

N432 Postpartum Care Plan
Lakeview College of Nursing
Courtney Thomas

Demographics (3 points)

Date & Time of Admission 10/22/21 @ 1946	Patient Initials KS	Age 27	Gender Female
Race/Ethnicity Caucasian	Occupation Currently unemployed	Marital Status Married	Allergies Strawberry extract Fish oil
Code Status Full code	Height 5'6.5"	Weight 115.2 kg (254 lbs)	Father of Baby Involved Yes

Medical History (5 Points)

Prenatal History: G2P1001

Past Medical History: Allergic rhinitis, anxiety, bronchitis, conjunctivitis, gestational diabetes mellitus, obesity, pharyngitis, scalp laceration, scoliosis, tonsillitis, upper respiratory infections.

Past Surgical History: Tonsillectomy (2/19/09)

Family History: Brother: asthma, Mother: diabetes, high cholesterol, and hypertension.

Social History (tobacco/alcohol/drugs): No current alcohol, tobacco or drug use. Patient denies the use of any tobacco but she did occasionally use marijuana before pregnancy.

Living Situation: Home with husband.

Education Level: High school diploma.

Admission Assessment

Chief Complaint (2 points): Induction due to elevated blood pressures.

Presentation to Labor & Delivery (10 points): KS is a 27-year-old female. G2P1001 with intrauterine pregnancy (IUP) at 37w1d. EDD 11/11/21. Seen in office with blood pressure (BP) of 140/78. Patient was sent to triage to rule out preeclampsia. She met the criteria for gestational hypertension which led to her being admitted.

Diagnosis

Primary Diagnosis on Admission (2 points): Gestational hypertension

Secondary Diagnosis (if applicable):

Postpartum Course (18 points)

This patient is in the postpartum stage of her labor and delivery. There are many regular physiologic and psychological changes that postpartum moms go through, and nurses should monitor those closely (Ricci et al., 2020). Vital signs should remain stable and return to normal during the postpartum stage. The patient should be up moving at this time and beginning to do things independently. Some pain is expected but should not be restricting movement. Abnormal findings could include extreme pain, excessive bleeding, increased temperature, high blood pressure, trouble urinating, not interacting with their baby, and no motivation to move.

This patient is in the taking-in phase of adapting (Belleza, 2021). She was asking questions and taking in all the information given to her. Being slightly dependent on the staff for things she has questions about is expected during this phase (Belleza, 2021). Needing assistance is mainly due to the pain, discomfort, and extreme tiredness she is experiencing from childbirth (Belleza, 2021). This patient enjoyed talking about her pregnancy and birthing experience with the staff and family members.

Some complications can occur during the postpartum stage. Postpartum infection is a big one, especially for cesarean section moms. Operative procedures, history of diabetes, prolonged labor, catheter use, anemia, multiple vaginal examinations, manual extraction of the placenta, and compromised immune system are all risks for postpartum infection (Ricci et al., 2020). Signs

and symptoms of postpartum infection include fever greater than 100.4 F, foul-smelling discharge, pale skin, chills, and headache (Ricci et al., 2020).

Postpartum hemorrhage is another complication some patients experience after childbirth. Uterine atony, placenta previa, labor induction, operative procedures, retained placental fragments, and the prolonged third stage of labor are risk factors for postpartum hemorrhage (Ricci et al., 2020).

Postpartum mood disorder is something many moms go through after childbirth. Risk factors include a history of depression or bipolar disorder, family members with depression, pregnancy complications, the baby has health problems, difficulty breastfeeding, relationship issues, weak support system, financial problems, and unplanned or unwanted pregnancy (Mayo Clinic Staff, 2018).

This patient was recovering from her cesarean section very well. There were no changes in her physical or psychosocial well-being. No signs of infection, hemorrhage, or depression were noted during the assessment.

Postpartum Course References (2) (APA):

Belleza, R. M. N. (2021, April 22). *Postpartum changes*. Nurseslabs. Retrieved October 29,

2021, from <https://nurseslabs.com/postpartum-changes/>

Mayo Clinic Staff. (2018, September 1). *Postpartum depression - symptoms and causes*. Mayo

Clinic. Retrieved October 29, 2021, from [https://www.mayoclinic.org/diseases-](https://www.mayoclinic.org/diseases-conditions/postpartum-depression/symptoms-causes/syc-20376617)

[conditions/postpartum-depression/symptoms-causes/syc-20376617](https://www.mayoclinic.org/diseases-conditions/postpartum-depression/symptoms-causes/syc-20376617)

Ricci, S., Kyle, T., & Carman, S. (2020). *Maternity and pediatric nursing* (4th ed.). LWW.

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	3.77	4.00	3.65	This patient's RBC could have been low at her prenatal appointment from a nutritional deficiency. She could have low RBCs today due to recent blood loss during the cesarean (Lab Tests Online, 2021b).
Hgb	12-15.8	10.9	11.3	10.3	This patient's Hgb could have been low at her prenatal appointment and admission date from a nutritional deficiency. She could have low Hgb today due to recent blood loss during the cesarean (Lab Tests Online, 2021b).
Hct	36-47	33	34.5	31.8	This patient's hct could have been low at her prenatal appointment and admission date from a nutritional deficiency. She could have low hct today due to recent blood loss during the cesarean (Lab Tests Online, 2021b).
Platelets	140-440	291	258	262	
WBC	4-12	13.62	10.2	15.30	This patient mostly likely has a high WBC due to her positive Group Beta Strep swab at her prenatal appointment. Today's value could be high due to the stress

					and inflammation her body has been through from the cesarean (Lab Tests Online, 2021b).
Neutrophils	1.6-7.7	11.21	8.10	12.50	This patient mostly likely has high neutrophils due to her positive Group Beta Strep swab at her prenatal appointment. Today's value could be high due to the stress and inflammation her body has been through from the cesarean (Lab Tests Online, 2021b).
Lymphocytes	1.3-3.2	1.44	1.3	1.50	
Monocytes	0.2-1.0	0.67	0.60	0.90	
Eosinophils	0-0.40	0.24	0.20	0.30	
Bands	<6%	NA	NA	NA	

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	Varies	A	A	A	
Rh Factor	Varies	Positive	Positive	Positive	
Serology (RPR/VDRL)	Nonreactive	Nonreactive	NA	NA	
Rubella Titer	Immune	Immune	NA	NA	
HIV	Not detected	Not detected	NA	NA	
HbSAG	Not detected	Not detected	NA	NA	
Group Beta Strep Swab	Negative	Positive	NA	NA	This patient had a positive GBS test which means she had a bacteria present and needed antibiotics before delivery (Lab Tests Online, 2019).
Glucose at 28	70-99	162	92	NA	This patient was

Weeks					diagnosed with gestational diabetes due to failing her fasting glucose test (Lab Tests Online, 2021a).
MSAFP (If Applicable)	0.5-2.0	NA	NA	NA	
Sodium	133-144	NA	134	NA	
Potassium	3.5-5.1	NA	3.5	NA	
Chloride	98-107	NA	104	NA	
CO2	21-31	NA	22	NA	

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
BUN	7-25	NA	10	NA	
TP	6.4-8.9	NA	6.6	NA	
Albumin	3.5-5.7	NA	3.2	NA	This patient's albumin could have been low upon admission due to inflammation from pregnancy. She had gestational hypertension and edema present (Lab Tests Online, 2021c).
Calcium	8.6-10.3	NA	9.1	NA	
T. Bil	0.2-0.8	NA	0.3	NA	
Alk. Phos.	34-104	NA	81	NA	
ALT	7-52	NA	11	NA	
Uric Acid	2.4-5.7	NA	4.8	NA	

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)	28-217	NA	43.7	NA	

Lab Reference (1) (APA):

Normal lab values per OSF charting.

Lab Tests Online. (2019, December 4). Prenatal group b strep (GBS) screening. Retrieved October 26, 2021, from <https://labtestsonline.org/tests/prenatal-group-b-strep-gbs-screening>

Lab Tests Online. (2021a, March 25). Glucose tests for gestational diabetes. Retrieved October 26, 2021, from <https://labtestsonline.org/tests/glucose-tests-gestational-diabetes>

Lab Tests Online. (2021b, June 18). Complete blood count (CBC) - understand the test & your results. Retrieved October 26, 2021, from <https://labtestsonline.org/tests/complete-blood-count-cbc>

Lab Tests Online. (2021c, July 1). Albumin blood test. Retrieved October 26, 2021, from <https://labtestsonline.org/tests/albumin>

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

	Your Assessment
History of labor:	

<p>Length of labor</p> <p>Induced /spontaneous</p> <p>Time in each stage</p>	<p>The total length of labor was 19 hours and 50 minutes.</p> <p>This patient was induced due to gestational hypertension.</p> <p>1: 14 hours 28 minutes</p> <p>2: 5 hours 20 minutes</p> <p>3: 0 hours 2 minutes</p>
<p>Current stage of labor</p>	<p>This patient’s current stage of labor is postpartum.</p> <p>When performing her assessment, her fundal height was midline and approximately 2” under the umbilicus. She had a scant amount of bleeding. Lochia was rubra and was without clotting.</p> <p>During this stage, vital signs should remain stable and return to normal. The patient should be up moving at this time and beginning to do things independently. Some pain is expected but should not be restricting movement (Ricci et al., 2020). Blood loss during childbirth is normal. The patient’s hematocrit will drop after childbirth but should return to nonpregnant levels by 8 weeks postpartum (Holman et al., 2021). Diaphoresis and diuresis may occur after childbirth to get rid of excess fluids that accumulated during the last part of pregnancy (Holman et al., 2021).</p>

Stage of Labor References (2) (APA):

Holman, H., Williams, D., Sommer, S., Johnson, J., Wheless, L., Wilford, K., McMichael, M., & Barlow, M. (2021). *RN maternal newborn nursing* (11th ed.). ATI.

Ricci, S., Kyle, T., & Carman, S. (2020). *Maternity and pediatric nursing* (4th ed.). LWW.

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

Home Medications (2 required)

Brand/Generic	Prenatal vitamin	Simethicone (Alka-Seltzer)			
Dose	1 tablet	80 mg			
Frequency	Daily	4xdaily Post meals & nightly			
Route	PO	PO			
Classification	Vitamin	GI agent			
Mechanism of Action	Prenatal vitamins are used to provide additional vitamins and minerals needed during pregnancy.	Relieves painful pressure caused by excess gas in the stomach and intestines.			
Reason Client Taking	Pregnancy/postpartum	Gas			
Contraindications (2)	1.Low-salt diet 2.Potassium supplements	1.Hypersensitivity to simethicone 2.Phenylketonuria			
Side Effects/Adverse Reactions (2)	1.Upset stomach	1.Allergic reaction			

	2.Headache	2.Upset stomach			
Nursing Considerations (2)	1.Store away from moisture and heat. 2.Do not crush or break the tablets.	1.Always follow instructions on the label. 2.Store away from moisture and heat.			
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Potassium levels and iron levels.	Monitor for signs of an allergic reaction.			
Client Teaching needs (2)	1.Take with a full glass of water. 2.Do not take with milk or other dairy products. (Multum, 2021)	1.Works best if you take it after meals and at bed time. 2.You may need to follow a special diet or increase your exercise while using. (Multum, 2020b)			

Hospital Medications (5 required)

Brand/Generic	Tylenol (acetaminophen)	Mylanta (aluminum hydroxide, magnesium hydroxide, and simethicone suspension)	Enoxaparin (Lovenox)	Polyethylene glycol (Miralax)	Ibuprofen (Advil)
Dose	975 mg	30 mL	40 mg	17 g	800 mg
Frequency	Q6h	PRN q6h	Q24h	PRN daily	PRN q8h
Route	PO	PO	SubQ	PO	PO
Classification	P: Nonsalicylate T: Antipyretic	Antacid	P: low-molecular-weight heparin T:Anticoagulant	Laxative	P: NSAID T: Anti-inflammatory

Mechanism of Action	Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system.	Used to ease too much gas in the stomach, treat heartburn and upset stomach.	Potentiates the action of antithrombin III, a coagulation inhibitor. Without thrombin, fibrinogen can't convert to fibrin and clots can't form.	Increases the amount of water in the intestinal tract to stimulate bowel movements.	By inhibiting prostaglandins, ibuprofen reduces inflammatory symptoms and relieves pain.
Reason Client Taking	Pain	Heartburn and gas	Prevent blood clots post cesarean	Constipation	Pain
Contraindications (2)	1. Hypersensitivity to acetaminophen 2. Severe hepatic impairment	1. Allergy to aluminum, magnesium or simethicone. 2. Kidney problems	1. Pork products 2. Active major bleeding	1. Bowel obstruction 2. Eating disorders	1. Asthma 2. Angioedema
Side Effects/Adverse Reactions (2)	1. Hypotension 2. Hepatotoxicity	1. Constipation 2. Diarrhea	1. Hyperkalemia 2. Thrombocytopenia	1. Bloating 2. Dizziness	1. GI bleeding 2. Seizures
Nursing Considerations (2)	1. Do not confuse a dose in milligrams with a dose in milliliters. 2. Figure out the dose by using the patient's weight.	1. Shake well before use. 2. Measure the liquid doses carefully.	1. Do not give by IM injection. 2. Keep protamine sulfate nearby in case of overdose.	1. Pour the powder into 4-8 oz of a cold or hot beverage. 2. Do not use a larger or smaller amount or for longer than recommended.	1. Use cautiously in patients with hypertension. 2. Assess skin for signs of hypersensitivity.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Liver and kidney panels.	Magnesium levels, pregnancy or plans to become pregnant.	Monitor platelets, potassium, PTT and stool.	Monitor for nausea, vomiting, or stomach pain.	Liver enzymes, BUN, creatinine, CBC.
Client Teaching needs (2)	1. Caution patient to not exceed	1. Do not take for longer than	1. Inform patient to contact provider if they	1. This medication should	1. Instruct patient to take with a full

	recommended dosage. 2. Teach patient to monitor for signs of bleeding. (Jones & Bartlett Learning, 2020)	prescribed by your doctor. 2. Take at a different time than other oral medications. (Mylanta, 2020)	have signs of bleeding. 2. Caution patient to not rub the injection site after administering. (Jones & Bartlett Learning, 2020)	produce a bowel movement in 1-3 days. 2. Do not take more than once a day. (Multum, 2020a)	glass of water. 2. Advise patient to take with food to avoid GI upset. (Jones & Bartlett Learning, 2020)
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Medications Reference (1) (APA):

Jones & Bartlett Learning. (2020). 2021 nurse’s drug handbook (20th ed.). Jones & Bartlett Learning.

Multum, C. (2020a, March 26). Polyethylene glycol 3350. Drugs.Com. Retrieved October 27, 2021, from <https://www.drugs.com/mtm/polyethylene-glycol-3350.html>

Multum, C. (2020b, November 3). Simethicone. Drugs.Com. Retrieved October 27, 2021, from <https://www.drugs.com/mtm/simethicone.html>

Multum, C. (2021, February 17). Prenatal multivitamins. Drugs.Com. Retrieved October 27, 2021, from <https://www.drugs.com/mtm/prenatal-multivitamins.html>

Mylanta. (2020, October 31). Drugs.Com. Retrieved October 27, 2021, from <https://www.drugs.com/cdi/mylanta.html>

Assessment

Physical Exam (18 points)

GENERAL (1 point): Alertness: Orientation: Distress:	Appears alert and oriented x person, place, and time, well groomed, 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 pink/white. Skin warm and dry upon palpation. No rashes or lesions. Small bruising on abdomen at shot site. Cesarean incision on lower abdomen and some scratches across the abdomen. Normal quantity, distribution, and texture of hair. Nails without clubbing or cyanosis. Skin turgor normal mobility. Capillary refill less than 3 seconds fingers and toes bilaterally.</p> <p>Braden score is 23.</p>
<p>HEENT (1 point): Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Head and Neck: Head and neck are symmetrical, trachea is midline without deviation, thyroid is not palpable, no noted nodules. Bilateral carotid pulses are palpable and 2+. No lymphadenopathy in the head or neck is noted.</p> <p>Eyes: Bilateral sclera white, bilateral cornea clear, bilateral conjunctiva pink, no visible drainage from eyes. Bilateral lids are moist and pink without lesions or discharge noted. PERRLA bilaterally.</p> <p>Ears: Bilateral auricles no visible or palpable deformities, lumps, or lesions. Bilateral canals clear with pearly grey tympanic membranes.</p> <p>Nose: Septum is midline, turbinates are moist and pink bilaterally and no visible bleeding or polyps. Bilateral frontal sinuses are nontender to palpation.</p> <p>Throat: Posterior pharynx and tonsils are moist and pink without exudate noted. Tonsils are 2+. Uvula is midline; soft palate rises and falls symmetrically. Hard palate intact. Dentition is good, oral mucosa overall is moist and pink without lesions noted.</p>
<p>CARDIOVASCULAR (2 point): Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses:</p>	<p>.Clear S1 and S2 without murmurs gallops or rubs. PMI palpable at 5th intercostal space at MCL. Normal rate and rhythm. Pulses 2+ throughout bilaterally. Capillary refill less than 3 seconds fingers and toes bilaterally. Edema found</p>

<p>Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Location of Edema:</p>	<p>in lower extremities 2+. Homan’s sign negative bilaterally.</p>
<p>RESPIRATORY (1 points): Accessory muscle use: Y <input type="checkbox"/> N <input type="checkbox"/> Breath Sounds: Location, character</p>	<p>Normal rate and pattern of respirations, respirations symmetrical and non-labored, lung sounds clear throughout anterior/posterior bilaterally, no wheezes, crackles, or rhonchi noted.</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>Diet at home and current diet are both normal. Height: 5’6.5” Weight: 115.2 kg (254 lb)</p> <p>Abdomen is soft, nontender, no organomegaly or masses notes upon palpation of all four quadrants. Bowel sounds are normoactive in all four quadrants. No CVA tenderness noted bilaterally.</p> <p>Low transverse incision noted from recent cesarean section.</p> <p>Last bowel was 10/24/21</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>Normal quantity of urine without pain. Genital are as expected post delivery. No swelling, rash, or sores.</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 type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	<p>Fall score 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 -</p>	<p>All extremities have full range of motion (ROM). Hand grips and pedal pushes and pulls demonstrate normal and equal strength. Balanced and smooth gait. Patient alert and oriented to</p>

Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC: DTRs:	person, place, and time. PERRLA. Deep tendon reflexes (DTRs) all locations 2+ bilaterally. Speech and mental status are normal for age and development. No LOC.
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 enjoys listening to music, play video games and read when coping. Patient is a high school graduate. No religion affiliation. Has a great support system with family members.
Reproductive: (2 points) Fundal Height & Position: Bleeding amount: Lochia Color: Character: Episiotomy/Lacerations:	Fundal height is 2 cm under and midline. Scant amount of bleeding. Lochia is rubra. No clotting. No episiotomy/lacerations.
DELIVERY INFO: (1 point) Rupture of Membranes: Time: Color: Amount: Odor: Delivery Date: Time: Type (vaginal/cesarean): Quantitative Blood Loss: Male or Female Apgars: Weight: Feeding Method:	Artificial ROM 0635 Clear Normal amount No odor Delivery date: 10/23/21 Delivery time: 2350 Cesarean 767 mL blood loss Female 8,9 3105 g (6 lb 13.5 oz) Bottle feeding

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	91	128/82	NA	99.6 F (axillary)	NA
Labor/Delivery	98	133/74	16	98.1 F (axillary)	97

Postpartum	76	131/66	18	98.2 F (axillary)	98
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Vital Sign Trends: This patient’s vital signs were stable throughout. She was admitted due to gestational hypertension but her blood pressure readings did not show this.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1340	Numeric	Incisional, abdomen	1/10	Intermittent	Tylenol
1610	Numeric	Incisional, abdomen	5/10	Cramping, pressure	Ibuprofen and abdominal binder

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:	No IV present

Intake and Output (2 points)

Intake	Output (in mL)
2 cups of water: 2000 mL 1 water bottle: 360 mL	Unable to measure the amount but patient states she is urinating a normal amount.

Nursing Interventions and Medical Treatments During Postpartum (6 points)

Nursing Interventions and Medical Treatments (Identify nursing interventions with	Frequency	Why was this intervention/ treatment provided to this patient? Please give a short rationale.
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“N” after you list them, identify medical treatments with “T” after you list them.)		
Tylenol (T)	Q6h	Tylenol was give q6h to help relieve the patient’s pain from her cesarean section.
Ibuprofen (T)	Q8h	Ibuprofen was give q8h to help relieve the patient’s pain from her cesarean section.
Calm, quiet environment (N)	Constantly	Having a quiet and calm environment can help the patient relax which promotes healing. This was used due to the patient just having a major procedure and needing to rest in order to recover.
Abdominal binder (N)	As needed	This intervention was used to help the patient be more mobile. Using an abdominal binder can take some of the pressure away from her incision leading to slightly less discomfort.

Phases of Maternal Adaptation to Parenthood (1 point)

What phase is the mother in?

This patient is in the taking-in phase.

What evidence supports this?

This patient shows signs of being in the taking-in phase by experiencing excitement. She enjoys talking to others about her experiences. She does still rely on assistance to get around and do things due to having a recent cesarean section. She seemed focused on her recovery and doing what she needed to for her health.

Discharge Planning (2 points)

Discharge location: This patient will be discharged home with her husband and new baby girl.

Equipment needs (if applicable): NA

Follow up plan (include plan for mother AND newborn): This patient will need to go to her OB doctor in approximately 6 weeks to see how she is recovering post delivery. The baby will need to be seen by her pediatrician approximately 48 hours after discharge to check weight.

Education needs: Some education given to this patient was about safe infant sleeping practices, feeding information, and adjusting to life with a newborn. She was also talked to about what she can and cannot do during her recovery process.

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 infection related to invasive procedure as evidenced by cesarean section. (Phelps, 2017)</p>	<p>This patient is at risk for infection due to her recent cesarean section. This risk takes place because she was opened up and still recovering with an incision.</p>	<p>1.Assess for signs and symptoms of infection such as fever, elevated pulse and WBC, or abnormal odor or color of discharge. Rationale- This intervention was chosen because patients should be monitored for infection after any procedure (Phelps, 2017).</p> <p>2.Know history for preexisting</p>	<p>1.Patient will remain infection free.</p> <p>2.Patient will achieve wound healing without complications.</p>

		<p>conditions or risk factors. Rationale- This intervention was chosen because a history of diabetes or bleeding can increase the chances of infection or poor wound healing (Phelps, 2017).</p>	
<p>2. Acute pain related to invasive procedure as evidenced by patient stating a pain level of 5/10. (Phelps, 2017)</p>	<p>This patient has acute pain due to her recent cesarean section. She states that her pain level is a 5/10 and feels like pressure in her lower abdomen.</p>	<p>1. Assess the location, duration and characteristics of the pain. Rationale- This intervention was chosen because pain after a cesarean is normal but we want to make sure that she is not experiencing a different kind of pain. A different pain could indicate something more serious (Phelps, 2017).</p> <p>2. Administer pain medication as prescribed. Rationale- This intervention was chosen because pain medication promotes comfort by blocking pain signals. This can help decrease anxiety and tension (Phelps, 2017).</p>	<p>1. Patient will verbalize that her pain and discomfort remains at the incision site and not in a different part of the body.</p> <p>2. Patient will state that she has reduced pain or discomfort with a pain level of 3/10 or less after receiving medication.</p>
<p>3. Deficient knowledge related to lack of information as evidenced by demand for information. (Phelps, 2017)</p>	<p>This patient has deficient knowledge when it comes to the new role she is taking on. This was shown by all the questions the patient had for the staff.</p>	<p>1. Present the patient with handouts and verbal information about safe infant sleeping practices. Rationale- This intervention was chosen because many new parents are afraid they will do something wrong for their baby when they get home. Teaching them and showing them the correct way to do things leads to more confidence at home (Phelps, 2017).</p> <p>2. Let the patient participate in the care of her newborn with assistance. Rationale- This intervention was chosen because the more hands-on the patient is with her newborn, the more confident she will become (Phelps, 2017).</p>	<p>1. Patient will demonstrate an understanding of safe infant sleeping practices by repeating it back.</p> <p>2. Patient will become more independent once she feels confident about caring for her newborn.</p>
<p>4. Risk for situational low self-esteem related to</p>	<p>This patient is at risk for situational low self-esteem due to needing a</p>	<p>1. Teach patient that cesarean births are an alternative method of childbirth. Rationale- This intervention</p>	<p>1. Patient will show an understanding of why she needed a cesarean by verbalizing confidence in</p>

<p>perceived “failure” at a life event. (Phelps, 2017)</p>	<p>cesarean section instead of a vaginal birth. Many new moms want to experience a vaginal birth and feel like they “failed” when they cannot do so.</p>	<p>was chosen because terms like “C-section” may cause the patient to think of a cesarean as abnormal. This could lead to her feeling like she “failed” (Phelps, 2017).</p> <p>2. Allow patient to verbalize any feelings or thoughts she is having. Rationale- This intervention was chosen because we want her to feel comfortable enough to open up and tell us how she is feeling about her experience (Phelps, 2017).</p>	<p>herself and in her abilities. 2.Patient will not show signs or state that she is having negative thoughts.</p>
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Other References (APA):

Phelps, L. L. (2017). Sparks & Taylor’s nursing diagnosis reference manual (10th ed.). Wolters Kluwer.