N432 Labor & Delivery Care Plan

Lakeview College of Nursing

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Demographics (3 points)

Date & Time of Admission	Patient Initials	Age	Gender
09/29/2021 at 0529 (5:29 A.M.)	A.M.	36 y.o. (10/04/1984)	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Accountant	Married	Penicillin, sulfamethoxazole
Code Status	**Height**	**Weight**	**Father of Baby Involved**
Full	5’2” (157.5 cm)	187 lbs. (84.8 kg)	Yes

Medical History (5 Points)

Prenatal History: The patient's gravida is two, as the patient has been pregnant twice. Next is the term delivers, which is one as the patient birthed her firstborn to term. As for preterm deliveries, the patient has zero as the patient carried both babies past the early stage. The patient also has a score of zero for abortions and miscarriages. Lastly, the patient now has two living children and therefore scores a two for living. In other words, the patient’s GTPAL is, G= 2, T= 1, P= 0, A= 0, and L= 2. There are no prior complications in the previous birth of the patient's three-and-a-half-year-old daughter in the patient's history. However, in this birth, the placenta previa was noted in ultrasound at twenty weeks gestation. Due to placenta previa, the patient scheduled a cesarean section surgery with the obstetrician. The patient's previous birth outcome was a healthy, spontaneous vaginal delivery to a female neonate on 03/02/2018.

Past Medical History: The patient has a past medical history of eczema.

Past Surgical History: The patient denies any past surgical history.

Family History: The patient’s mother has a history of hypertension, whereas the patient’s father has no history. Both the maternal grandmother and grandfather had cancer. On the paternal side, there is no history.

Social History (tobacco/alcohol/drugs): The patient denies ever smoking. The patient reports not using alcohol but usually sticks to 0.6 oz of alcohol per glass; this is the standard for hard liquor. Lastly, the patient denies any drug usage.

Living Situation: The patient lives with her husband, the father of the current neonate, and the same father of the three-and-a-half-year-old daughter they share.

Education Level: The patient graduated high school within four years and then completed four years of undergraduate education at college. In addition, the patient reports completing a year of grad school for accounting. The patient has no identified learning barriers.

Admission Assessment

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

Presentation to Labor & Delivery (10 points): O: On September 29, 2021, a 36-year-old female arrived at OSF Heart of Mary Medical Center for a scheduled Cesarean section due to the complication of placenta previa. L: The patient does not report any pain. The patient will have a lower segment cesarean section (LSCS). D: The patient is not in any pain, but the approximate length of time the cesarean section is forty-five minutes. C: The patient states, “I am anxious, and I am so scared because I have never had a C-section before.” The patient began to cry after this statement due to the fear of having a cesarean section. A: The patient reported no pain, so there were no aggravating factors pain-wise. However, the more time that passed, the more nervous the patient became for the cesarean section. R: The patient did nothing to relieve pain as the patient had none and did not attempt to relieve the stress and anxiety the patient felt. T: The patient did nothing to treat pain since the patient had none. Also, the patient did not do anything to treat her stress and anxiety about the procedure.

Diagnosis

Primary Diagnosis on Admission (2 points): Placenta previa

Secondary Diagnosis (if applicable): Scheduled cesarean section related to placenta previa

Stage of Labor

Stage of Labor Write Up, APA format (20 points) This should include the progression of cervical effacement & dilation as well as pain management techniques:

Due to the patient undergoing a scheduled cesarean section, the patient quickly went through the first three stages of labor within forty-five minutes to an hour. The patient was in the postpartum, or the fourth stage of labor and delivery, for most of the clinical day post-cesarean section (Ricci et al., 2021). However, the stage the patient was in for the most prolonged duration is the second stage.

The second stage of labor and delivery begins with full dilation of the cervix, 10 cm, and effacement of the cervical canal, 100% (Ricci et al., 2021). During the second stage, or the expulsion stage, contractions are intense in strength, have a frequency of two to three minutes, and duration or length of sixty to ninety seconds (Barlow et al., 2019). For the patient, contractions were mild strength with a frequency of six to nine and a half minutes and a duration of one hundred to one hundred twenty seconds. The contractions are technically abnormal; however, it is adequate since the patient delivered the neonate via cesarean section (Ricci et al., 2021). The average length of the second stage of labor is approximately three hours, but it was much shorter with the scheduled cesarean section the patient underwent (Barlow et al., 2019). Common signs and symptoms of the second stage of labor are strong, involuntary bearing-down efforts, rectal and perineal pressure, minor bowel movement or urination may occur during pushing, the crowning of the fetal head, lacerations, increased bloody show, and the shaking of extremities (Ricci et al., 2021). The second stage of labor and delivery will end with the delivery

of the neonate (Barlow et al., 2019). The delivery of the neonate then signifies the beginning of the third stage of labor (Barlow et al., 2019).

Expected findings related to the second stage of labor and delivery are higher-than-normal blood pressure, higher pulse rate, and labored and higher respirations (Ricci et al., 2021). Most patients will report pain during the second stage of labor, depending on the patient (Ricci et al., 2021). The patient's vitals remained stable and within normal limits since the patient underwent a cesarean section. Also, the patient did not complain of any pain and did not give a pain assessment since the patient felt no discomfort or pain. Typical laboratory findings during the second stage of labor are decreased red blood cells and elevated white blood cells. The patient had a low red blood cell count of 3.63 upon admission and a high white blood cell count of 19.10; the neutrophils and lymphocyte counts were high too, 86.8% and 8.6%, respectively. In addition, hemoglobin and hematocrit both had low levels, 10.7 and 31.8, respectively. The red blood cell count may be low because of blood loss related to placenta previa (Ricci et al., 2021). White blood cells, neutrophils, and lymphocytes are also low because of placenta previa and any bleeding or inflammation related to placenta previa (Ricci et al., 2021). Since the red blood cell count is low due to blood loss, hemoglobin and hematocrit are also low (Ricci et al., 2021).

Nursing interventions are crucial during the second stage of labor and delivery, specifically comfort measures to help the patient (Barlow et al., 2019). The nurse can provide comfort measures such as position changes to promote a wide pelvic outlet, having the patient relax between contractions, continuously monitoring contractions and fetal heart rate patterns, and providing pain management if needed (Ricci et al., 2021). Massage and hydrotherapy are two nursing interventions that can manage and reduce pain without medication use during the second stage (Barlow et al., 2019). The nursing interventions utilized on the patient during the

cesarean section were the partner's company, a calm environment, the patient positioned on the back, and continuous monitoring of the patient and the neonate.

The patient spent most of the clinical post-cesarean section in the postpartum stage, or fourth stage, of labor and delivery (Barlow et al., 2019). The postpartum stage is a time for recovery and baby-friendly activities like skin-to-skin contact with the mother and breastfeeding (Barlow et al., 2019). The postpartum stage begins with the delivery of the intact placenta and ends approximately one to four hours after with the patient recovering in the process. It will take the patient more time to recover due to the stress of the cesarean section rather than a spontaneous vaginal birth, which results in a quicker recovery (Ricci et al., 2021).

Stage of Labor References (2 required) (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 value is the same as the admission value.**

Lab	Normal Range	Prenatal Value	Admission Value	Today's Value	Reason for Abnormal Value
RBC	**3.80-5.30**	**4.34**	**3.63**	****Not applicable**	**Red blood cell count is low due to the gradual and painless blood loss caused by placenta previa (Ricci et al., 2021).**
Hgb	**12.0-**	**13.0**	**10.7**		**Hemoglobin levels are low**

	15.8				**due to painless bleeding and blood loss, which occurs during the second half of pregnancy with placenta previa (Ricci et al., 2021).**
Hct	**36.0-47.0%**	**36.5**	**31.8**		**Hematocrit levels are low due to painless bleeding and blood loss, which occurs during the second half of pregnancy with placenta previa (Ricci et al., 2021).**
Platelets	**140-440**	**218**	**149**		
WBC	**4.00-12.00**	**7.87**	**19.10**		**White blood cell levels are high due to the bleeding and stress of placenta previa on the patient's body (Ricci et al., 2021).**
Neutrophils	**47.0-73.0%**	**72.3%**	**86.8%**		**Neutrophil levels are high because of the inflammation, bleeding, and stress on the patient's body from placenta previa (Ricci et al., 2021).**
Lymphocytes	**18.0-42.0%**	**22.6%**	**8.6%**		**Lymphocyte levels are high because of the inflammation, bleeding, and stress on the patient's body from placenta previa (Ricci et al., 2021).**
Monocytes	**4.0-12.0%**	**4.1%**	**4.6%**		
Eosinophils	**0.0-5.0%**	**0.6%**	**0.0%**		
Bands	**1.60-7.70**	**5.69**	**16.50**		

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, AB, B, O**	**O**	**O**	****Not applicable**	

Rh Factor	**Positive/negative**	**+**	**+**		
Serology (RPR/VDRL)	**Non-reactive**	**Non-reactive**			
Rubella Titer	**Positive**	**Positive**			
HIV	**Non-reactive**	**Non-reactive**			
HbSAG	**Non-reactive**	**Non-reactive**			
Group Beta Strep Swab	**Negative**	**Negative**			
Glucose at 28 Weeks	**<100**	**133**			**The glucose level at 28 weeks is high due to the potential of gestational diabetes and the stress of placenta previa on the patient's body (Ricci et al., 2021).**
MSAFP (If Applicable)	**0.5-2.5**				

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 protein/creatinine ratio (if applicable)					

Lab Reference (1) (APA):

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

Electronic Fetal Heart Monitoring (16 points)

Component of EFHM Tracing	Your Assessment
What is the Baseline (BPM) EFH? **Has it changed during your clinical day? If yes, how has it changed?**	**The baseline electronic fetal heart rate was 135 bpm. The baseline fetal heart rate is a normal finding as the expected range is 110 to 160 bpm. There was no change during the clinical day. The connection between the mostly regular EFHM**

	reading and the patient's diagnoses correlates because all findings are within normal limits. The fetal heart rate accelerated during the cesarean section as expected.
Are there accelerations? • **If so, describe them and explain what these mean (for example: how high do they go and how long do they last?)** **What is the variability?**	**Yes, there were accelerations. The fetal heart rate accelerated from the baseline of 135 bpm to 150 bpm for 10 to 20 seconds intervals. These accelerations may indicate baby movement or that the baby is more awake and active. These accelerations are normal findings as the fetal heart rate only elevated to 15 bpm and lasted from 10 to 20 seconds. The normal range is an elevation of more than 15 bpm above baseline for more than 15 seconds and less than two minutes (Ricci et al., 2021).** **The EFH had a moderate variability between 6-25 bpm. The normal range for an adequate, well-developed, oxygenated fetus is moderate variability, approximately 6 to 25 bpm (Ricci et al., 2021).**
Are there decelerations? If so, describe them and explain the following: What do these mean? o **Did the nurse perform any interventions with these?** o **Did these interventions benefit the patient or fetus?**	**No, there were no decelerations monitored. Typical deceleration findings are a gradual decrease in the fetal heart rate with the nadir, or the peak of the heart rate coincides with the peak of the mother's contraction (Ricci et al., 2021). In other words, the deceleration will be a mirror image of the contraction (Ricci et al., 2021). Decelerations are common**

	during pushing; however, since the patient had a cesarean section (Ricci et al., 2021).
Describe the contractions at the beginning of your clinical day: **Frequency:** **Length:** **Strength:** **Patient's Response:**	**At the beginning of the clinical day, the contractions had a frequency of 6 to 9 ½ minutes, duration or length of 100 to 120 seconds, and mild strength. The patient had no complaints of any pain or discomfort during the contractions. Contractions in the first stage of labor occur approximately with the frequency of 5 to 10 minutes and a duration of 30 to 45 seconds (Ricci et al., 2021). The patient has a frequency within normal limits, but the duration of the contractions is quite a bit longer at 100 and 120 seconds.**
Describe the contractions at the end of your clinical day: **Frequency:** **Length:** **Strength:** **Patient's Response:**	**The contractions had a frequency of 2 ½ to 5 ½, duration or length of 70 to 80 seconds, and mild strength. The patient still had no complaints of any pain or discomfort during the contractions. The usual range of contractions later in the day in the second stage of delivery is a frequency of 2 to 3 minutes with a duration of 60 to 90 seconds (Ricci et al., 2021). The frequency is a bit longer at 5 ½ minutes, but the duration of the contractions is within normal limits.**

EFM reference (1 required) (APA format):

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	**acetaminophen (Tylenol)**	**omeprazole magnesium (Prilosec)**			
Dose	**325 mg**	**20 mg**			
Frequency	**Every four hours as needed**	**Once daily**			
Route	**Oral**	**Oral**			
Classification	**Pharmacological: nonsalicylate, para-aminophenol derivative** **Therapeutic: antipyretic, nonopioid analgesic**	**Pharmacological: proton pump inhibitor** **Therapeutic: antiulcer**			
Mechanism of Action	**Interferes with pain impulse generation by inhibiting cyclooxygenase and stopping prostaglandin production. Acts directly on the hypothalamus to regulate body temperature.**	**Interferes with gastric acid secretion by inhibiting the proton pump in gastric parietal cells. This prevents additional HCl from forming.**			
Reason Client Taking	**The patient is in pain from a cesarean section.**	**The patient has heartburn related to**			

		pregnancy.			
Contraindications (2)	**Severe hepatic impairment, severe active liver disease**	**Concurrent therapy with rilpivirine-containing products, hypersensitivity to omeprazole**			
Side Effects/Adverse Reactions (2)	**Hypotension, pulmonary edema**	**Hypoglycemia, hepatic dysfunction, or failure**			
Nursing Considerations (2)	**Know to utilize acetaminophen carefully in the patient with hepatic issues, alcoholism, and renal impairment. Check that the daily dose of acetaminophen from all sources does not exceed the maximum daily amount.**	**Monitor patient's urine output because omeprazole may cause acute interstitial nephritis. Give omeprazole in the morning before meals for once-daily dosing.**			
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Assess pain, location of pain, and severity of pain before administration. Take vitals before administration and one or two hours after administration. Have a liver function panel test done to check for liver function before administration.**	**Assess the patient for heartburn and chest discomfort related to heartburn. Monitor patient's output to check for retention. Monitor patient for diarrhea and abdominal pain during drug therapy. Have a baseline liver function panel done to observe for potential**			

		hepatic impairment or failure.			
Client Teaching needs (2)	**Inform the patient that the patient may crush or swallow tablets whole. Educate the patient on the signs of hepatoxicity like bleeding, bruising easily, and malaise.**	**Educate patient to take the drug before eating, usually in the morning before breakfast. Advise patient to notify provider about abdominal pain or diarrhea.**			

Hospital Medications (5 required)

Brand/Generic	**gentamicin (Cidomycin)**	**clindamycin (Cleocin)**	**ketorolac (Toradol)**	**oxytocin (Pitocin)**	**morphine sulfate**
Dose	**240 mg**	**900 mg**	**30 mg**	**30 units**	**300 mcg**
Frequency	**Once daily**	**Once daily**	**Every six hours**	**Once only**	**Once only**
Route	**Intravenously**	**Intravenously**	**Injection**	**Intravenously**	**Intrathecal injection**
Classification	**Pharmacological: aminoglycoside** **Therapeutic: antibiotic**	**Pharmacological: lincosamide** **Therapeutic: antibiotic**	**Pharmacological: NSAID** **Therapeutic: analgesic**	**Pharmacological: uterotonic agent** **Therapeutic: hormone**	**Pharmacological:** **Therapeutic:**
Mechanism of Action	**Disrupts bacterial membranes integrity and binds to**	**Inhibits bacterial cell protein synthesis, which**	**Blocks an enzyme needed for prostaglandin synthesis.**	**Strengthens uterine contractions and controls postpartum**	**Binds with and activates opioid receptors in**

	bacterial ribosomal subunits, which leads to bacterial cell death.	**causes bacterial cell death.**	**Through blocking cyclooxygenase and inhibiting prostaglandins, ketorolac reduces inflammation and reduces pain.**	**hemorrhaging after labor and delivery.**	**the brain and spinal cord to produce analgesia and.**
Reason Client Taking	**Gentamicin given to the patient to prevent infection from cesarean section procedure. Patient has a penicillin allergy, so the nurse administered gentamicin.**	**Clindamycin given prophylactically like gentamicin to prevent infection from occurring post-cesarean section.**	**The patient requested an analgesic like ketorolac to numb epidural insertion pain and discomfort.**	**The patient needs oxytocin to contract the uterus to prevent hemorrhaging postpartum and post-cesarean section.**	**The patient needed morphine sulfate to help relieve the pain and discomfort of the cesarean section before surgery.**
Contraindications (2)	**Hypersensitivity to gentamicin, hypersensitivity to aminoglycosides**	**Hypersensitivity to clindamycin, hypersensitivity to lincomycin**	**Advanced renal impairment, use of other NSAIDs**	**High blood pressure, cervical cancer**	**Acute or severe bronchial asthma, seizure disorders**
Side Effects/Adverse Reactions (2)	**Neurotoxicity, hypotension**	**Neutropenia, hypotension**	**Acute pancreatitis, GI bleeding**	**Seizure, severe weakness**	**Increased intracranial pressure, bradycardia**
Nursing Considerations (2)	**Know that gentamicin when administered intravenousl**	**Give I.V. dose by infusion only, do not administer a bolus dose.**	**Monitor liver enzymes as ordered. Monitor the injection**	**Review prescription and over-the-counter drugs, vitamins,**	**Assess patient's drug use, prescription, and over-the-counter**

	y. **Do not give gentamicin through the same I.V.**	**Check the I.V. site constantly to watch for phlebitis and irritation.**	**site for bleeding, bruising, or hematoma.**	**and herbals that the client uses before drug administration.** **Constantly monitor the patient's vital signs, focus on heart rate and blood pressure for abnormalities caused by oxytocin.**	**drugs before administering morphine sulfate.** **Know that when morphine administration occurs via the epidural route, the dosage is specific to the patient's age, body mass, physical status, previous opioid experience, the risk for respiratory depression, and drugs to be administered along with morphine before or after surgery.**
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	**Take baseline blood pressure to identify any changes in the patient's blood pressure during drug**	**Obtain baseline blood pressure before administration. Obtain complete blood count and**	**Obtain a complete blood count before administration to have a baseline of hemoglobin and hematocrit**	**Obtain baseline vital signs before administration. Obtain complete blood count baseline before**	**Obtain baseline vital signs to observe for respiratory or circulatory distress during drug therapy.**

	therapy. It is vital to obtain a culture and sensitivity specimen before starting gentamicin. Assess the patient for signs and symptoms of other infections before administration. Have a baseline complete blood count completed to observe any changes in white blood cell count during therapy.	**precisely monitor white blood cell count. Confirm that IV has adequate patency before administration.**	**levels. Obtain a liver enzyme panel before drug therapy—Monitor blood pressure before administration.**	**oxytocin administration.**	**Obtain information about prior drug use before administering morphine.**
Client Teaching needs (2)	**Teach patient that completing the full course of gentamicin therapy is vital. Instruct the patient to report adverse reactions like hearing loss immediately**	**Tell patient to report any skin abnormalities such as rash, urticaria, or pruritis immediately. Educate patient on the importance of completing the full**	**Alert patient to the possibility of serious skin reactions like blisters, fever, or rash.**	**Instruct patient to seek emergency medical help if allergic reaction signs and symptoms occur such as urticaria, pruritis, or difficulty breathing. Warn patient that**	**Instruct patient to notify the provider about worsening or breakthrough pain. Tell patient to change positions slowly to avoid incidences of**

	.	**infusion of drug therapy.**		**oxytocin may cause serious, life-threatening effects on the newborn baby such as jaundice or breathing issues.**	**orthostatic hypotension .**

Medications Reference (1 required) (APA):

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

Assessment

Physical Exam (18 points)

GENERAL (0.5 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Alert, responsive, and oriented to time, place, and person; oriented to person, place, situation, and time, x4.** **The patient expresses acute distress for cesarean section. The patient is crying and reports stress and anxiety about the procedure.** **The patient is well-groomed and appropriately dressed.**

INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds/Incision:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	**Appropriate and normal for ethnicity. The skin character is dry, intact, and pink.** **Skin temperature is warm.** **Skin turgor is normal and elastic but edematous in the lower extremities.** **No rashes present.** **No bruises present.** **Before surgery, no wounds or incisions were present; however, the post-procedure patient had a lower segment cesarean section incision.** **The patient has a Braden score of 23.**
HEENT (0.5 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 extraocular movement; nose symmetrical, no deviation, and no nasal drainage or discharge present; teeth well-maintained and no signs of decay.** .
CARDIOVASCULAR (1 point): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☒ N ☐** **Location of Edema:**	**Normal S1 and S2 auscultated, no murmurs, 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 lower extremities.**
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 (4 points): **Diet at Home:** **Current Diet:** **Height:** **Weight:**	**Regular diet at home.** **Current diet is clear liquid diet post-procedure.** **Height is 5'2" and weight is 187 lbs.** **Normoactive bowel sounds auscultated in all**

Auscultation Bowel sounds: **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:**	**four quadrants of the abdomen. Last bowel movement was early morning on 09/28/2021. Palpation of lower left quadrant of patient's abdomen revealed dull, cramping pain. No guarding present, and no masses palpated. Upon inspection, no distention, scars, drains, or wounds found on the abdomen. Lower segment cesarean section incision present post-procedure.**
GENITOURINARY (2 Points): **Bleeding:** **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☒ N ☐** **Type:** **Size:**	**Bleeding present post-procedure due to the detachment and expulsion of the placenta.** **Urine is yellow, straw-like.** **Urine character is clear.** **Quantity of urine is 250 mL.** **Patient has no pain with urination.** **Genitals are clean and proper color for ethnicity.** **Patient has a 16 French foley catheter.**
MUSCULOSKELETAL (2 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 needs ADL assistance and is fall risk due to epidural anesthesia for cesarean section. Yes, the patient is at fall risk.** **Patient has a Fall score of 7.** **Patient needs support to stand and walk due to weakness caused by epidural anesthesia.**
NEUROLOGICAL (1 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:** **Deep Tendon Reflexes:**	**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 except for in the lower extremities because of the effects of the epidural anesthesia.** **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 (1 points): **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:**	**Patient copes through the support of the husband, who is the father of the current neonate and their shared daughter. In addition, patient relies on mother as well for support. The patient has an affiliation with**

Personal/Family Data (Think about home environment, family structure, and available family support):	**Christianity, but it is not that important to the patient. Patient lives with husband and their three-and-a-half-year-old daughter. Patient has a strong connection to and support of both parents, but especially the mother.**
Reproductive: (2 points) **Rupture of Membranes:** **o Time:** **o Color:** **Amount:** **o Odor:** **Pain medication or Epidural:** **Assistive delivery:** **Episiotomy/Lacerations:** **Immediate Postpartum:** **o Fundal Height & Position:** **o Bleeding amount:** **o Lochia Color:** **o Character:**	**Artificial rupture of membranes (AROM) occurred at 0815 (8:15 A.M.). The amniotic fluid was clear, amount not documented, and the fluid was odorless. The patient did receive an epidural to relieve the pain of a cesarean section.** **Yes, the patient did have an assistive delivery via a cesarean section.** **The patient did not have an episiotomy or any lacerations due to the cesarean section procedure. Immediately postpartum, the patient had a fundal heigh of 1 cm below the umbilicus with midline position. The bleeding amount was light, and less than 10 cm. Lochia color was rubra, and the character was light and odorless.**
DELIVERY INFO: (1 point) **Delivery Date:** **Time:** **Type (vaginal/cesarean):** **Quantitative Blood Loss:** **Male or Female** **Apgars:** **Weight:** **Feeding Method:**	**The delivery date of the neonate is 09/29/2021 at 0815 (8:15 A.M.).** **The patient delivered via cesarean section.** **In total, the quantitative blood loss is 637 mL.** **The patient delivered a male neonate.** **The male neonates Apgar score at one minute was 8, and the Apgar score at five minutes was 9. The male neonate's weight is 6 lbs., 5.6 oz.** **The patient chose breastfeeding as the feeding method.**

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal **(09/23/2021)**	****Not taken**	**120/76**	****Not taken**	****Not taken**	****Not taken**
Admission to	**82**	**121/69**	**16**	**97.7 F**	**98%**

Labor/Delivery					
During your care	**71**	**110/59**	**18**	**97 F**	**99%**

Vital Sign Trends and pertinence to client's condition in labor: It is difficult to compare the vital sign trends accurately since only documentation of blood pressure appears for the prenatal visit. However, the vital signs are all within normal limits from the prenatal period, labor, delivery, and during care provided at clinical. However, continuous monitoring of vitals will still occur.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0952	**Numeric**	**Left lower abdominal region; incision site**	**1/10 at rest; 2/10 at activity**	**Intermittent, dull pain**	**Toradol administered**
1046	**Numeric**	**Left lower abdominal region; incision site**	**1/10 at rest; 2/10 at activity**	**Intermittent, dull pain**	**Change in position**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV:	The patient has an 18 gauge IV
Location of IV:	The IV is in the left metacarpal vein.
Date on IV:	The date on the IV is 09/29/2021.
Patency of IV:	The patency of the IV is adequate.
Signs of erythema, drainage, etc.:	There are no abnormal signs of erythema or drainage. IV dressing is clean, dry, and intact.
IV dressing assessment:	

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Patient given 1000 mL of Lactated Ringers via IV. The patient also received 100 mL of clindamycin D5W, 100 mL gentamicin, and 500 mL oxytocin.	**Patient's output was 250 mL of urine.**

Nursing Interventions and Medical Treatments during Labor & Delivery (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.
The nurse promotes a calm, quiet environment in the hospital room. The nurse keeps low, adequate lighting, blinds partially closed, television on low, and door completely shut. (N)	**Nurse promotes this intervention at all hours during the day.**	**The patient requested a quiet, calm environment for themselves and the newborn infant. The nurse followed through with the patient's want for peace.**
The nurse provides deep vein thrombosis prevention with sequential compression devices on the lower legs. (N)	**The nurse provides deep vein thrombosis at all hours during the day, even during the patient's scheduled cesarean section.**	**The nurse provided deep vein thrombosis prevention to stop the client from forming a blood clot, which can quickly become deadly if the clot travels to the lungs or brain.**
Toradol administered intravenously to patient. (M)	**Toradol administered every six hours.**	**The nurse administered Toradol to the patient for the intermittent, dull pain at the incisional site of cesarean section in the lower abdominal region.**

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 the 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	**Rationale (1 pt each)** Explain why the nursing diagnosis was chosen	**Intervention/Rationale (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 postpartum hemorrhaging related to cesarean section procedure as evidenced by blood loss and decreased hematocrit.	**A main risk of a cesarean section is postpartum hemorrhaging due to the tissue or an organ harmed during the procedure, improper stitching of vessels, or an emergency during or after labor.**	**1. Assess and document the type, amount, and site of quantitative blood loss during the cesarean section. Verbalization of assessment and documentation will help with patient understanding.** **Rationale: It is vital to the patient and healthcare team to know the exact amount of total blood loss during the cesarean section (Swearingen & Wright, 2018). The patient lost a total of 637 mL of blood quantitatively. The blood was dark red, heavy, and without blood clots (Swearingen & Wright, 2018). Lastly, the incision site is in the lower segment of the abdominal area; the incision is horizontal (Swearingen & Wright, 2018). The findings listed above are all within the normal**	**1. The patient responded well to the nurse's detailed documentation and explanation of what the nurse documented. The type, amount, and site of quantitative blood loss post-cesarean section successfully assessed and documented. Goal met. No modifications needed.** **2. The patient responded positively to the nurse's actions. Patient reports feeling cramps and contractions of the uterus, which is the goal of oxytocin to prevent hemorrhaging and contract the uterus back into place after labor and delivery. Goal met. No modifications needed.**

		range. Documentation of blood loss and specific details aids in the care and recovery of the patient, especially if the patient needs a blood transfusion because of excessive blood loss (Swearingen & Wright, 2018). **2. Administer 30 units of oxytocin in 500 mL of IV fluids one time. Verbalization of the nurse's action and explanation of the use of oxytocin will aid in patient comprehension.** **Rationale: Oxytocin aids in increasing the contractility of the boggy uterus and myometrium back into place postpartum, ceases exposed venous sinuses and hinders hemorrhaging due to the uterus' atony (Swearingen & Wright, 2018).**	
2. At risk for infection related to cesarean section procedure as evidenced by high white blood cell count, decreased hemoglobin, and traumatized tissue.	**Infection post-cesarean section is a high risk due to the lower segment incision made in the abdomen, artificial rupture of the membranes, damage to internal organs and**	**1. Assess the abdominal incisional site for abnormalities like edema, erythema, dehiscence, and purulent drainage. Verbalization and an informational printout will aid in patient comprehension.** **Rationale: Edema, erythema, dehiscence, and purulent drainage are all potential signs of infection (Swearingen & Wright,**	**1. The patient responded well to assessment and was cooperative throughout the entire assessment. No signs of infection found at the cesarean section incisional site. Nurse documented assessment. Goal met. No modifications needed.** **2. The patient**

	tissue, exposure to pathogens, and improper care of the incisional site.	**2018). Identifying signs of infection is vital to avoid a delay in healing and additional stress, and more severe infections such as septicemia if the initial infection remains untreated (Swearingen & Wright, 2018).** **2. Monitor the rate of uterus involution and the nature and amount of lochia discharge. Verbalization will occur to help the patient understand what the nurse monitors.** **Rationale: Infection delays the involution of the uterus and may increase the amount of lochia and cause abnormal lochia that is odorous and even purulent (Swearingen & Wright, 2018).**	**responded well to monitoring. The patient is healing nicely with a uterine involution of 1 cm below the umbilicus, a light amount of rubra lochia. All findings are within normal limits. Goal met. No modifications needed.**
3. At risk for deficient knowledge related to cesarean section post-procedure care as evidenced by patient confusion, first time cesarean section, and multiple questions.	**Post-operation education for cesarean section is vital to the recovery and improvement of the patient (Swearingen & Wright, 2018). Knowing exercises, home interventions,**	**1. Educate the patient on leg exercises to promote blood flow, proper coughing and deep breathing techniques, proper splinting, and abdominal exercises for strength. Verbalization and an informational printout will aid in patient education. Answering any additional patient questions is vital to patient knowledge too.** **Rationale: It is vital for**	**1. Patient responded well to education and demonstrated teach back of leg exercises, proper coughing and deep breathing techniques, proper splinting, and abdominal exercises for strength. The patient has no further questions and understands post-cesarean section recovery interventions. Goal**

	and other recovery tips is crucial for the patient to recover healthily (Swearingen & Wright, 2018).	**the patient to immediately begin leg exercises to promote blood flow, especially post-cesarean section (Swearingen & Wright, 2018). If the patient cannot get up, the teaching of leg exercises and stretching is a better option to help blood flow improve (Swearingen & Wright, 2018). Good coughing and deep breathing techniques help with protecting the patient against respiratory issues like pneumonia or depression post-cesarean section (Swearingen & Wright, 2018). Splinting the incision with pillows is imperative to reduce pain, especially when coughing (Swearingen & Wright, 2018). Lastly, abdominal exercises are necessary for the patient to regain strength and help the uterus contract back into place (Swearingen & Wright, 2018).** **2. Educate patient on the importance of cesarean section incision care. Verbalization and an informational printout will aid in patient education.** **Rationale: To promote healing, proper care of the cesarean section incision is necessary. Educate the patient to clean the**	**met. No modifications needed.** **2. Patient responded well to education and easily demonstrated proper care for the cesarean incision. Goal met. No modifications needed.**

		incision area with mild soap and water (Swearingen & Wright, 2018). Teach the patient not to scrub the wound (Swearingen & Wright, 2018). If the wound dressing is soiled or the patient needs to take a shower, the dressing can be moved and changed to prevent infection and irritation (Swearingen & Wright, 2018).	
4. At risk for deficient knowledge related to catheter associated urinary tract infection as evidenced by catheter insertion, infection risk, and patient questions.	**Catheter-associated urinary tract infections (CAUTIs) are unfortunately high, and since the patient needed a catheter inserted, the patient is at risk for a CAUTI. Since the patient is at risk, the patient needs to know the signs and symptoms of a catheter-associated urinary tract infection. In addition, proper care of the perineal area is vital and can decrease the**	**1. Educate the patient on the signs and symptoms of a catheter-associated urinary tract infection like fever, chills, cloudy urine, and burning with urination. Verbalization and an informational printout about the signs and symptoms of a CAUTI will increase patient knowledge and understanding.** **Rationale: Teaching the patient about common signs and symptoms of a urinary tract infection is key to quick and timely treatment (Swearingen & Wright, 2018). A urinary tract infection can quickly turn into an acute kidney infection or even cause septicemia if left untreated (Swearingen & Wright, 2018).** **2. Educate and demonstrate proper perineal hygiene for the**	**1. Patient responded positively to education and taught back signs and symptoms of a CAUTI to ensure comprehension. Goal met. No modifications needed.** **2. Patient responded well to education and verbalized understanding of proper perineal care and why it is essential. Goal met. No modifications needed.**

	likelihood of CAUTI.	**patient. Verbalization and an informational handout on proper perineal hygiene will improve patient knowledge and comprehension.** **Rationale: Educating the patient on proper perineal hygiene is an excellent prevention method to avoid a catheter-associated urinary tract infection (Swearingen & Wright, 2018). It is essential to teach the patient to wipe from front to back to avoid contamination and infection (Swearingen & Wright, 2018. With a foley catheter inserted, it is essential to wipe around and down the tubing, but do not tug as this may harm or cause pain in the patient (Swearingen & Wright, 2018. Teach the patient to use perineal wipes or a clean washcloth with warm water (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.