streptococcus (GBS) is one of the many bacteria that live in the body and usually does not cause serious illness; however, if untreated, it can pass from the mother to the baby during delivery "Group B strep and pregnancy," 2019).
Glucose at 28 Weeks	<140	83	79	88	No abnormal findings to report.
MSAFP (If Applicable)	Low Risk	Low Risk	Low Risk	Low Risk	No abnormal findings to report.

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
Calcium	8.2 - 9.7 mg/dL	8.7 mg/dL	8.5 mg/dL	Not assessed	No abnormal findings to report.

Chloride	97 - 109 mEq/L	106 mEq/L	101 mEq/L	Not assessed	No abnormal findings to report.
Total Protein	5.6 - 6.7 g/dL	6.0 (L)	5.6 (L)	Not assessed	No abnormal findings to report.
AST	8-33 U/L	21 U/L	17 U/L	Not assessed	No abnormal findings to report.
ALT	2 - 25 U/L	17 U/L	15 U/L	Not assessed	No abnormal findings to report.
Sodium	130-138 mEq/L	136 mEq/L	135 mEq/L	Not assessed	No abnormal findings to report.
Potassium	3.3 - 5.1 mEq/L	3.8 mEq/L	3.4 mEq/L (L)	Not assessed	No abnormal findings to report.

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)	0.6-1.0 mg/dL	.6 mg/dL	0.9 mg/dL	Not assessed	No abnormal findings to report.

Lab Reference (1) (APA):

Friel, L. A. (2021, June). *Anemia in pregnancy - Gynecology and obstetrics -*

Merck manuals professional edition. Merck Manuals Professional Edition. [https://](https://www.merckmanuals.com/professional/gynecology-and-obstetrics/pregnancy-complicated-by-disease/anemia-in-pregnancy)

www.merckmanuals.com/professional/gynecology-and-obstetrics/pregnancy-

complicated-by-disease/anemia-in-pregnancy

Group B strep and pregnancy. (2019, July). value is what Coveo indexes and uses

as the title in Search Results.--> ACOG.

<https://www.acog.org/womens-health/faqs/group-b-strep-and-pregnancy>

***Pregnancy: Laboratory measurements.* (2021, January). OpenAnesthesia – International Anesthesia Research Society.**

https://www.openanesthesia.org/pregnancy_laboratory_measurements/

Wedro, B. (2018, April 7). *Anemia during pregnancy: Symptoms, signs & effects.*

MedicineNet. https://www.medicinenet.com/anemia_in_pregnancy/views.htm

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

	Your Assessment
<p>History of labor:</p> <p>Length of labor</p> <p>Induced /spontaneous</p> <p>Time in each stage</p>	<p>1st stage: 29 hours 14 minutes</p> <p>2nd stage: 7 hours 4 minute</p> <p>3rd stage: 3 minutes</p> <p>The client was induced; she spent 36 hours in labor and had to undergo an emergency cesarean section due to chorioamnionitis.</p>
<p>The current stage of labor</p>	<p>The client is in the fourth stage of labor, which is known as the postpartum period. In this stage, the client can experience 3 phases in succession: the taking-in, taking-hold, and interdependent phase. The taking hold phase denotes the following; the mother begins to focus care unto the baby and</p>

	<p>improves caregiver competency, wanting to take charge but needs acceptance from others, taking the initiative to want to learn and practice, and s sense of autonomy develops (Assessment Technologies Institute, 2019). Due to hemodilution, the client has decreased hematocrit, hemoglobin, and lymphocyte levels are normal from the increase in plasma volume (Friel, 2021). The client's white blood cell count and neutrophils are expected in the third semester of pregnancy.</p>
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Stage of Labor References (2) (APA):

Assessment Technologies Institute. (2019). *RN maternal newborn nursing edition 11. 0*.

Friel, L. A. (2021, June). *Anemia in pregnancy - Gynecology and obstetrics - Merck manuals professional edition*. Merck Manuals Professional Edition.

<https://www.merckmanuals.com/professional/gynecology-and-obstetrics/pregnancy-complicated-by-disease/anemia-in-pregnancy>

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

Home Medications (2 required)

Brand/Generic	PNV Prenatal Multivitamin Plus Iron	Aspirin/ Bayer	Omeprazole/Prilosec OTC		
Dose	200 mg	81 mg	20 mg		
Frequency	Daily, in the morning.	Daily	Daily		
Route	PO	PO	PO		

Classification	Vitamin and mineral combinations	antipyretic non-opioid analgesics drug	Antiulcer drug		
Mechanism of Action	Provides different vitamins and minerals.	Thought to produce analgesia and exert its anti-inflammatory effect by inhibiting prostaglandin and other substances that sensitize pain receptors.	Inhibits proton pump activity by binding to hydrogen-potassium adenosine triphosphatase, located at the secretory surface of gastric parietal cells, to suppress gastric secretion.		
Reason Client Taking	Prenatal Health	Pain	Heartburn		
Contraindications (2)	Hyponatremia or low sodium diet. Iron metabolism disorder causing increased iron storage.	Avoid use in patients with severe hepatic impairment or a history of active peptic ulcer disease. This drug appears in human milk. Breastfeeding women should avoid aspirin.	Patients with hypokalemia and respiratory alkalosis and in patients on a low-sodium diet. The risk of fundic gland polyps increases with long-term use, especially beyond one year.		
Side Effects/Adverse Reactions (2)	Constipation. Diarrhea.	Arrhythmias. Antepartum and	Nausea. Cough.		

		postpartum bleeding.			
Nursing Considerations (2)	Monitor CMP levels for hyponatremia. Educate the client on the need for prenatal vitamins.	Monitor patients for hypersensitivity reactions, such as anaphylaxis and asthma. During prolonged therapy, assess hematocrit, Hb levels, PT, INR, and renal function periodically.	May increase risk for CDAD. Complete a medication history before administration for drug-drug interactions.		
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Complete a CMP to assess for hyponatremia. Instruct the client to continue prenatal therapy into the postpartum period.	Complete a CBC w/diff to assess platelet and WBC count. Monitor elderly patients closely while taking this medication for aspirin toxicity.	Assess for osteoporosis. Evaluate for CDAD.		
Client Teaching needs (2)	Store at room temperature. Protect from heat and light.	Take drugs with food, milk, antacid, or a large glass of water to reduce GI reactions. Urge pregnant women to avoid aspirin during the last trimester of pregnancy	Swallow tablets whole and do not open, crush, or chew them. Instruct patients to take drugs at least 30 to 60 minutes before meals.		

		unless specifically directed by the prescriber.			
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Hospital Medications (5 required)

Brand/Generic	Acetaminophen/Tylenol	Mylanta/ Aluminum hydroxide/ magnesium hydroxide/simethicone.	Dermoplast/ Benzocaine	Decadron / Dexamethasone	Ibuprofen /Motrin Advil
Dose	975 mg	30 mL	1 spray	8mg	800 mg
Frequency	Q6hrs	Q6hrs	Q4hrs	PRN	Q8hrs
Route	PO	PO	Topical Spray	IV	PO
Classification	Antipyretic, non-opioid analgesic.	Antacid	Topical Anesthetics	Corticosteroid, glucocorticoid.	NSAID, analgesic (nonopioid).
Mechanism of Action	Inhibits synthesis of prostaglandins that may serve as mediators of pain and fever, primarily in the CNS.	An antacid reduces gastric acid by binding with phosphate in the intestine and excreted as aluminum carbonate in feces.	Benzocaine reversibly stabilizes the neuronal membrane, which decreases its permeability to sodium ions. Depolarization of the neuronal membrane is	Decreases inflammation by inhibiting the migration of leukocytes and reversal of capillary permeability. It suppresses the normal immune response.	Inhibit prostaglandin synthesis to produce anti-inflammatory, analgesic, and antipyretic effects.

			inhibited, thereby blocking the initiation and conduction of nerve impulses.		
Reason Client Taking	Lower abdominal pain	Heartburn	Perineal Pain	Nausea	Fever and lower abdominal pain
Contraindications (2)	Pregnancy. Lactation.	Allergies to antacids. Pregnancy and lactation.	Do not use the medication if you have had an allergic reaction to numbing medicine in the past, such as lidocaine. Do not	Hypersensitivity. Ophthalmic use in viral, fungal disease of the eye.	It is contraindicated in patients with hypersensitivity to the drug and in those with angioedema syndrome of nasal polyps or bronchospastic reaction to aspirin or other NSAIDs. NSAIDs can increase the risk of heart attack or stroke in patients with or without heart disease or risk factors for heart disease.
Side Effects/Adverse	Hepatotoxicity.	Nausea.	Skin rash.	Cushing-	Hypoglycemia

Reactions (2)	Steven-Johnson Syndrome.	Hypokalemia	Allergic reaction	like features. Increased susceptibility to infection.	mia. Hypokalemia.
Nursing Considerations (2)	Do not exceed 4 g of acetaminophen. Acetadote is the antidote for overdose.	Inspect the abdomen; auscultate bowel sounds to ensure GI mobility. Monitor laboratory test results, including serum electrolyte levels and renal function tests to monitor for adverse effects.	Monitor temperature to prompt detection of possible allergic reactions. Provide comfort measures (e.g., pain relief, skincare, etc.) to help patients tolerate drug effects.	Give daily doses before 9 am to mimic normal peak corticosteroid blood levels. Increase dosage when the patient is subject to stress.	Monitor patients for signs and symptoms of GI ulceration and bleeding. If a patient consumes three or more alcoholic drinks per day, the drug may cause stomach bleeding.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Assess for rash periodically during therapy. Assess pain; location, intensity before and 30-60 minutes following administration.	Perform a physical examination to establish baseline data before and beginning therapy and determine the therapy's effectiveness. Inspect the abdomen; auscultate the bowel sounds to ensure GI mobility.	Perform a thorough physical assessment. Assess for cautions and contraindications to prevent untoward complications.	Physical examination for systemic administration. Conduct a history for systemic administration; such as active infections' renal or hepatic disease; hypothyroidism, and ulcerative colitis	Check renal and hepatic function periodically in patients on long-term therapy. Monitor BP because drugs can lead to an onset of HTN.
Client Teaching needs (2)	Avoid alcohol intake. Discontinue if rash develops.	Avoid taking other medications. Avoid	A period of 4-6 hours after	Do not stop taking the oral drug	Take with meals or milk to reduce

		alcohol use and smoking while taking this medication.	receiving an anesthetic is required for lactating women before starting breastfeeding.	without consulting your healthcare provider. Report unusual weight gain, swelling of the extremities, muscle weakness, black or tarry stools, fever, prolonged sore throat, colds, or other infections.	adverse GI reactions. Caution patients that use aspirin, anticoagulants, alcohol, or corticosteroids may increase the risk of GI adverse reactions.
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(Learning, 2021)

Medications Reference (1) (APA):

Learning, J. &. (2021). *2021 nurse's drug handbook*.

Assessment

Physical Exam (18 points)

<p>GENERAL (1 point): Alertness: Orientation: Distress: Overall appearance:</p>	<p>The client is alert and oriented times 4; to time, place, location, and situation. The client displays no signs of acute distress, but she is slightly tired from the prolonged labor. The client's clothes appear intact and not worn, hair seems somewhat messy, and facial expression and posture exude gratification.</p>
<p>INTEGUMENTARY (1 points): Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds/Incision:</p>	<p>The client's skin color appears normal for race and ethnicity; the skin is warm, dry, and intact. Her temperature was 97.7 F (36.11 C), orally and tympanic. The client underwent cesarean delivery; she has a low transverse scar free of inflammation, drainage, and well-approximated. The client has a Braden score of 23, and there are no drains present.</p>

Braden Score: 23 Drains present: Y <input type="checkbox"/> N x Type:	
HEENT (1 point): Head/Neck: Ears: Eyes: Nose: Teeth:	The client's head and neck are both symmetrical, and the client's tympanic membranes are pearly gray. The client's eyes exhibit PERRLA, and the client's nares are patent, and no signs or symptoms of a deviated septum and no signs of dental caries were noted.
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 x Edema Y x N <input type="checkbox"/> Location of Edema: Lower extremities, bilaterally.	The client is in normal sinus rhythm, with S1 and S2 sounds present bilaterally. The client's pulse is 88 bpm, and the capillary refill is less than 3 seconds. There are no signs of neck distension; however, +1 edema, bilaterally on the lower extremities.
RESPIRATORY (1 points): Accessory muscle use: Y <input type="checkbox"/> N x Breath Sounds: Location, character	The client's breath sounds are auscultated and present bilaterally anteriorly and posteriorly.
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:	The client's home diet is regular, with no limitations. That same diet is applied to the client on the unit. The client weighs 299.6 lbs and has a height of 5'4"; she was marked for having maternal morbid obesity ranking her pregnancy as high risk. Bowel sounds are normal upon auscultation, and gurgles are heard in all four quadrants; she is passing gas but no stool. The client's last bowel movement was before her arrival on (9/10/2021); the nurse intended to give the client Dulcolax to assist with defecating. The abdomen is soft, non-distended, and has mild tenderness around the low transverse cut. The cesarean scar is noninflamed, intact, dry, and well-approximated.
GENITOURINARY (2 Points): Quantity of urine: Pain with urination: Y <input type="checkbox"/> N x Inspection of genitals: Catheter: Y <input type="checkbox"/> N x Type: Size:	The fundus is assessed and noted in the U-1 position and line with the umbilicus. There are no signs of displacement, and upon palpation, the uterus is firm and does not feel boggy. The client lost 798 mL of blood, which is within normal limits following cesarean delivery.
MUSCULOSKELETAL (1 points): ADL Assistance: Y <input type="checkbox"/> N x Fall Risk: Y <input type="checkbox"/> Nx Fall Score: 0	.The client completes all daily activities well, with no assistance needed. The client has a Morse fall score of 0, placing her at no risk for falls; she moves all extremities well and shows no signs of

<p>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>difficulty upon ambulation and walking with the newborn, and she is capable of self-hygiene</p>
<p>NEUROLOGICAL (2 points): NEW: Y x N <input type="checkbox"/> PERLA: Y x N <input type="checkbox"/> Strength Equal: Y x 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>The client moves all extremities well, strength is equal bilaterally, and states she is "slightly tired." The client is alert and oriented at times 4. The client's speech is clear, no loss of consciousness, and her deep tendon reflexes are 2+, which is within normal limits.</p>
<p>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):</p>	<p>The client's husband is at the bedside all the time and shows support. This will be their first child together. The client has her bachelor's degree; she is a high school teacher. The client and her husband live in Urbana. She states that she does have a supportive family, and the husband states that his family will be involved in the care of their child. She states that she is non-religious.</p>
<p>Reproductive: (2 points) Fundal Height & Position: Bleeding amount: Lochia Color: Character: Episiotomy/Lacerations:</p>	<p>The fundus is assessed and noted in the U-1 position and line with the umbilicus. There are no signs of displacement, and upon palpation, the uterus is firm and does not feel boggy. The client lost 798 mL of blood, which is within normal limits following cesarean delivery. Lochia is rubra and scant and no episiotomy or lacerations</p>
<p>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:</p>	<p>The client delivered on 9/12/2021 at 0030 via cesarean section. Her quantitative blood loss was 798 mL. The infant is male and weighs 2965 grams (6 lb 8.58 oz) and is 47.6cm (18.75") long. The Apgar scores were eight at 1 minute; and 9 at 5 minutes. The mother started to breastfeed. However, she started formula feedings instead and advanced formula every 2-3 hours.</p>

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Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Reply Rate	Temp	Oxygen
Prenatal	89	134/71	18	98 F (36.7 C)	97%
Labor/Delivery	108	89/46	23	100.1 F (37.9 C)	96%
Postpartum	88	117/68	19	97.7 F (36.5)	98%

Vital Sign Trends: Upon admission, the client’s vital signs were within normal limits; however, during labor and delivery, she spiked a fever from the chorioamnionitis and the prolonged labor. The client’s blood pressure dipped severely low to 89/46, which they treated with ephedrine; the client was tachypneic and tachycardic. Upon the postpartum assessment, all the vital signs were within normal limits.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800	Numerical	Lower Abdomen	3	Dull	Ibuprofen
0800	Numerical	Lower Abdomen	2	Dull	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:	20 gauge Median Cubital vein 9/13/2021 Patent and flushes well, clean, dry, and intact. No signs of phlebitis nor infiltration. At this time, no fluids are running, and a saline lock is present.

Intake and Output (2 points)

Intake	Output (in mL)
300 mL IV Bolus	150 mL Urine 798 QBL

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.
Benzocaine Topical Perineal Spray - Medical Treatment	Q4hrs	The client experienced perineal pain in which the doctor prescribed dermoplast to assist the client's pain level.
Ice Diaper - Nursing Intervention	PRN pain	The client experienced perineal pain from the prolonged labor and strain; even though she underwent a cesarean birth, she still had some perineal pain and inflammation, and the ice diapers assisted in swelling.
Fundus assessment - Nursing Intervention	Daily	This intervention ensures the fundus is shortening and is not boggy or shifted from a full bladder.
Ibuprofen - Medical Treatment	Q8hrs	The client spiked a fever during the prolonged labor and eventually developed chorioamnionitis; ibuprofen was given to reduce the fever.

Phases of Maternal Adaptation to Parenthood (1 point)

What phase is the mother in, and what evidence supports this? The mother is in the taking-hold phase, evidenced by her asking to hold the baby more often, asking questions about the infant’s bilirubin levels, and establishing some autonomy.

Discharge Planning (2 points)

Discharge location: Home with husband.

Equipment needs (if applicable): Carseat for the newborn infant.

Follow-up plan (include a plan for mother AND newborn): The mother has the initial prenatal visit scheduled for 9/24/2021 at which she will discuss breastfeeding, latching, SIDS, and autonomy..

Education needs; Readiness for Breastfeeding, Infant feeding pattern, readiness for enhanced parenting, and sudden infant death syndrome

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, the status of goals and outcomes, modifications to plan.
<p>1. There is a risk of infection related to cesarean scar and blood loss, as evidenced by abnormal lab values and intrapartum fever.</p>	<p>The client experienced prolonged labor of 36 hours which placed her at risk for infection. The client was GBS positive, and she had to have an emergency c-section during labor.</p>	<p>1. Monitor temperature at least every 4 hours, and record on graph paper. Report elevations immediately. Rationale, Sustained temperature elevation after surgery/pregnancy may signal the onset of infections, urinary tract infections, or postpartum infections. 2. Monitor WBC count, as ordered. Report elevations or depressions. Rationale, The client spiked a fever during labor from developing</p>	<p>Vital signs and temperature remain within normal limits. The goal was met, and vitals are now Q8hrs.</p> <p>The client's WBC count and differential remain with the normal range. Goal met, vital sign trends are stable and unchanging.</p>

		chorioamnionitis.	
<p>2. Risk for bleeding as evidenced by Prolonged Labor/chorioamnionitis/emergency c-section scar as evidenced by abnormal CBC values.</p>	<p>The client underwent prolonged labor (36 hours) and an emergency c-section.</p>	<p>1. Obtain clinical and CBC laboratory tests. Rationale: Monitoring for a trend change could indicate an active bleed. 2. Teach the client gentle alternatives in activities of daily living (ADLs). Rationale: Teaching the client gentle and less intrusive ADLs could prevent trivial trauma to her lower abdomen and perineal area.</p>	<p>Goal met, lab values went unchanged, and no signs of bleeding from the CBC.</p> <p>Goal met, the client started implementing gentle and light alternatives to her ADL's.</p>
<p>3. Readiness for enhanced breastfeeding related to infant health progression, as evidenced by the breastfeeding log and her stating, "I want to breastfeed him more."</p>	<p>The infant was at a low risk for hyperbilirubinemia which required him to be under the bili light. The newborn infant no longer needed the bili light, and the mother stated she wanted to breastfeed more often and lacked breastfeeding knowledge.</p>	<p>1. Assess the mother's knowledge and experience of breastfeeding to focus. Rationale: This allows for the nurse to focus teaching on specific learning needs. 2. Teach the mother what to expect from a breastfeeding neonate. Rationale: This allows the mother to know what to expect.</p>	<p>The goal was met; the mother could teach us what she knows and does not know.</p> <p>The mother said the newborn should have six stools and wet six to eight diapers per day. Goal met</p>
<p>4. Risk for Sudden Infant Death Syndrome related to a first newborn infant, as evidenced by lack of knowledge from the parents.</p>	<p>I chose this nursing diagnosis because this is the parent's first newborn infant.</p>	<p>1. Educate the family about risk factors of sudden infant death syndrome (SIDS). Rationale: This education helps the parents to become aware of the current practices to reduce risk and prevent its occurrence. 2. Teach parents to avoid having loose blankets, toys, or other articles in the crib. Rationale: This education decreases the risk of accidental suffocation.</p>	<p>The goal was met, the parents were able to recite the risk factors for SIDS.</p> <p>The goal was met; parents understood they must remove any stuffed animals, blankets, and pillows from the infant's crib.</p>

Other References (APA)

Phelps, L. (2020). *Sparks & Taylor's nursing diagnosis reference manual*. LWW.