

N432 Postpartum Care Plan
Lakeview College of Nursing
Conor Deering

Demographics (3 points)

Date & Time of Admission 9/27 1800	Patient Initials B.B.	Age 19 y/o	Gender Female
Race/Ethnicity White/Non-hispanic	Occupation Unemployed	Marital Status Single	Allergies NKDA
Code Status Full Code	Height 5' 3"	Weight 170lbs	Father of Baby Involved Yes

Medical History (5 Points)

Prenatal History: The mother is G1, T0, P0, A0, L0 without previous pregnancies or complications.

Past Medical History: The mother has borderline personality disorder with cutting.

Past Surgical History: There is no significant past surgical history.

Family History: Family history of hypertension related to maternal grandmother and grandfather.

Social History (tobacco/alcohol/drugs): Mother smokes marijuana but declines to explain further. No tobacco or alcohol history.

Living Situation: Mother lives with boyfriend and states she has a "good family" when asked about her support system.

Education Level: Mother has a high school level education.

Admission Assessment

Chief Complaint (2 points): Mother is a 19 y/o female here for rupture of membranes.

Presentation to Labor & Delivery (10 points): A 19-year-old female presents to labor and delivery with rupture of membranes. The mother reported "laying in bed" when her

membranes ruptured; she then immediately came to labor and delivery while her "boyfriend drove." The mother is a G1, T0, P0, A0, L0. Upon rupturing membranes at 1800, the fluid was clear without odor; the amount of fluid was not documented. The mother was admitted at 37+6 weeks.

Diagnosis

Primary Diagnosis on Admission (2 points): The mother is here for labor.

Secondary Diagnosis (if applicable): N/A

Postpartum Course (18 points)

My client is a 19 y/o G1 (now P1) in the fourth stage of labor. My client was 12 hours postpartum when I arrived; she had no complications but did test positive for marijuana. Typical findings of a mother within the fourth stage of labor will be (first) the placenta being expelled; this signals the fourth stage instead of the third stage (Ricci et al., 2017). Psychologically, the mother typically enters a mood of excitement and is very talkative in the fourth stage of labor; she feels a sense of peace and is alert and oriented (Ricci et al., 2017). It is essential to place the baby with the mother as much as possible. Attachment starts in the fourth stage, with the mother usually wanting to feed and cuddle her baby (Ricci et al., 2017). The mother's excitement precipitates from a high pulse rate that is natural after birthing a baby (Chauhan, 2020). Natural findings in the mother included scant lochia with a firm fundus upon the fundal exam. Postpartum hemorrhage is the leading cause of death from giving birth. Risks include multiple births, fetal abnormalities, fragments of the placenta retaining, or the placenta ejecting before the fetus (Ricci et al., 2017). The uterus is supposed to have the ability to clamp down on the blood vessels to prevent hemorrhage; if this action is obstructed, then hemorrhage is a risk (Ricci et al., 2017). Infection is a severe problem for postpartum women, which can manifest as an elevated temperature above 100.4 degrees Fahrenheit, foul-smelling amniotic fluid, or lochia. Further risks are elevated white blood cell count, a wound with purulent drainage, back pain, and cloudy urine; chills and fatigue are also involved (Ricci et al., 2017). Risk factors for infection can be cesarean birth, prolonged labor, prolonged rupture of membranes, placenta being retained (Ricci et al., 2017). Infection can precipitate from the

lack of handwashing and asepsis (Ricci et al., 2017). After birth, a possible disorder is postpartum mood disorder; risk factors may include socioeconomic, biological, and hormonal factors (Ricci et al., 2017). Postpartum mood disorder consists of depressive symptoms and may consist of postpartum blues, postpartum depression, and may lead to psychosis; our patient directly correlates with this as she has a history of borderline personality disorder with cutting (Ricci et al., 2017). Due to pregnancy, the patient has a high white blood cell count, high neutrophil count, and low lymphocyte count (Ricci et al., 2017). The mother has an A-positive blood type and is immune to rubella.

Postpartum Course References (2) (APA):

Chauhan, G. (2020, December 8). *Physiology, postpartum changes*. StatPearls.

<https://www.statpearls.com/ArticleLibrary/viewarticle/27550>

Ricci, S. S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing* (3rd 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	3.8–5.3	4.64	4.55	4.21	
Hgb	12.0-15.8	13.4	13.8	12.8	
Hct	36-47	39.6	40	37	
Platelets	140-440	240	314	257	
WBC	4-12	7.1	14.6	21.10	A high white blood cell count is normal for a woman in the latter part of her pregnancy and during

					labor relating to my patient (<i>Patient Education on Blood, Urine, and Other Lab Tests Lab Tests Online, 2021</i>).
Neutrophils	47-73	77.7	73.97	84.3	A high neutrophil count is normal for a pregnant woman in the last trimester and during labor relating to my patient (<i>Patient Education on Blood, Urine, and Other Lab Tests Lab Tests Online, 2021</i>).
Lymphocytes	18-42	9.7	16.9	9.2	Lower lymphocyte counts are typical for pregnant women (Mohr-Sasson et al., 2020).
Monocytes	4-12	12.4	8.1	6	It is normal for monocytes to be high in pregnant women (Faas & de Vos, 2017)
Eosinophils	0-5	0.1	0.6	0.2	
Bands	N/A	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 – O	A	A	A	N/A
Rh Factor	POS – NEG	POS	POS	POS	N/A
Serology (RPR/VDRL)	Non-reactive to reactive	N/A	N/A	Non-reactive	N/A
Rubella Titer	Immune – Not immune	N/A	N/A	Immune	N/A
HIV	POS-NEG	N/A	N/A	NEG	N/A
HbSAG	Not detected –	N/A	N/A	Not Detected	N/A

	detected				
Group Beta Strep Swab	POS - NEG	NEG	NEG	NEG	N/A
Glucose at 28 Weeks	< 140	I am unable to find this in the chart but I will explain an abnormal value.			An abnormal result for the glucose challenge screen indicates a glucose tolerance test is needed. If the client fails the oral glucose tolerance test, she has gestational diabetes (Patient Education on Blood, Urine, and Other Lab Tests Lab Tests Online, 2021).
MSAFP (If Applicable)	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

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
Urine drug screen	POS-NEG	Positive for cannabinoids	Positive for cannabinoids	N/A	This value is positive due to marijuana use (Patient Education on Blood, Urine, and Other Lab Tests Lab Tests Online, 2021).
COVID-19	POS-NEG	N/A	Not detected	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)	This was not needed for this patient.	N/A	N/A	N/A	N/A

Lab Reference (1) (APA):

Faas, M., & de Vos, P. (2017). Maternal monocytes in pregnancy and preeclampsia in humans and in rats. *Journal of Reproductive Immunology*, 119, 91–97.

<https://doi.org/10.1016/j.jri.2016.06.009>

Mohr-Sasson, A., Chayo, J., Bart, Y., Meyer, R., Sivan, E., Mazaki-Tovi, S., & Yinon, Y.

(2020). Laboratory characteristics of pregnant compared to non-pregnant women infected with SARS-CoV-2. *Archives of Gynecology and Obstetrics*, 302, 629–634.

<https://doi.org/10.1007/s00404-020-05655-7>

Patient Education on Blood, Urine, and Other Lab Tests | *Lab Tests Online*. (2021). Lab Test Online. <https://labtestsonline.org/>

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

	Your Assessment
<p>History of labor:</p> <p style="padding-left: 40px;">Length of labor</p> <p style="padding-left: 40px;">Induced /spontaneous</p> <p style="padding-left: 40px;">Time in each stage</p>	<p style="text-align: center;">This mother was in labor for 6hrs 15min until birth with spontaneous vaginal delivery. She was in the first stage for 5 hours 56 minutes, the second for 15 minutes, and the third stage for 4 minutes.</p>
<p>Current stage of labor</p>	<p>The mother is currently in the fourth stage of labor, which starts after the uterus expels the placenta until the normal function of all organs resume (Faas & de Vos, 2017). The mother's fundus is firm without bogginess with scant lochia, which is expected (Ricci et al., 2017). No episiotomies are noted, but a first-degree tear occurred during labor.</p> <p>Typically, the mother is monitored every 15 min for 1 hour after delivery, with close attention to the fundal exam, which examines the firmness of the uterus and amount of lochia (Ricci et al., 2017). The mother typically feels cramping due to the contracting uterus, which helps keep the mother from hemorrhaging (Ricci et al., 2017). This mother is recovering well and is expected to go home soon.</p>

Stage of Labor References (2) (APA):

Faas, M., & de Vos, P. (2017). Maternal monocytes in pregnancy and preeclampsia in humans and in rats. *Journal of Reproductive Immunology*, 119, 91–97.

<https://doi.org/10.1016/j.jri.2016.06.009>

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

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

Home Medications (2 required)

Brand/Generic	Phenergan/ Promethazine (Jones & Bartlett Learning, 2021).	Zofran ODT/ Ondansetron (Jones & Bartlett Learning, 2021).	N/A	N/A	N/A
Dose	25mg tablet (Jones & Bartlett Learning, 2021).	4mg tablet (Jones & Bartlett Learning, 2021).	N/A	N/A	N/A
Frequency	take three times daily before meals. (Jones & Bartlett Learning, 2021).	Take one tab every 8 hours. (Jones & Bartlett Learning, 2021).	N/A	N/A	N/A
Route	Oral (Jones & Bartlett Learning, 2021).	Oral (Jones & Bartlett Learning, 2021).	N/A	N/A	N/A
Classification	Phenothiazine/ Antihistamine, antiemetic, antivertigo,	Selective serotonin receptor antagonist/	N/A	N/A	N/A

	sedative-hypnotic (Jones & Bartlett Learning, 2021).	antiemetic (Jones & Bartlett Learning, 2021).			
Mechanism of Action	This medication blocks histamine effects by taking H1 receptor sites and prevents nausea by acting on the medullary chemoreceptor trigger zone by decreasing stimulation and labyrinth function of the inner ear. (Jones & Bartlett Learning, 2021).	This medication blocks serotonin reception at vagal nerve terminals located in the intestinal tract and the chemoreceptor trigger zone; this reduces nausea and vomiting (Jones & Bartlett Learning, 2021).	N/A	N/A	N/A
Reason Client Taking	Our client was given this med for obstetric sedation (Jones & Bartlett Learning, 2021).	The client was taking this medication for nausea and vomiting during pregnancy (Jones & Bartlett Learning, 2021).	N/A	N/A	N/A
Contraindications (2)	Do not use this medication if the patient is in a comatose state or is hypersensitive to this medication	Do not use this medication when giving apomorphine at the same time or if the patient has a hypersensitivity	N/A	N/A	N/A

	(Jones & Bartlett Learning, 2021).	(Jones & Bartlett Learning, 2021).			
Side Effects/Adverse Reactions (2)	Side effects may include hypotension and respiratory depression (Jones & Bartlett Learning, 2021).	Hypotension and bronchospasm are potential side effects of this medication (Jones & Bartlett Learning, 2021).	N/A	N/A	N/A
Nursing Considerations (2)	After giving this medication, monitor the patient's red and white blood cells due to bone marrow depression; The patient needs to stay away from allergy tests 72 hours before taking this medication due to altering results (Jones & Bartlett Learning, 2021).	This medication is to be given on top of the tongue directly after opening; Monitor the patient for signs of hypersensitivity like bronchospasm or anaphylaxis (Jones & Bartlett Learning, 2021).	N/A	N/A	N/A
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Before giving this medication, I would want to know the patient's heart rate, blood pressure, and CBC for assessing her clotting ability (Jones & Bartlett	Before giving this medication, I would want to know the blood pressure and heart rate of my patient. (Jones & Bartlett Learning, 2021).	N/A	N/A	N/A

	Learning, 2021).				
Client Teaching needs (2)	I would teach the patient to avoid over-the-counter medication unless they are approved by the prescriber; The patient should avoid CNS depressants while using this medication (Jones & Bartlett Learning, 2021).	I would teach the patient to report signs of an allergic reaction immediately, and transient blindness is possible; it can take 48 hours to correct. (Jones & Bartlett Learning, 2021).	N/A	N/A	N/A

Hospital Medications (5 required)

Brand/Generic	Dermoplast/ Benzocaine (Drugs.com, 2021).	Colace/ Docusate (Jones & Bartlett Learning, 2021).	Motrin/ Ibuprofen (Jones & Bartlett Learning, 2021).	Lansinoh/ Lanolin (Drugs.com, 2021).	Pitocin/ Oxytocin (Drugs.com, 2021).
Dose	1 spray (Drugs.com, 2021).	100mg (Jones & Bartlett Learning, 2021).	800mg (Jones & Bartlett Learning, 2021).	7g per tube (Drugs.com, 2021).	30-unit 500ml bag (Drugs.com, 2021).
Frequency	Take every four hours for pain (Drugs.com, 2021).	Take this medication daily (Jones & Bartlett	Take this medication every 8 hours PRN (Jones &	Take this medication every hour as needed (Drugs.com,	This medication is taken one time (Drugs.com, 2021).

		Learning, 2021).	Bartlett Learning, 2021).	2021).	
Route	Topical (Drugs.com, 2021).	Oral (Jones & Bartlett Learning, 2021).	Oral (Jones & Bartlett Learning, 2021).	Topical (Drugs.com, 2021).	IV (Drugs.com, 2021).
Classification	Local anesthetic (Drugs.com, 2021).	Surfactant, laxative, stool softener (Jones & Bartlett Learning, 2021).	NSAID, analgesic, antipyretic (Jones & Bartlett Learning, 2021).	Emollient, moisturizer (Drugs.com, 2021).	Oxytocic hormone (Drugs.com, 2021).
Mechanism of Action	Dermoplast blocks nerve signals to reduce pain where it is applied (Drugs.com, 2021).	This medication decreases surface tension, letting more water penetrate the stool and assist in forming softer stools. (Jones & Bartlett Learning, 2021).	This medication blocks prostaglandins which initiate an inflammatory response, causing pain; this medication also causes vasodilation which dissipates heat-related to fever (Jones & Bartlett Learning, 2021).	This medication makes the skin softer by forming an oil layer on the epithelial tissue, decreasing water loss (Drugs.com, 2021).	Oxytocin increases calcium content inside muscle cells that help the uterus contract (Drugs.com, 2021).
Reason Client Taking	The client is using this medication for peritoneal pain (Drugs.com, 2021).	This medication is used to treat constipation (Jones & Bartlett Learning, 2021).	This medication is prescribed for pain relief after childbirth (Jones & Bartlett Learning, 2021).	Lanolin for this client is used to moisturize dry skin (Drugs.com, 2021).	The client can take oxytocin to induce labor and make contractions stronger (Drugs.com, 2021).
Contraindications (2)	Do not use this medication for	Do not use this medication with mineral	Do not use this medication for patients with	Do not use this medication on	Do not use this medication in cases of fetal

	patients with abnormal heart rhythms; do not use it on children two and younger (Drugs.com, 2021).	oil; fecal impaction is contraindicated (Jones & Bartlett Learning, 2021).	angioedema or asthma (Jones & Bartlett Learning, 2021).	large wounds or if the patient is hypersensitive (Drugs.com, 2021).	distress and placenta previa (Drugs.com, 2021).
Side Effects/Adverse Reactions (2)	This medication may cause burning or itching in the application location; anaphylaxis is a severe side effect of dermoplast. (Drugs.com, 2021).	This medication has potential side effects of vomiting and dizziness (Jones & Bartlett Learning, 2021).	This medication can potentially cause GI bleeding or agranulocytosis (Jones & Bartlett Learning, 2021).	Side effects of lanolin can include hives. Difficulty breathing can result from lanolin use (Drugs.com, 2021).	Side effects of this medication are nausea and vomiting or confusion (Drugs.com, 2021).
Nursing Considerations (2)	Before administering the medication, clean the area. Store this medication at room temperature; it does not need to be frozen (Drugs.com, 2021).	Long term use of this medication can cause dependence on laxatives for bowel movements; Assess patients for laxative abuse, especially women with anorexia and personality disorders (Jones & Bartlett Learning, 2021).	Ibuprofen should be used with caution in patients with a history of GI bleeding; Use ibuprofen cautiously in patients with hypertension by monitoring blood pressure (Jones & Bartlett Learning, 2021).	This medication should be stored at room temperature; do not apply lanolin near the eyes (Drugs.com, 2021).	The patient should be monitored frequently while receiving this medication; monitor fetal heart rate with uterine contractions before inducing labor (Drugs.com, 2021).
Key Nursing Assessment(s)/Lab(s)	No key nursing	The patient should be	Monitor CBC, BUN, liver	No key nursing	Fetal heart rate should be

) Prior to Administration	assessments are needed before administration (Drugs.com, 2021).	assessed for abdominal pain before giving this medication (Jones & Bartlett Learning, 2021).	enzymes, and hematocrit when giving this medication (Jones & Bartlett Learning, 2021).	assessments are noted for this medication (Drugs.com, 2021).	assessed before administration (Drugs.com, 2021).
Client Teaching needs (2)	The patient should call her provider if her symptoms do not improve within seven days of use; Avoid using large amounts of this medication due, use the smallest amount to relieve pain	Tell the patient not to take this medication with abdominal pain; The patient should notify the provider if they have rectal bleeding, dizziness, and weakness, or cramping (Jones & Bartlett Learning, 2021).	Tell the patient to take ibuprofen tablets with a full glass of water and not lie down for 15-30 minutes to prevent irritation; Tell the patient to report flu-like symptoms like fever and chills (Jones & Bartlett Learning, 2021).	Lanolin should be discontinued in case of an allergic reaction; do not take this medication by mouth (Drugs.com, 2021).	Patients should be taught to expect an increase in contractions; in some cases, fluids may be restricted with oxytocin (Drugs.com, 2021).

Medications Reference (1) (APA):

Drugs.com. (2021). *Drugs.com | prescription drug information, interactions & side effects.*

<https://www.drugs.com/>

Jones & Bartlett Learning. (2021) 2021 Nurse’s Drug Handbook. Burlington, MA

Assessment

Physical Exam (18 points)

GENERAL (1 point): Alertness: Orientation: Distress:	The patient is AAOx3 with no acute distress.
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<p>Overall appearance:</p>	
<p>INTEGUMENTARY (1 points): Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds/Incision: . Braden Score: Drains present: Y<input type="checkbox"/> N<input checked="" type="checkbox"/> Type:</p>	<p>Skin color is white and smooth throughout and warm to the touch. Turgor is intact without rashes, bruises, or wounds noted.</p> <p>Braden score is 23</p>
<p>HEENT (1 point): Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Head and neck are midline and intact. Ears, eyes, and nose are free of drainage or bruising and are intact. Dentition is good.</p>
<p>CARDIOVASCULAR (2 point): Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y<input type="checkbox"/> N<input checked="" type="checkbox"/> Edema Y<input type="checkbox"/> N<input checked="" type="checkbox"/> Location of Edema:</p>	<p>Normal S1S2 heart sounds without rubs, gallops, or murmurs. The heart rhythm is normal. Peripheral pulses are +2 bilaterally in all extremities. Capillary refill is less than 3 seconds in all extremities.</p>
<p>RESPIRATORY (1 points): Accessory muscle use: Y<input type="checkbox"/> N<input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Normal vesicular breath sounds in all fields.</p>
<p>GASTROINTESTINAL (2 points): Diet at Home: Current Diet: Height: Weight: Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds:</p>	<p>The patient has no restriction on her diet and eats similarly at home; she has at least three snacks in-between three meals daily. 5' 3" 170lbs Bowel sounds are normoactive in all fields. The last BM was at 11 am. The mother reports no pain upon palpation. Inspection yields an intact fundus without incisions, scars, drains, or wounds.</p>

<p>GENITOURINARY (2 Points): Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	<p>Urine was not observed in this patient.</p> <p>The patient has a 1st-degree tear present with scant lochia.</p>
<p>MUSCULOSKELETAL (1 points): ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Score: Activity/Mobility Status: Independent (up ad lib) <input checked="" type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	<p>Morse fall scale is 0.</p>
<p>NEUROLOGICAL (2 points): MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input checked="" type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC: DTRs:</p>	<p>The patient has a normal range of motion throughout with no slurred speech or loss of consciousness.</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 patient states she copes with sleeping, eating, and listening to music. The patient says she is not religious and lives with her boyfriend. The mother says she has a good support system but declines to elaborate further.</p>
<p>Reproductive: (2 points) Fundal Height & Position: Bleeding amount: Lochia Color: Character: Episiotomy/Lacerations:</p>	<p>Fundal height and position are two fingers length below umbilicus with scant, red lochia found.</p> <p>The patient has a first-degree laceration.</p>
<p>DELIVERY INFO: (1 point) Rupture of Membranes: Time:</p>	<p>Rupture of membranes 9/26 at 1800 was clear</p>

<p>Color: Amount: Odor: Delivery Date: Time: Type (vaginal/cesarean): Quantitative Blood Loss: Male or Female Apgars: Weight: Feeding Method:</p>	<p>with absent odor; no amount was documented. The delivery date was 9/27 at 0226 vaginally. 200ml of blood loss was reported with a female being born.</p> <p>1-minute Apgars was 8 while 5-minute Apgars was 9. The baby weighed 2580g and is being bottle fed by the new mom.</p>
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Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	81	102/62	16	98.1	99%
Labor/Delivery	75	137/98	22	98.2	This value was not in the chart.
Postpartum	70	131/87	14	98.2	99%

Vital Sign Trends:

Vital signs are normalizing; blood pressure is decreasing due to post-delivery. The stress of pregnancy can increase blood pressure.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1000	Numeric	None	No pain	N/A	N/A

1533	Numeric	None	No pain	N/A	N/A
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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:	This patient has no IV present.

Intake and Output (2 points)

Intake	Output (in mL)
This patient eats a regular diet without restrictions.	The patient is up and voiding on her own.

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.
(N) I will offer an ice pack for the patient’s vaginal laceration.	The intervention is given one time for an hour.	An ice pack will help dull pain and slow circulation, thereby slowing the bleeding.
(N) I will massage the patient’s abdomen.	The intervention will be given as is needed.	Massage will help release excess blood from the uterus.
(N) Educate the mother about cannabis withdraw concerning the baby.	The intervention can be done one time.	The mother tested positive for cannabinoids, which will adversely affect the baby.

Phases of Maternal Adaptation to Parenthood (1 point)

What phase is the mother in? The mother is in the taking-in phase of maternal adaption.

What evidence supports this? The mother is less than 24 hours post-partum, the client is tired due to lack of sleep, and is hyper-focused on her new baby.

Discharge Planning (2 points)

Discharge location: The mother will be discharged home with the father.

Equipment needs (if applicable): The mother denied equipment needs when asked.

Follow-up plan (include plan for mother AND newborn): The mother is to follow up in 6 weeks; the baby will need a follow-up in 24-48 hours.

Education needs: The mother needs to be educated on signs of infection and bleeding at discharge.

Nursing Diagnosis (30 points)

Must be NANDA approved nursing diagnosis and listed in order of priority

Two of the Nursing Diagnoses must be education related i.e. the interventions must be education for the client.”

2 points for correct priority

<p>Nursing Diagnosis (2 pt each) Identify problems that are specific to this patient. Include full nursing diagnosis with “related to” and “as evidenced by” components</p>	<p>Rational (1 pt each) Explain why the nursing diagnosis was chosen</p>	<p>Intervention/Rational (2 per dx) (1 pt. each) Interventions should be specific and individualized for his patient. Be sure to include a time interval such as Assess vital signs q 12 hours.” List a rationale for each intervention and using APA format, cite the source for your rationale.</p>	<p>Evaluation (2 pts each)</p> <ul style="list-style-type: none"> How did the patient/family respond to the nurse’s actions? Client response, status of goals and outcomes, modifications to plan.
<p>1. Risk for self-mutilation related to ineffective coping as evidenced by a history of self-injury (Swearingen & Wright,</p>	<p>The client has a history of self-injury and borderline personality disorder.</p>	<p>1. Help the patient identify situations that trigger self-injury. Rationale – If the patient can identify situations leading to self-injury, she can avoid them. 2. Teach the patient how to form a plan to avoid situations of self-injury.</p>	<p>The patient will identify risks for problem behavior and prevent a reoccurrence of self-harm or from harming others.</p>

<p>2018).</p>		<p>Rationale – If the client can solve the self-injury situation, she will protect herself and possibly others (Swearingen & Wright, 2018).</p>	
<p>2. Risk for infection related to labor as evidenced by 1st-degree laceration (Swearingen & Wright, 2018).</p>	<p>The mother should frequently monitor her laceration to monitor for infection.</p>	<p>1. Teach the mother to monitor her laceration daily. Rationale – monitoring the laceration can prevent unknown infections and can stop them early. 2. Teach the patient signs and symptoms of infection verbally and by handout. Rationale – Teaching the patient signs and symptoms of infection will help her realize and report infection (Swearingen & Wright, 2018).</p>	<p>The patient is free from infection due to her laceration.</p>
<p>3. Deficient knowledge related to drug use as evidenced by positive cannabinoid result (Swearingen & Wright, 2018).</p>	<p>The client used marijuana during pregnancy and may not know it can cause fetal harm.</p>	<p>1. Provide information about marijuana use during pregnancy via handout and verbalization. Rationale – If the client has information about the adverse effects of marijuana use during pregnancy, she can make an educated decision about future use when pregnant. 2. Offer resources to the client for quitting marijuana use via handouts and verbalization. Rationale – Giving the client resources to quit using drugs will provide her a clear path to quitting (Swearingen & Wright, 2018).</p>	<p>The client understands where to go and who to contact for assistance with quitting marijuana.</p>

<p>4. Risk for deficient fluid volume related to labor as evidenced by mother verbalizing thirst (Swearingen & Wright, 2018).</p>	<p>The patient expressed that she is thirsty and wants water.</p>	<p>1. Give the patient water. Rationale – when a patient is thirsty, it is proper to get her fluids due to water loss during labor. 2. Educate the patient that she should be drinking at least 2L of water daily. Rationale – educating the patient about proper hydration amounts will keep her from over or under hydrating. (Swearingen & Wright, 2018)</p>	<p>The patient drinks 2L of water daily and stays hydrated.</p>
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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.