N432 Postpartum Care Plan

Lakeview College of Nursing

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Demographics (3 points)

Date & Time of Admission 09/14/2021 at 0803 (8:03 A.M.)	Patient Initials S.B.	Age 25 y.o. (06/03/1996)	Gender Female
Race/Ethnicity Caucasian	Occupation Unemployed	Marital Status Single	Allergies Erythromycin, Sulfa antibiotics
Code Status Full	Height 5'7.5" (171.5 cm)	Weight 158 lbs. (71.7 kg)	Father of Baby Involved Yes

Medical History (5 Points)

Prenatal History: The patient's gravida is two, as the patient has been pregnant twice. Next is the term deliveries, which is also two as the patient birthed both babies to term. As for preterm deliveries, the patient has a zero as both babies were carried and born to term. The patient also has a score of zero for abortions and miscarriages. Lastly, the patient has two living daughters, and therefore scores a two for living. In other words, the patient's GTPAL is, G= 2, T= 2, P= 0, A= 0, L= 2. In the patient's history, there are no prior complications in the previous birth of the patient's four-year-old daughter. However, in this birth the patient was diagnosed with Herpes simplex virus- 1, which complicated this current birth. The outcome of the patient's previous birth was a healthy, spontaneous vaginal delivery to a female neonate in 2017.

Past Medical History: The patient has a past medical history of a sacrum and coccyx fracture, right rib fractures of the second and third ribs, lumbar back pain, multiple thyroid nodules, anxiety, depression, abnormal cervical Pap smear, herpes simplex virus type 1 infection, hypothyroidism, right pulmonary contusion in the right middle lobe and right lower lobe, and trauma from a motor vehicle crash.

Past Surgical History: The patient only has a wisdom tooth extraction and right thyroidectomy.

Family History: The patient has an extensive family history. The patient's father has a history of hypertension, whereas the patient's mother has no history. The patient's brother has no medical history. On the patient's paternal side, the grandmother had no history, but the grandfather had diabetes. On the maternal side, the patient's maternal grandmother had a history of breast, diabetes, and hypertension. The patient's maternal grandfather had hypertension.

Social History (tobacco/alcohol/drugs): Patient reports smoking five years ago and would smoke one pack per day. Before pregnancy, the patient reports drinking a standard amount of hard liquor, which is approximately 0.6 oz per glass. Patient has drunk alcohol for four years since the patient turned twenty-one years old. Lastly, the patient reports never partaking in drug use.

Living Situation: Patient lives with the father of the current neonate, who is the same father of the 4-year-old daughter they have.

Education Level: Patient reports graduating high school and going through a few years of college, but never graduated college. No learning barriers identified in the patient.

Admission Assessment

Chief Complaint (2 points): Patient reported no complaints upon admission

Presentation to Labor & Delivery (10 points): O: On September 14, 2021, a 24-year-old female was admitted to OSF Heart of Mary Medical Center for the induction of labor. The expected due date of the patient was September 13, 2021, but the induction of labor did not begin until early morning on September 14. L: Patient reports pain located in the lower abdomen, and pelvic region due to "the worst contractions" the patient felt. D: The pain once the induction of labor began was constant, sharp, and very uncomfortable in the abdominal and pelvic regions. C: Patient states: "I just want this baby out because this is so painful and non-stop. My baby is

coming." Patient reports shortness of breath and feeling scared. A: Any movement especially walking is difficult for the patient. R: Lying down and resting helps alleviate some pain located in the abdominal and pelvic regions. T: Patient arrived at OSF Heart of Mary Medical Center for the pain of the induction of labor located in the abdominal and pelvic regions. Prior, the patient reports doing nothing and taking no medication to alleviate the pain described.

Diagnosis

Primary Diagnosis on Admission (2 points): Induction of labor due to true, strong, and frequent contractions

Secondary Diagnosis (if applicable): There is not a secondary diagnosis applicable to the patient.

Postpartum Course (18 points)

The patient is approximately twenty-four hours into the post-partum course. Postpartum, is the fourth, and final stage of labor that begins with the delivery of the placenta (Barlow et al., 2019). In this case, the patient delivered the placenta intact without any complications or help needed. During the postpartum course, it is vital for the nurse to prevent postpartum hemorrhage (Barlow et al., 2019). The patient lost a lot of blood during labor, approximately 500 mL. Hemorrhaging can cause more blood loss, which can lead to a severely low blood pressure, shock, and even death (Ricci et al., 2021). In addition, it is crucial for the patient and the newborn infant to bond (Barlow et al., 2019). Hemorrhaging prevention and mother-newborn bonding occur simultaneously. When the mother breastfeeds the newborn, the baby gets the skin-

to-skin contact that helps both mother and infant recover (Ricci et al., 2021). Additionally, when the newborn feeds the uterus contracts and tightens, which aids in hemorrhaging prevention (Ricci et al., 2021). While feeding, the newborn stimulates the hormone, oxytocin, which helps firm and contract the uterus (Ricci et al., 2021). However, uterine cramping, or afterpains, may occur while breastfeeding (Barlow et al., 2019). The patient experienced uterine cramping with or without feeding, which is a normal finding (Barlow et al., 2019).

Infection and postpartum depression are two other important risk factors of the postpartum course (Ricci et al., 2021). The patient's white blood cells, neutrophils lymphocytes, and bands all had high counts, 13.9, 83.1%, 12.3%, and 11.60 respectively. All these labs were high due to the stress of pregnancy, labor, delivery, and the patient's recent medical history of herpes simplex virus type one. However, knowing the signs and symptoms of infection is still crucial. The signs and symptoms of infection are fever, chills, shortness of breath, erythema, edema, nausea, and vomiting (Ricci et al., 2021). The patient had some redness and edema in the perineal area, but that is normal due to just giving birth. In addition, the patient experienced nausea and vomiting, but that was due to the stress of labor and delivery. Postpartum mood disorders include postpartum blues, postpartum depression, and postpartum depression (Barlow et al., 2019). Some risk factors to the three postpartum mood disorders are rapid hormonal changes, medical conditions like thyroid imbalance, decreased support, and low self-esteem Postpartum blues includes feelings of sadness, loss of appetite, insomnia, and anxiety (Barlow et al., 2019). Postpartum depression includes irritability, intense mood swings, fatigue, and the feeling of loss (Barlow et al., 2019). Lastly, postpartum psychosis includes confusion, paranoia, disorientation, and paranoia (Barlow et al., 2019).

Various physiological changes occur during the postpartum course (Barlow et al., 2019). Breasts enlarge and engorge with milk for breastfeeding, and uterus involution occurs (Ricci et al., 2021). It is important to assess for physiological changes to monitor for any abnormalities. In the postpartum course, fundal height is midline and palpable (Barlow et al., 2019). The patient's fundal height is UU, or directly at the umbilicus (Barlow et al., 2019). The fundus of the uterus felt firm and was easy to palpate in the patient. Lochia, or uterine discharge, is a normal finding of the postpartum course (Ricci et al., 2021). In this stage of the postpartum course, the client had lochia rubra with light bleeding on the pad. The quantity of lochia was approximately 10 cm. The patient's lochia was odorless. The patient experienced some redness, tenderness, and hemorrhoids in the perineal area, which is what most women experience postpartum (Ricci et al., 2021). However, patient shockingly did not have lacerations or an episiotomy, which is normal, but rarer (Ricci et al., 2021) This may be due to the patient having a four-year-old daughter. All the physiological findings in the patient were normal.

It is evident that the patient is in the dependent, or taking-in phase of maternal role attainment (Barlow et al., 2019). This phase occurs within the first twenty-four to forty-right hours (Barlow et al., 2019). In addition, the patient is utilizing skin to skin contact, which greatly bonds the infant and patient (Barlow et al., 2019). The patient constantly compared all the features of the baby to herself, and the father involved (Barlow et al., 2019). Also, the patient sang, cooed, and talked to the newborn even while the infant was asleep. All of these are positive signs of maternal adaptation to a newborn infant.

Postpartum Course 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.

Laboratory Data (15 points)

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

****Today's values were not taken.**

Lab	Normal Range	Prenatal Value	Admission Value	Today's Value	Reason for Abnormal Value
RBC	**3.80-5.30**	**4.29**	**4.39**		
Hgb	**12.0-15.8**	**12.3**	**13.5**		
Hct	**36.0-47.0%**	**40.0%**	**40.3%**		
Platelets	**140-440**	**161**	**173**		
WBC	**4.00-12.00**	**6.00**	**13.9**		**The patient's white blood cell count is elevated due to the stress of pregnancy on the body, and the patient contracted herpes simplex virus-1 while pregnant. Also, since the patient is in the postpartum stage, the patient is at risk for infection, which explains the elevated WBC levels (Ricci et al., 2021).**
Neutrophils	**47.0-73.0%**	**51.25%**	**83.1%**		**The patient's neutrophils are elevated due to the stress of pregnancy, and the patient while pregnant developed herpes simplex virus-1. Also, since the patient is in the postpartum**

					stage, the patient is at risk for infection, which explains the elevated neutrophil levels (Ricci et al., 2021).
Lymphocytes	**18.0-42.0%**	**20.7%**	**12.3%**		**Lymphocyte's level is higher than normal due to the patient being at risk for infection during the postpartum stage. (Ricci et al., 2021).**
Monocytes	**4.0-12.0%**	**4.0%**	**4.0%**		
Eosinophils	**0.0-5.0%**	**0.1%**	**0.4%**		
Bands	**1.60-7.70**	**5.60**	**11.60**		**Bands are high due to the neutrophil count being high because bands are immature neutrophils. Bands will also be high when infection is a risk, which makes sense since the patient is in the postpartum stage (Ricci et al., 2021).**

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

****Today's values were not taken.**

Lab Test	Normal Range	Prenatal Value	Value on Admission	Today's Value	Reason for Abnormal
Blood Type	**A, AB, B, O**	**A**	**A**		
Rh Factor	**Positive/negative**	**Positive**	**Positive**		
Serology (RPR/VDRL)	**Non-reactive**	**Non-reactive**	**Non-reactive**		
Rubella Titer	**Positive**	**Positive**	**Positive**		
HIV	**Non-reactive**	**Non-reactive**	**Non-reactive**		
HbSAG	**Non-reactive**	**Non-reactive**	**Non-reactive**		
Group Beta Strep Swab	**Negative**	**Non-reactive**	**Negative**		

Glucose at 28 Weeks	**<100**	**84**	****Value not taken**		
MSAFP (If Applicable)	**0.5-2.5**				****Not applicable**

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

****No additional admission labs were taken.**

Lab Test	Normal Range	Prenatal Value	Value on Admission	Today's Value	Reason for Abnormal

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

****No urine labs were taken during this admission.**

Test	Normal Range	Prenatal Value	Value on Admission	Today's Value	Explanation of Findings
Urine Creatinine (if applicable)	**0.5-1.2**				

Lab Reference (1) (APA):

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

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

	Your Assessment
History of labor: **Length of labor** **Induced /spontaneous** **Time in each stage**	**In total, the length of labor was ten hours and twenty-seven minutes. The patient went into spontaneous vaginal labor, which onset at 0337, and ended at 1500. The first stage of labor lasted approximately ten hours and eight minutes. In the first stage, the spontaneous rupture of membranes occurred. The obstetrician had to artificially rupture the membranes, which is known as AROM augmentation (Barlow et al., 2019). The rupture occurred at 1150. Once ruptured, the amniotic fluid was clear, odorless, and about a medium amount, which is as expected (Ricci et al., 2021). Complete dilation of the cervix occurred at 1345, which is as expected and between the transition phase of the first stage of labor, and the beginning of the second stage (Ricci et al., 2021). Next, the second stage of labor took thirteen minutes.**

	Lastly, the third stage of labor lasted around six minutes. Assignment of the Apgar scores at one minute and five minutes occurs during the third stage (Barlow et al., 2019). At one minute the infant scored an eight, and then at five minutes the score was nine. These are expected, normal findings (Barlow et al., 2019). Also, the patient had an epidural shot of fentanyl during the labor process; this is common in most pregnant women (Ricci et al., 2021).
Current stage of labor	**Patient's current stage of labor is the final and fourth stage, which is known as postpartum (Ricci et al., 2021). Once the patient delivered the placenta intact at 1404 the postpartum stage began (Barlow et al., 2019). A lot of changes occur in the mother's body while in the postpartum stage. The uterus begins to contract and gradually decrease in fundal height (Barlow et al., 2019). The patient's fundal height was UU, or exactly at the umbilicus. This means that the fundal height already began to decrease. Bowel and bladder function should be returning to normal as well. The patient did have 300 mL of urine, and a medium amount of stool as expected. Lochia is also a part of the postpartum stage. The patient's lochia was rubra and about light amount of 10 cm. Uterine cramping is referred to as afterpains, which is exactly what**

	the patient experienced (Ricci et al., 2021). The patient immediately breastfed the infant, which helps stop uterine hemorrhaging (Ricci et al., 2021). Diaphoresis is a natural occurrence in postpartum mothers, and the patient complained several times of feeling sweaty and gross (Ricci et al., 2021).

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	**magnesium oxide (Mag-200)**	**valacyclovir (Valtrex)**			
Dose	**400 mg**	**500 mg**			
Frequency	**Once daily**	**Once daily**			
Route	**Oral**	**Oral**			
Classification	**Pharmacological: mineral** **Therapeutic: electrolyte replacement**	**Pharmacological : nucleoside nucleotide** **Therapeutic: antiviral**			

Mechanism of Action	**Magnesium causes water retention and bowel distention, which triggers the duodenum to produce cholecystokinin, which is a chemical that stimulated fluid secretion and intestinal motility.**	**Inhibits DNA polymerase, early termination of DNA synthesis and termination of the thymidine kinase specificity to hinder herpes virus replication.**			
Reason Client Taking	**Patient is taking magnesium oxide to prevent constipation.**	**Patient developed herpes simplex virus type 1 while pregnant and valacyclovir treats HSV-1.**			
Contraindications (2)	**Acute abdominal issues, diverticulitis**	**Hypersensitivity to valacyclovir, hypersensitivity to hydrocholoride salts**			
Side Effects/Adverse Reactions (2)	**Respiratory depression, arrythmias**	**Hepatitis, anaphylaxis**			
Nursing Considerations (2)	**Know and observe for the signs of hypermagnesemia like bradycardia, dyspnea, slurred speech, and depressed deep tendon reflexes. Before administering magnesium, shake the oral solution or liquid well, and give to patient with a**	**Monitor the patient closely for adverse CNS reactions throughout drug therapy. Maintain adequate hydration throughout therapy to prevent renal impairment.**			

	large amount of water.				
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Draw magnesium labs on patient before administration. Auscultate all four quadrants of the abdomen prior to administration.**	**Inspect patient's genitalia for active blisters prior to administration. Monitor white blood cell count prior to administration.**			
Client Teaching needs (2)	**Educate patient on the risk of laxative dependence when taking magnesium oxide. Teach client to increase fiber and fluid intake to prevent constipation.**	**Educate the patient on maintaining adequate hydration throughout drug therapy. Teach patient to start drug therapy at the first symptom of a cold sore or recurrent genital herpes like burning or itching.**			

Hospital Medications (5 required)

Brand/ Generic	**ondansetron (Zofran)**	**acetaminophen (Tylenol)**	**Benzocaine menthol (Dermoplast)**	**Hydrocortisone 1% cream (Ala-Cort)**	**Ibuprofen (Motrin)**
Dose	**4 mg**	**650 mg**	**1 aerosol spray**	**1 application**	**800 mg**

Frequency	**Every twelve hours as needed**	**Every four hours as needed**	**Every four hours as needed**	**Every six hours as needed**	**Every eight hours as needed**
Route	**Injection**	**Oral**	**Topical**	**Topical**	**Oral**
Classification	**Pharmacological: selective serotonin receptor antagonist** **Therapeutic: antiemetic**	**Pharmacological: nonsalicylate, para-aminophenol derivative** **Therapeutic: antipyretic, nonopioid analgesic**	**Pharmacological: benzoate ester** **Therapeutic: local anesthetic**	**Pharmacological: glucocorticoid** **Therapeutic: adrenocorticoid replacement, anti-inflammatory**	**Pharmacological: NSAID** **Therapeutic: analgesic, anti-inflammatory, antipyretic**
Mechanism of Action	**Reduces nausea and vomiting by hindering serotonin release in the small intestine and blocking signals to the CNS**	**Interferes with pain impulse generation by inhibiting cyclooxygenase and stopping prostaglandin production. Acts directly on the hypothalamus to regulate body temperature.**	**Blocks nerve signals in the body to reduce pain or discomfort caused by minor injuries, bug bites, and sunburn.**	**Binds to glucocorticoid receptors and suppresses inflammatory and immune response by inhibiting white blood cell congregation at inflammation site. Drug stabilizes lysosomal membranes and suppresses T cells and macrophage response. It inhibits the synthesis of cytokines, interleukins,**	**Blocks cyclooxygenase, which inhibits prostaglandin synthesis; this decreases inflammatory response, symptoms, and relieves pain. As an antipyretic it affects the hypothalamus by increasing blood flow, vasodilation, and encouraging a reduction in heat.**

				and prostaglandins.	
Reason Client Taking	**Patient is nauseous and vomiting due to labor and delivery.**	**Patient is in pain and is experiencing cramps in the abdominal and pelvic regions.**	**Patient has discomfort due to hemorrhoids caused by labor and delivery.**	**Patient has pain and discomfort due to hemorrhoids from delivery.**	**Patient has intermittent cramps in the pelvic and abdominal region.**
Contraindications (2)	**Concomitant use of apomorphine, congenital long QT syndrome**	**Severe hepatic impairment, severe active liver disease**	**History of seizures, anemia**	**Systemic fungal infection, hypersensitivity to hydrocortisone**	**Rhinitis, urticaria**
Side Effects/Adverse Reactions (2)	**Hypotension, pulmonary embolism**	**Hypotension, pulmonary edema**	**Tachycardia, sore throat**	**Heart failure, pancreatitis**	**GI bleeding, acute renal failure**
Nursing Considerations (2)	**Assess patient for signs of hypersensitivity like anaphylaxis or bronchospasm. Know to administer drug via an injection if patient is nauseous or vomiting.**	**Know to utilize acetaminophen carefully in patient with hepatic issues, alcoholism, and renal impairment. Check that daily dose of acetaminophen from all sources does not exceed the maximum daily amount.**	**Know that the spray may be cold upon application. Know that breastfeeding mothers should not use spray on or near nipples to prevent infant from swallowing the drug.**	**Give oral dose with food or milk to prevent GI distress. Know that hydrocortisone worsens infections or masks signs and symptoms.**	**Know that pregnancy women at 30 weeks gestation should not take ibuprofen to prevent harm to the fetus. Know that drug increases risk of heart failure since it is an NSAID.**
Key Nursing	**Monitor patient's**	**Assess pain, location of**	**Assess the patient's**	**Monitor blood**	**Monitor BUN and creatinine**

Assessment (s)/Lab(s) Prior to Administration	**heart rhythm and rate via an electrocardiogram. Auscultate client's abdominal region in all four quadrants. Review potassium and magnesium serum levels.**	**pain, and severity of pain prior to administration. Take vitals prior to administration and one or two hours after administration. Have a liver function panel test don't to check for liver function prior to administration.**	**perineal area for hemorrhoids and any other abnormalities in the same area such as redness. Assess patient's pain due to the hemorrhoids.**	**pressure. Take electrolyte levels in a complete metabolic panel. Take daily weight.**	**to assess kidney function. Monitor a complete blood count especially hemoglobin, hematocrit, and white blood cell levels. Assess patient's blood pressure.**
Client Teaching needs (2)	**Teach patient to inform and report signs of hypersensitivity like rash or hives. Advise patient to seek immediate medical care if symptoms are severe, persistent, or worsening**	**Inform patient that tablets may be crushed or swallowed whole. Educate patient on the signs of hepatoxicity like bleeding, bruising easily, and malaise.**	**Educate patient to use spray exactly as prescribed. Advise patient to not cover treated skin with a bandage or plastic wrap.**	**Inform patient that they may bruise easily. Advise patient to avoid people with infections because this drug suppresses the immune system of some individuals.**	**Instruct patient to take with full glass of water. Teach patient to wear sunscreen and protective clothing in the sun.**

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2021). *2021 Nurse's drug handbook* (19th ed.). Jones & Bartlett Learning

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Alert, responsive, and oriented to time, place, and person; oriented to person, place, situation, and time, x4.** **No acute distress present.** **Patient is well-groomed and appropriately dressed.**
INTEGUMENTARY (1 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds/Incision:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	**Appropriate and normal for ethnicity. Skin character is dry, stretched, and presence of varicose on left lower limb.** **Skin temperature is warm** **Skin turgor is** **No rashes present** **Bruise present on the left forearm, where the IV site was. Braden score is 23.**
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head is normocephalic; head and neck are symmetrical; neck is symmetrical, active, and equal movement, and no abnormalities detected in the trachea, thyroid, vessels, or lymph nodes. Ears free of any discharge and hearing appropriate and equal in both ears. Eyes symmetrical and good extra ocular movement; nose symmetrical, no deviation, and no nasal drainage or discharge present; teeth well-maintained and no signs of decay** .
CARDIOVASCULAR (2 point):	**Normal S1 and S2 auscultated, no murmurs,**

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:**	**no gallops or rubs detected** **Cardiac rhythm is normal sinus rhythm** **Radial, brachial, carotid, femoral, popliteal, dorsalis pedis, and tibialis posterior all palpated; all peripheral pulses were 3+ symmetrical and strong. Capillary refill is less than three seconds. No neck vein distention present. Non-pitting edema located in the patient's pelvic region.**
RESPIRATORY (1 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Regular and unlabored respirations. Clear breath sounds auscultated in both lungs bilaterally, in upper and lower lobes both anteriorly and posteriorly. Lung aeration is equal in both lungs bilaterally, in both upper and lower lobes, and 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:**	**Regular diet at home.** **Current diet is regular.** **Height is 5'7.5" and weight is 158 lbs.** **Normoactive bowel sounds auscultated in all four quadrants of the abdomen. Last bowel movement was early morning on 09/15/2021. Palpation of the stomach revealed difficulty as the patient's uterus was still large. However, the stomach was soft, and non-tender upon palpation. No guarding present, and no masses palpated. Upon inspection, no distention, incisions, scars, drains, or wounds found on the abdomen.**
GENITOURINARY (2 Points): **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**Quantity of urine is 300 mL.** **Upon inspection of the genitals, some redness, hemorrhoids, and edema were present. Genitals are clean and proper color for ethnicity.**
MUSCULOSKELETAL (1 points): **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☒** **Needs assistance with equipment ☐** **Needs support to stand and walk ☐**	**Patient has a fall score of 0.** **Patient does not need ADL assistance, and is independent, or up ad lib. Patient does not need assistance with equipment. Nor does the patient need to support to stand and walk.**

NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:** **DTRs:**	**Patient is cognitive and oriented to person, place, situation, and time, x4. Patient is adequately cognitive and mature.** **Speech is clear and articulative.** **Patient's sensory is alert.** **No gross focal neurological deficits. Patient is alert, awake and able to answer questions appropriately.** **Patient's deep tendon reflex was 2+, which is a brisk normal 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):**	**Patient copes through the support of the significant other, who is the father of the current infant. In addition, patient is very close with mother and constantly uses mother for support. Mature developmental age. Patient can read, write, and form full structured sentences according to developmental age. Patient is fully capable of making informed decisions. Patient reports a strong religious affiliation to the Christian fit. Patient lives with significant other and their four-year-old daughter. Patient has a strong connection to and support of both biological parents and brother.**
Reproductive: (2 points) **Fundal Height & Position:** **Bleeding amount:** **Lochia Color:** **Character:** **Episiotomy/Lacerations:**	**Fundal height is UU, or exactly at the umbilicus. Patient bleeding is approximately 10 cm in quantity, and lochia color is rubra. Character of lochia is normal and not thick, but liquid like. The lochia has no odor.** **No episiotomy or lacerations present on or near the vagina or pelvis.**
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:**	**Artificial rupture of the membranes occurred to help labor proceed. Rupture of the membranes happened at 1150 on 09/14/2021. The ruptured amniotic fluid was clear, a medium amount, and odorless.** **Delivery date was 09/14/2021 at 1358. The patient delivered spontaneously via the vagina. Patient lost approximately 500 mL of blood during delivery. The infant born is female. The female infants Apgar at one minute was a score of eight, and then at five minutes the Apgar was 9. The infant's initial weight was 6 lbs. 10.9 oz. Patient chose to breast feed the**

Feeding Method:	**infant.**

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	**86**	**114/68**	**14**	**97.5**	**98%**
Labor/Delivery	**79**	**117/72**	**16**	**97.3**	**97%**
Postpartum	**64**	**100/60**	**14**	**98.2**	**99%**

Vital Sign Trends: Reviewing the vitals of the patient, the vital signs are all within normal limits from the prenatal period, labor, delivery, and even postpartum.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800	**Numeric**	**Lower abdomen/pelvic region**	**3/10**	**Pain is reported as intermittent, sharp cramps**	**Tylenol administered**
1015	**Numeric**	**Lower abdomen/pelvic region**	**2/10**	**Pain is reported as intermittent, sharp cramps**	**Ibuprofen administered**

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 currently in, but it was an 18-gauge peripheral line. IV site was on the left forearm. IV was inserted and dated on 09/14/2021. Patency of the IV was adequate. While IV was inserted there were no abnormal signs of erythema or drainage. IV site presently had some miniscule bruising. Lastly, IV dressing was clean, dry, and intact.

	There was no IV dressing on 09/15/2021 as the IV had been removed.

Intake and Output (2 points)

Intake	**Output (in mL)**
Patient consumed 300 mL of water. Patient ate 100% of breakfast, which consisted of an omelet, water, and oatmeal. Patient also ate 80% of lunch, which consisted of a burger, brownie, and vegetables.	**Patient's output was 300 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.**
Educated the patient on the application and use of perineal pads. (N)	**Education completed one time**	**After labor and delivery, there is some bleeding that occurs and to be hygienic and not soil the patient's underwear a perineal pad is the perfect option to help.**
Tylenol administered orally to patient. (M)	**Tylenol administered every four hours as needed.**	**The nurse provided Tylenol to the patient for intermittent, sharp cramps located in the pelvic and abdominal regions.**
Nurse promotes a quiet, calm environment with the hospital room closed for patient. The nurse keeps adequate lighting, blinds partially closed,	**Nurse promotes this intervention at all hours during the day.**	**Patient requested a quiet, calm environment for themselves and the newborn infant. Nurse followed through with patient's want for peace and quiet.**

television off, and door completely shut. (N)		
Monitoring the vital signs of both the mother and baby. (N)	**Vital signs taken every four hours.**	**Monitoring vital signs for the baby and mother is imperative to check on the health of the newborn and to confirm the mother makes a recovery from delivery.**

Phases of Maternal Adaptation to Parenthood (1 point)

What phase is the mother in? The patient is in the dependent or taking in phase of maternal adaptation (Barlow et al., 2019). This phase occurs from the first twenty-four to forty-eight hours after delivery (Ricci et al., 2021).

What evidence supports this? The patient showed all the signs of the dependent phase, as the patient was talkative, reflecting on birthing the infant, relying on the father involved, and focusing on personal hygiene (Barlow et al., 2019).

Discharge Planning (2 points)

Discharge location: Discharge location is the patient's home, where the patient lives with her significant other and their four-year-old daughter.

Equipment needs (if applicable): Equipment needs is not applicable to the patient as the patient is independent, or up ad lib.

Follow up plan (include plan for mother AND newborn): The follow up plan, which was reviewed and approved by the patient is that the patient must go to Christie Clinic Obstetrics Gynecology Department for the first new baby and mother appointment.

Education needs: The patient needs a few refreshers about motor vehicle safety and car seat safety for a new baby. Patient reports remembering everything education wise due to having a four-year-old daughter, and already going through the process of caring for and welcoming an infant 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

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 this 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. At risk for deficient knowledge related to varicose veins caused by pregnancy as evidenced by many questions and low comprehension about the main adverse effect of varicose veins.	**It is evident that the patient does not understand how or why varicose veins appeared on her lower left limb during pregnancy. Therefore, it is the nurse's job to educate the patient successfully, so the patient fully comprehends pregnancy induced varicose veins.**	**1. Educate the patient on how and why varicose veins occur during pregnancy. Verbalization and an informational printout about varicose veins are best to help in educating the patient. Then, the patient will teach the material back to ensure comprehension. Rationale: It is imperative for the patient to fully understand what varicose veins are as the patient now has some on the left lower limb. The patient**	**1. The patient responded well to the nurse's actions and successfully taught back the information about how and why varicose veins occur during pregnancy. Goal met. No modifications needed. 2. The patient responded positively to the nurse's actions. The patient was willing to listen, and successfully taught back how one main adverse effect of varicose veins is deep vein thrombosis. Also, patient was able to list at least five signs and**

	In other words, the patient will no longer have questions about varicose veins. In addition, it is imperative the patient is also educated about deep vein thrombosis. Varicose veins immensely increase the likelihood of DVTs. A DVT can greatly harm the patient if the patient has little to no knowledge. The patient must have knowledge about the signs and symptoms of DVTs too. Knowing the signs and symptoms will aid the patient in reporting a possible DVT and avoiding a fatal situation.	**formed varicose veins due to pregnancy (Swearingen & Wright, 2018).** **2. Educate the patient on how varicose veins greatly increase the risk of deep vein thrombosis, and the signs and symptoms of DVTs. The education includes verbalization and an informational brochure about deep vein thrombosis. Again, the patient will complete the teach back method to ensure comprehension.** **Rationale: Deep vein thrombosis can be a fatal issue especially in a pregnant patient (Swearingen & Wright, 2018). It is vital for the patient to know not only can varicose veins cause a DVT, but the signs and symptoms to watch out for (Swearingen & Wright, 2018). This education can potentially save the patient's life if recognized early due to proper knowledge.**	**symptoms of DVTs. Goal met. No modifications needed.**
2. At risk for intermittent, uterine cramping pain i related to	**This was a major complaint of the client throughout**	**1. Administer 650 mg of acetaminophen every four hours as needed.** **Rationale: It is evident that the patient is in pain**	**1. Patient responds well to the acetaminophen. When pain is assessed again, the patient reports a**

labor and birth as evidenced by verbalization of cramping, numeric pain score of 3/10, and patient in the postpartum process.	**the day. The pain was intermittent, and painful enough to cause discomfort and a rate of 3/10 on the numeric pain scale. The patient needed relief from the uterine cramping, and it is vital to for the nurse to do so.**	**and discomfort due to the uterine cramping. The uterine cramping or afterpains is an unfortunate side effect of labor and delivery (Swearingen & Wright, 2018). It is however a normal side effect. Acetaminophen is a safer option for the patient as it is not an NSAID. NSAIDs may cause bleeding and considering the patient lost about 500 mL of blood during labor and delivery acetaminophen is a better option. (Swearingen & Wright, 2018). The acetaminophen will provide pain relief and decrease any inflammation in the body (Swearingen & Wright, 2018). When giving acetaminophen, the nurse will confirm through verbalization that it is for the uterine cramping, and it will help the patient. The nurse can address any other questions the patient has before medication administration. The patient and nurse agree on a 1/10 pain rating as an ideal goal.** **2. Gently massage the lower abdomen every few hours especially when cramps begin.** **Rationale: A massage is an easy and non-medication treatment to**	**1/10 on the numeric scale. This is what the nurse and patient agreed upon. Goal met. No modifications needed.** **2. Patient and father involved respond positively to massage technique. Patient reports feeling relieved and relaxed from the massage. Patient and father involved can correctly massage the lower abdomen as taught by the nurse. Goal met. No modifications needed.**

		help in the relief of uterine cramping (Swearingen & Wright, 2018). The nurse can easily perform the first few massages, and through teaching and verbalization show the client and father involved how to massage correctly. Massaging the lower abdomen will help decrease pain and discomfort.	
3. At risk for vomiting related to the labor process as evidenced by patient reporting feeling nauseous and vomiting prior.	**Reliving the patient's nausea may prevent vomiting and further complications such as fluid loss. The patient complained most of the day about nausea and vomiting a lot after delivering an infant. It is the nurses job to actively listen to the client, and to help relive the client of nausea and vomiting.**	**1. Administer ondansetron every twelve hours as needed via injection.** **Rationale: The patient reported feeling nauseous a few times throughout the day. Also, the patient reported vomiting a few times the day prior after delivery. It is crucial that the patient receives an injection of ondansetron to prevent nausea and vomiting (Swearingen & Wright, 2018). In addition, since the client is nauseous and vomited prior an injection is necessary to avoid vomiting an oral tablet (Swearingen & Wright, 2018).** **2. Maintain adequate fluid balance in the patient.** **Rationale: During labor and delivery the mother loses a large amount of fluids (Swearingen & Wright, 2018). It is vital that the patient maintains**	**1. Patient responds well to ondansetron and reports no nausea and vomiting. Goal met. No modifications needed.** **2. Patient reports feeling much better and a lot of relief from oral fluids. The patient drank 300 mL of water, and no longer reports nausea or vomiting. Goal met. No modifications needed.**

		adequate hydration as dehydration causes nausea and vomiting (Swearingen & Wright, 2018).	
4. At risk for knowledge deficiency in proper perineal care related to physical changes as evidenced by the body recovering from labor.	**It is vital for the patient to receive education on proper perineal care after labor and delivery. Proper perineal hygiene can prevent infection and improve cleanliness. The patient needs more education about what expected findings are postpartum, and how to adjust to postpartum hygiene.**	**1. Educate the patient on expected lochia findings and utilizing pads one time unless patient needs re-education. Rationale: The patient must know the normal findings of lochia, which is vaginal discharge that occurs postpartum. Lochia is normal (Swearingen & Wright, 2018). In this stage of postpartum, the lochia is rubra, or dark red (Swearingen & Wright, 2018). Lochia will have little to no odor (Swearingen & Wright, 2018). Lastly, it is important for the patient to know to use pads just as a menstrual cycle to prevent lochia from soiling the patient's clothes (Swearingen & Wright, 2018). Also, pads help with measuring the amount of lochia (Swearingen & Wright, 2018).** **2. Educate the patient on properly cleaning the perineal area with a washcloth and warm water as many times as the patient needs. Rationale: Proper hygiene for the patient is imperative for cleanliness and preventing infection**	**1. Patient responds well to education and feels more comfortable knowing lochia is normal. In addition, patient now understands that pads are important to prevent underwear and pants from soiling. Goal met. No modifications needed.** **2. Patient properly demonstrates how to correctly clean the perineal area. Patient feels refreshed, clean, and avoids irritating the perineal area. Goal met. No modifications needed.**

		(Swearingen & Wright, 2018). Blotting back to front with a clean, warm washcloth and water is the best way to cleanse the perineal area (Swearingen & Wright, 2018). The patient needs to wipe gently to avoid irritating the perineal area and hemorrhoids (Swearingen & Wright, 2018).	

Other References (APA):

Swearingen, P. L., & Wright, J. (2018). *All-in-one nursing care planning resource: Medical-surgical, pediatric, maternity, and psychiatric-mental health* (5th ed.). Mosby.