N432 Postpartum Care Plan

Lakeview College of Nursing

Olivia Powell

Demographics (3 points)

Date & Time of Admission 11/1/21 @ 0425	**Patient Initials** J.P.	**Age** 23 years old	**Gender** Female
Race/Ethnicity Caucasian	**Occupation** Receptionist	**Marital Status** Married	**Allergies** NKDA
Code Status Full	**Height** 5'5 (165.1cm)	**Weight** 161lbs (73kg)	**Father of Baby Involved** Yes

Medical History (5 Points)

Prenatal History: G1 T0 P0 A0 L0. The patient utilized routine natal care. The pregnancy remained uncomplicated.

Past Medical History: The patient reported she has asthma but has not taken any medications for it since she was young.

Past Surgical History: The patient reported no surgical history.

Family History: The family history was not on file and she did not recall any significant family history.

Social History (tobacco/alcohol/drugs): The patient reported no use of drugs or smoking. The patient occasionally had alcohol prior to the pregnancy.

Living Situation: The patient lives at home with her husband and two stepchildren.

Education Level: The patient has a high school diploma and some college.

Admission Assessment

Chief Complaint (2 points): Contractions

Presentation to Labor & Delivery (10 points): A 23-year-old female presented to the unit on 11/1/21 for contractions. The patient was admitted to the unit at 0425. The patient reported she walked around 3 miles on 10/31 trick or treating with her stepchildren to help with the process.

The patient reported that her contractions started last night (10/31) and intensified around 2:00am. She complained of lower back pain rating it 5/10. She also reported no leaking of fluid at this time.

Diagnosis

Primary Diagnosis on Admission (2 points): 40 weeks' gestation in labor

Secondary Diagnosis (if applicable): N/a

Postpartum Course (18 points)

The fourth stage of labor is the postpartum stage. The postpartum stage occurs once the placenta has been expulsed or surgically removed (Ricci et al., 2021). There is also an acute phase of postpartum lasting a little over four hours. After the acute phase, there is a six-week frame that is referred to as the "fourth trimester" or puerperium. The postpartum phase may even last longer depending on how traumatic the birth was (Ricci et al., 2021). With the help of oxytocin, the mother's body can start healing and forming back to normal.

Oxytocin is released from the pituitary gland that can help the uterus contract back to normal. This hormone is also stimulated from breastfeeding (Barlow, 2019). The physical evidence that proves oxytocin is being stimulated is the decrease in the fundal height. Within 24 hours after delivery, the fundus will decrease by 1 to 2 centimeters below the umbilicus (Barlow, 2019). Once the uterus is contracting and fundal height is decreasing, there are three color types of lochia. These colors include rubra, serosa, and alba (Ricci et al., 2021). Rubra is an odorless, dark red color that will last 1 to 3 days after birth, which is what this patient is and will experience for the next couple days. The patient's fundus was palpable as well upon assessment.

In the postpartum stage of labor, complications are common. Some of those complications include psychosis, depression, preeclampsia, eclampsia, and hemorrhage. There

are risk factors that would increase the mothers' chances of having a complication. Obesity and cardiovascular disease are the more prevalent factors. By having a urinary catheter placed or a caesarean birth puts the mother at risk for an infection. A mother can be at risk for postpartum depression if she has a fast reduction in estrogen and progesterone, a history of depression, and a being a single parent. The patient does not have a personal or family history of depression. The patient did have a urinary catheter in place which places her at risk for infection. Thankfully, she did not develop any complications such as preeclampsia or eclampsia during pregnancy.

The patient is in the taking-in phase of psychological adaptation. After long hours of labor, she is exhausted and is now dependent on someone else to help her (Ricci et al., 2021). Her husband and assigned nursing staff is meeting her dependency needs. Once she has finally recovered from exhaustion, she will then enter the taking-hold phase. In this phase, the patient will start to focus more on her and the infant's health status.

Postpartum Course References (2) (APA):

Barlow, M., Holman, H., Johnson, J., McMichael, M, Sommer, S., Wheless, L., Wilford, K., & Williams, D. (2019). ATI: RN *Maternal newborn nursing* (11th ed.). Assessment Technologies Institute, LLC.

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

Laboratory Data (15 points)

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

Lab	Normal Range	Prenatal Value	Admission Value	Today's Value	Reason for Abnormal Value
RBC	3.80-5.30	3.86	4.24	N/a	
Hgb	12-15.8	11	11.6	N/a	During pregnancy, hgb can be lowered and considered

					"normal anemia" (Ricci et al., 2021).
Hct	36-47	33.6	35.6	N/a	During pregnancy, hct can be lowered and considered "normal anemia" (Ricci et al., 2021).
Platelets	140-440	208	186	N/a	
WBC	4.00-12.0	11.4	12.70	N/a	The elevation of WBC is due to the stress of going through a pregnancy (Ricci et al., 2021).
Neutrophils	47-73	N/a	81.2	N/a	The neutrophil count is increased due to the increased WBC count (Ricci et al., 2021).
Lymphocytes	18-42	13.4	11.9	N/a	Lymphocyte levels decrease during pregnancy (Ricci et al., 2021).
Monocytes	4.0-12	6.8	6.1	N/a	
Eosinophils	0-5	0.6	0.5	N/a	
Bands	0-1	0.9	0.3	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, B, AB, O	AB	AB	AB	
Rh Factor	Positive/ Negative	Negative	Negative	Negative	
Serology (RPR/VDRL)	Negative	Negative	Negative	Negative	
Rubella Titer	Immune/ Nonimmune	Immune	Immune	Immune	
HIV	Negative	Negative	Negative	Negative	
HbSAG	Negative	Negative	Negative	Negative	
Group Beta Strep Swab	Negative	Negative	Negative	Negative	
Glucose at 28 Weeks	<140 mg/dL	Not performed	Not performed	Not performed	The patient declined the glucose test. She tested her blood glucose at

					home for two weeks.
MSAFP (If Applicable)	0.5-2.5	Not performed	Not performed	Not performed	This lab was not performed.

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
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	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)	28-217	N/a	N/a	N/a	Not performed

Lab Reference (1) (APA):

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

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

	Your Assessment
History of labor: **Length of labor** **Induced /spontaneous** **Time in each stage**	The patient had a longer labor as it was around 40 hours long. The latent phase was over 24 hours. She spent 7 hours in the active phase of labor. The transition phase lasted 2 hours. Once the midwife performed artificial rupture of membranes and administered Cytotec she began to progress faster. The patient's labor is spontaneous and augmented since she was having contractions and cervical dilation with no medical interventions.
Current stage of labor	The patient is in the fourth stage of labor known as postpartum (Barlow, 2019). This is physically evidenced by the delivery of the placenta (Ricci et al., 2021). The patient's vital signs are stable. The uterine fundus is firm and one centimeter below the umbilicus. The patient will begin breastfeeding.

Stage of Labor References (2) (APA):

Barlow, M., Holman, H., Johnson, J., McMichael, M, Sommer, S., Wheless, L., Wilford, K., & Williams, D. (2019). ATI: RN *Maternal newborn nursing* (11th ed.). Assessment Technologies Institute, LLC.

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

Current Medications (7 points, 1 point per completed med)
7 <u>different</u> medications must be completed

Home Medications (2 required)

Brand/Generic	Calcium Carbonate/ TUMS	Prenatal vitamin			
Dose	1000mg	27mg			
Frequency	Q8h PRN	Once daily			
Route	Oral	Oral			
Classification	Antacid	Supplement			
Mechanism of Action	Neutralizes stomach acid by inhibiting pepsin	Used to help prevent or treat a vitamin deficiency			
Reason Client Taking	The client experiences heartburn.	The patient was pregnant.			
Contraindications (2)	Dehydration, constipation	Anemia, high iron blood level			
Side Effects/Adverse Reactions (2)	Headache, loss of appetite	Headache, stomach upset			
Nursing Considerations (2)	Administer 1 hour before or 2 hours after a meal, Monitor for therapeutic levels	Do not administer with milk, Do not crush capsule			
Key Nursing	Double check	Check iron			

Assessment(s)/Lab(s) Prior to Administration	what nonprescription and prescription drugs the patient is taking, check if patient is on a low sodium diet	levels, Assess their diet			
Client Teaching needs (2)	Take as directed, Take with food	Take with a full glass of water, Never take more than recommended.			

Hospital Medications (5 required)

Brand/Generic	Oxytocin/ Pitocin	Acetaminophen/ Tylenol	Ondansetron/ Zofran	Lancinin/ Lanolin cream	Hydrocort 1% cream
Dose	30units/500mL	975mg	4mg	Varies	Varies
Frequency	Continuous	6h PRN	6h PRN	6h PRN	6h PRN
Route	Intravenous	Oral	Intravenous	Topical	Topical
Classification	Hormone	Analgesic	Antiemetic	Emollients	Corticoste
Mechanism of Action	Increases permeability of the uterine myofibrils	Exact MOA is unknown; but it may reduce production of prostaglandins	Blocks the action of serotonin	Softens the skin by forming an oil film over the epithelium	Activates substance reduce sw redness, a itching in skin
Reason Client Taking	The patient gave birth and is now bleeding a little more than normal.	The patient is in pain.	The patient is experiencing nausea.	The patient will experience dryness soreness around nipples.	The patien experienc itching ar labia heal

Contraindications (2)	Fetal distress, fetal prematurity	Severe renal impairment, acute liver failure	Hypokalemia, serotonin syndrome	Open wounds, skin irritation	Herpes sir fungus inf
Side Effects/Adverse Reactions (2)	Excessive bleeding after birth, severe weakness	Nausea, itching	Lightheadedness , constipation	Burning, infection	Acne, skir changes
Nursing Considerations (2)	Report seizures, Monitor for signs of fetal distress	Overdose could take several days, Should not be given more than 4-5 days without physician assessment	Monitor for mental status changes, Report any prolong side effects	Assess for any irritation, teach patient to used as needed every 6 hours	Monitor f of hypersens Assess for muscle an pain.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Check fetal monitoring, Assess fetal presentation	Assess ALT, Assess AST	Assess for irregular heartbeat, Ask the patient if they have had any recent abdominal surgeries	Double check the order, Assess site of incision	Monitor f of thrombop Monitor f of peptic u
Client Teaching needs (2)	Report any excessive bleeding, Should expect any mild cramping	Do not take long term, Take exact dose	Take as prescribed, Do not take longer than needed	Report any signs of allergy, Do not have to apply to sore nipples	Rub ointm easily, Ed this ointm only for sl only

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2020). 2020 *Nurse's drug handbook* (19th ed.). Jones & Bartlett Learning.

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

Assessment

Physical Exam (18 points)

GENERAL (1 point):	A&Ox4. The patient is well groomed and is in no

Alertness: **Orientation:** **Distress:** **Overall appearance:**	apparent distress.
INTEGUMENTARY (1 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds/Incision:** . **Braden Score:** 18 **Drains present: Y☐ N ☒** **Type:**	The patient's skin is dry, warm, and appropriate for race. Skin turgor is normal. There is no visible bruising or rashes upon assessment. There are no wounds or incisions noted. Braden Score: 18
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck symmetrical. Trachea midline with no deviation. Tympanic membrane is pearly grey, with no drainage noted. Thyroid is nonpalpable with no nodules noted. Septum is midline with no bleeding or drainage noted. PERRLA. Overall good dentition. .
CARDIOVASCULAR (2 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:**	Clear S1&S2 sounds with no murmurs or gallops noted. Normal rate and rhythm. Capillary refill less than 3 seconds. Peripheral pulses present at all locations.
RESPIRATORY (1 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Respirations are nonlabored and symmetrical. Lung sounds clear throughout bilaterally. No wheezes, crackles, or rhonchi noted.
GASTROINTESTINAL (2 points): **Diet at Home:** **Current Diet:** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:**	The patient's diet at home is regular. The patient's current diet is also regular. The patient's height is 165.1cm and weight is 73kg. Her last bowel movement was 10/31. Bowel sounds are present in all four quadrants. Upon inspection, the abdomen was not distended. There are no incisions, scars, or wounds noted.

Scars: **Drains:** **Wounds:**	
GENITOURINARY (2 Points): **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	The patient's urine output was 900mL. The patient reported no pain with urination. There is no catheter in place. Upon inspection of the genitals, there are two sets of sutures bilaterally on the inside of the labia.
MUSCULOSKELETAL (1 points): **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score:** 5 **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **x** **Needs support to stand and walk** ☐	The patient needs assistance with ADL's. She is a fall risk with a fall score of 5. The patient's mobility status is up as tolerated but needs assistance.
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:** **DTRs:**	The patient moves all extremities well. PERLA. She has equal strength bilaterally in upper and lower extremities. The patient is orientated and alert. Her speech is clear, non-slurred. She has no sensory deficient noted. The patient is awake and alert. There are deep tendon reflexes present.
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):**	The patient talks to her husband as a coping mechanism. Her developmental level is appropriate for age. She is Christian but stated it is not a big part in her life. Her husband is very active in the relationship and with infant. The grandparents are also involved as they are watching the other two children while she and her husband are in the hospital.
Reproductive: (2 points) **Fundal Height & Position:** **Bleeding amount:** **Lochia Color:** **Character:** **Episiotomy/Lacerations:**	The fundal height and position are 2cm below the umbilicus. There was light bleeding in the perinium area. The lochia color was rubra. There were multiple clots and a steady trickle of blood. Sutures were sown in bilaterally on the labia from tearing during birth.
DELIVERY INFO: (1 point)	There was an artificial rupture of membranes at

Rupture of Membranes: **Time:** **Color:** **Amount:** **Odor:** **Delivery Date:** **Time:** **Type (vaginal/cesarean):** **Quantitative Blood Loss:** **Male or Female** **Apgars:** **Weight:** **Feeding Method:**	0821. The fluid color was clear with a moderate amount lost. There was no odor to the fluid. The delivery date was 11/1/21 at 1552 for a vaginal delivery. The quantitative blood loss was 200mL. She delivered a baby boy weighing 6lbs 10oz. The Apgar scores were 8 and 9. The preferred feeding method is breastfeeding.

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	72 bpm	122/60	18	98.7	100
Labor/Delivery	114 bpm	128/71	16	98.1	99
Postpartum	108 bpm	137/67	16	98.2	100

Vital Sign Trends: The patient's vital signs remained stable throughout the pregnancy. The patient's blood pressure during postpartum was slightly elevated due to the stress of pushing during delivery of the child.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1540	0-10	Perineum, rectum	10	Burning, pressure	The patient was moved to a different position.
1640	0-10	N/a	0	N/a	The patient was very calm and relaxed.

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 18 g **Location of IV:** Left forearm **Date on IV:** 11/1 **Patency of IV:** Flushable **Signs of erythema, drainage, etc.:** None noted. **IV dressing assessment:** Clean, dry, and intact	Lactated Ringers @ 125mL/hr; continuous

Intake and Output (2 points)

Intake	Output (in mL)
300mL – Intravenous	900mL - urine

Nursing Interventions and Medical Treatments During Postpartum (6 points)

Nursing Interventions and Medical Treatments (Identify nursing interventions with "N" after you list them, identify medical treatments with "T" after you list them.)	Frequency	Why was this intervention/ treatment provided to this patient? Please give a short rationale.
Positioning - N	PRN	By repositioning the patient, it will help her be more comfortable and help relieve any pain.
Pain medications - T	PRN	By administering pain medication, this can help the patient finally be relaxed from any pain she is experiencing.
Ice - N	PRN	By giving the patient an ice pack, she can apply it to her perineum to help relieve pain from her bilateral labia tear from delivery.
Providing Warm Blanket - N	PRN	By providing a warm blanket, this can help keep the mother and babe warm when doing skin-to-skin interaction.

Phases of Maternal Adaptation to Parenthood (1 point)

What phase is the mother in? The patient is in the taking-in phase.

What evidence supports this? The patient is fatigued and dependent on others. Her husband and the nursing staff are attending to her needs (Ricci et al., 2021).

Discharge Planning (2 points)

Discharge location: The patient will discharge home with her husband.

Equipment needs (if applicable): Not applicable.

Follow up plan (include plan for mother AND newborn): The mother will need to call a pediatrician in 2 weeks for a newborn visit. The mother will need to make an appointment to have her sutures assessed.

Education needs: The patient will need education on a perineum bottle and no wiping. She will also need education on proper breastfeeding.

Nursing Diagnosis (30 points)
Must be NANDA approved nursing diagnosis and listed in order of priority
Two of the Nursing Diagnoses must be education related i.e. the interventions must be education for the client."

2 points for correct priority

Nursing Diagnosis (2 pt each) Identify problems that are specific to this patient. Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational (1 pt each)** Explain why the nursing diagnosis was chosen	**Intervention/Rational (2 per dx) (1 pt. each)** Interventions should be specific and individualized for 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.	**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. Risk for bleeding as evidenced by patient was administered a higher dose of oxytocin.	After delivery, the patient had a steady trickle of blood coming from her uterus.	**1.**Assess for bleeding frequently. **Rationale:** If the patient does not stop bleeding, she could hemorrhage (Ricci et al., 2021). **2.**Administer a higher dose of oxytocin.	The patient's bleeding stopped after the nurse changed the oxytocin dose to a higher level.

		Rationale: Increasing the dosage of oxytocin will help the uterine to start contracting to stop bleeding (Ricci et al., 2021).	
2. Risk for infection related to invasive procedures as evidenced by indwelling catheter and bilateral labia tear.	The patient had an indwelling catheter placed as she had an epidural.	**1.** Assess the patient's tear site Q4H. **Rationale:** By monitoring a patient's site for infection, it can help the future of care (Ricci et al., 2021). **2.**Clean perineum after urination. **Rationale:** Cleaning the perineum after urination will help clean the bacteria out to reduce the risk of infection (Ricci et al., 2021).	The patient's perineum was assessed closely every 4 hours. The nursing staff assisted the patient in the bathroom and helped wash her perineum.
3. Acute pain related to bilateral labia tear as evidenced by patient had bilateral sutures.	After delivery, the patient was assessed, and the midwife found bilateral labia tearing which required sutures.	**1.** Provide information on perineum care. **Rationale:** The patient will not be able to wipe perineum so the use of a peribottle will start until perineum is healed (Ricci et al., 2021). **2.** Educate patient about labia condition. **Rationale:** Education can help lower a patient's anxiety (Ricci et al., 2021).	The patient and partner were very attentive to learn. They were provided information as well as educated on the labia's condition.
4. Deficient knowledge related to breastfeeding as evidenced by patient has no previous children.	It is very vital the patient understands the proper technique to breastfeed.	**1.** Provide information on breastfeeding. **Rationale:** Providing information will clarify any misconceptions (Ricci et al., 2021). **2.** Allow the client and her partner to ask questions. **Rationale:** It gives the patient the chance to feel important and can begin understanding what is going to happen in the future (Ricci et al., 2021).	The patient was provided information on breastfeeding. She was very eager to start learning. She and her partner both had their questions answered by the nursing staff.

Other References (APA):

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