

N432 Postpartum Care Plan

Lakeview College of Nursing

Name Bailey Pierce

Demographics (3 points)

Date & Time of Admission 11/5/21 @ 1934	Patient Initials L.J.	Age 31	Gender F
Race/Ethnicity Caucasian	Occupation Advisor at the U of I	Marital Status Married	Allergies Amoxicillin (Hives) Bactrim (Hives) Doxycycline (Hives)
Code Status Full Code	Height 5'2"	Weight 66.7kg	Father of Baby Involved yes

Medical History (5 Points)

Prenatal History: G-1, T-1, P-1, A-0, L-1

Patient was diagnosed with intrauterine growth restriction (IUGR) at 40+1. Due to this diagnosis, patient was sent to the hospital to be induced. Baby was delivered vaginally. Mother had a 2nd degree tear following an episiotomy.

Past Medical History: Patient has a past medical history of acne.

Past Surgical History: Patient had her wisdom teeth removed.

Family History: Patient's father has hypertension, high cholesterol, and a brain aneurysm.

Patient's mother has arthritis. Paternal Grandmother had breast cancer. Paternal grandfather had heart disease.

Social History (tobacco/alcohol/drugs): Patient reports no history of tobacco use. Prior to pregnancy, mother would consume 1-2 alcoholic drinks 1-2x per month. Patient reports using marijuana prior to pregnancy 2-3xs per week.

Living Situation: Patient lives at home with her husband and 2 cats.

Education Level: Patient has a college education.

Admission Assessment

Chief Complaint (2 points): Patient was diagnosed with IUGR at 40+1 complicating her pregnancy. Induction was recommended.

Presentation to Labor & Delivery (10 points): Patient presented to labor and delivery at 1934 on 11/05/21. Prior to arrival patient was diagnosed with IUGR at 40+1 during her prenatal visit. Physician recommended she be induced that day. Patient was without pain or distress. Patient has requested the use of an epidural for pain management during labor.

Diagnosis

Primary Diagnosis on Admission (2 points): Complications with IUGR at 40+1. Induction recommended.

Secondary Diagnosis (if applicable):

Postpartum Course (18 points)

The postpartum period consists of the time following the delivery of the placenta (Ricci et al., 2021). This phase is also termed the puerperium stage (Chauhan, 2020). Postpartum consists of three phases: acute, early, and late (Chauhan, 2020). The acute phase consists of the first 24 hours after the delivery of the placenta (Chauhan, 2020). The early phase consists of the first seven days postpartum (Chauhan, 2020). Furthermore, the late phase is up to 6 weeks until around six months (Chauhan, 2020). The new mother is in the early phase.

Postpartum can also be classified into three phases of maternal role attainment. The first phase is the taking-in phase. During this phase, the mother is elated and cannot wait to share her birth story with others (Ricci et al., 2021). The mother allows the nurse to assist in making decisions regarding the newborn and focuses on self-care. Next is the taking-hold phase. This stage begins between days two and three and lasts until day ten or several weeks later (Ricci et al., 2021). During this stage, the mother becomes more involved in caring for the newborn and making decisions about care (Ricci et al., 2021). New mothers also frequently experience baby blues during this stage. Signs and symptoms include anxiety, feelings of sadness, lack of appetite, irritability, headaches, and insomnia (Ricci et al., 2021). Baby blues are typically self-limiting and do not require formal treatment (Ricci, et al., 2021). Approximately 50-90% of new mothers will experience baby blues (Ricci et al., 2021). It is essential to ensure that these feelings subside as 20% of these mothers' symptoms progress into postpartum depression. The new mother is currently in the taking-hold phase. She expresses a willingness to learn how to take care of the newborn's daily needs. The mother is also showing some signs of baby blues, such as fatigue and some anxiety. Lastly, the letting-go phase begins when the mother shifts her focus to

the family being a whole. She can resume her relationship with her partner and establish a new lifestyle, including the infant (Ricci et al., 2021).

Other complications to assess the new mother for is postpartum hemorrhage and infection. Risk factors for postpartum hemorrhage include uterine atony, retained placental fragments, lacerations of the genital tract, and episiotomy (Ricci et al., 2021). The patient experienced a 2nd-degree tear related to an episiotomy. The patient has scant to light lochia that had progressed to Rubra. The patient has been instructed to watch for increased bleeding and color reverting to a bright red color. Risk factors for infection include catheter use, manual extraction of the placenta, retained placenta fragments, hematoma, and episiotomies or lacerations (Ricci et al., 2021). Signs and symptoms of infection include a fever of 100.4 for two consecutive days within the first ten days, foul-smelling lochia, and pain that does not resolve with analgesics (Ricci et al., 2021). Again, the patient's episiotomy places her at an increased risk for infection as well. The patient has been educated on the signs and symptoms to watch for related to infection.

Postpartum Course References (2) (APA):

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

Retrieved November 13, 2021, from <https://www.ncbi.nlm.nih.gov/books/NBK555904/>.

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	3.8-5.3 10(6)/mcL	3.9	4.36	3.50	Decreased RBC could be related to the patient's recent blood loss during delivery (Pagana & Pagana, 2018).
Hgb	12.0- 15.8g/dL	11.7	13.4	10.8	Decreased Hgb could be related to nutritional deficiency and anemia during pregnancy. Decreased Hgb could be related to the patient's recent blood loss during delivery (Pagana & Pagana, 2018).
Hct	36%-47%	33.8	38	31.1	Low Hct levels are common during pregnancy (Pagana & Pagana, 2018). Low Hct levels could be related to the patient's recent blood loss during delivery (Pagana & Pagana, 2018).
Platelets	140-440 10(3)/mcL	155	134	130	Decreased platelet counts could be related to anemia. The patient's low Hgb is also related to anemia (Pagana & Pagana, 2018). Decreased platelet counts could be contributed to the patient's recent blood loss during pregnancy (Pagana & Pagana, 2018).
WBC	4-12 10(3)/mcL	10.46	11.3	12.3	Increased WBCs are related to stress, trauma, and inflammation. These are all related to the delivery (Pagana & Pagana, 2018).
Neutrophils	47-73%	72.9%	76.5%	77.2%	Decreased neutrophils could be related to anemia or dietary deficiency (Pagana &

					Pagana, 2018).
Lymphocytes	17%-42%	17.4%	17.2%	17.2%	
Monocytes	4%-12%	7.5%	5.8%	6.1%	
Eosinophils	0%-5%	1.8%	0.4%	1.2%	
Bands	0%-5%	Not taken	Not taken	Not taken	

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	O	O	O	
Rh Factor	+/-	-	-	-	
Serology (RPR/VDRL)	Nonreactive	nonreactive 08/19	Not taken	Not taken	
Rubella Titer	Immune	Immune 03/23	Not taken	Not taken	
HIV	Negative	Negative 08/19	Not taken	Not taken	
HbSAG	Negative	Negative 03/23	Not taken	Not taken	
Group Beta Strep Swab	Negative	Negative 10/08	Not taken	Not taken	
Glucose at 28 Weeks	<140mg/dL	121	Not taken	Not taken	
MSAFP (If Applicable)	0.5-5.0 MoM	Not taken	Not taken	Not taken	

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

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)	0.60-1.8 mg/g	Not taken	Not taken	Not taken	

Lab Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2018). *Mosby's diagnostic and laboratory test reference* (14th ed.). Mosby.

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

	Your Assessment
<p>History of labor:</p> <p>Length of labor</p> <p>Induced /spontaneous</p>	<p>Patient's total length of labor was 14 hours and 37 minutes.</p> <p>The patient delivered the baby vaginally via induction. Cervical ripening was performed at 2145 on 11/05/21. Artificial rupture of</p>

<p>Time in each stage</p>	<p>membranes was performed at 1214 on 11/06.</p> <p>The first stage of labor consists of three different phases: latent, active, and transition (Hutchison, 2021). The stage of labor lasted for 11 hours and 58 minutes. This was relatively quick as first stage labor typically lasts 14-20 hours (Ricci, et al., 2021).</p> <p>During the second stage of labor, mom pushed for 2 hours and 39 minutes. Again, mom progressed quickly through this stage as typical pushing time for a nulliparous mother is 4 hours (Hutchison, 2021). The third stage, delivery of the placenta, lasted one minute.</p>
<p>Current stage of labor</p>	<p>Mother is currently in the postpartum stage.</p>

Stage of Labor References (2) (APA):

Hutchison, J. (2021, August 25). *Stages of Labor*. PubMed.

<https://pubmed.ncbi.nlm.nih.gov/31335010/>

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 different medications must be completed***

Home Medications (2 required)

Brand/Generic	Prenatal Vitamin (Vynatal)	Ibuprofen (Motrin)			
Dose	0.8mg	800 mg			
Frequency	Daily	q8h PRN			
Route	PO	PO			
Classification	Iron products, Vitamin, and mineral combinations (Drugs.com, 2021c)	NSAID			
Mechanism of Action	Essential in the synthesis and maintenance of nucleoprotein in erythropoiesis. Helps promotes RBC and platelet formation. (Drugs.com, 2021c)	Blocks activity of cyclooxygenase, the enzyme needed to synthesize prostaglandins, which mediate inflammatory response and cause local pain, swelling, and vasodilation (Jones & Bartlett, 2020).			
Reason Client Taking	Pregnancy	Pain			

<p>Contraindications (2)</p>	<p>The patient does not have any of the contraindications to this medication. Contraindications could include hypersensitivity and taking concurrently with any other multivitamin. (Drugs.com,2021c)</p>	<p>The patient does not have any contraindications to this medication. Contraindications could include asthma and hypersensitivity. (Jones & Bartlett, 2020).</p>			
<p>Side Effects/Adverse Reactions (2)</p>	<p>Headache, Upset stomach (Drugs.com, 2021c)</p>	<p>Constipation, Abdominal cramps. (Jones & Bartlett, 2020).</p>			
<p>Nursing Considerations (2)</p>	<p>Food may reduce absorption. Prenatal may affect the absorption of any medications taken orally. (Drugs.com, 2021c)</p>	<p>Serious GI tract bleeding, perforation, and ulceration may occur without warning symptoms. Assess patient’s skin for rash as this may be an indication of hypersensitivity. (Jones & Bartlett, 2020)</p>			
<p>Key Nursing Assessment(s)/Lab(s) Prior to Administration</p>	<p>Monitor for signs of hair loss and vomiting as these may be signs of overdose. (Drugs.com, 2021c)</p>	<p>Monitor CBC for decreased Hgb and Hct as this drug may worsen anemia. Monitor blood pressure as this drug can cause hypertension or</p>			

		worsen it. (Jones & Bartlett, 2020)			
Client Teaching needs (2)	Take medication 1 hour before meals. Talk to pharmacists before taken any other vitamins or herbs to avoid adverse reactions. (Drugs.com, 2021c)	Take with a full glass of water and do not lie down for 15-30 minutes to avoid esophageal irritation. Take with food or after meals to reduce GI distress. (Jones & Bartlett, 2020)			

Hospital Medications (5 required)

Brand/Generic	Ondansetron (Zofran)	hydrocortisone (Solu-Cortef)	Oxytocin (Pitocin)	acetaminophen (Tylenol)	benzocaine-menthol (Dermaplast)
Dose	4mg	1% solution	60-300 mL/hr	975 mg	1 spray
Frequency	q6h PRN	q6h PRN	continuous	q6h PRN	q4h PRN
Route	IV	Topical	IV	PO	Topical
Classification	Antiemetic (Jones & Bartlett, 2020)	Glucocorticoid	Uterotonic Agent	Non salicylate, para-aminophenol derivative	Topical anesthetics
Mechanism of Action	Blocks serotonin receptors centrally in	Binds to intracellular glucocorticoid	Induces and strengthens uterine contractions	Inhibits the enzyme cyclooxygenase,	Local anesthetic that blocks nerve signals in the

	the chemoreceptor trigger zone and peripherally at the vagal nerve terminals in the intestines (Jones & Bartlett, 2020)	receptors and suppresses inflammatory immune response. (Jones & Bartlett, 2020)	and controls bleeding after childbirth (Drugs.com, 2021b)	blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system. (Jones & Bartlett, 2020).	body. (Drugs.com, 2021a)
Reason Client Taking	Nausea	Hemorrhoids	Augmentation	Mild, severe pain	Perineal discomfort
Contraindications (2)	Patient does not have any contraindications to this medication. Contraindications would include hypersensitivity and congenital long QT syndrome. (Jones & Bartlett, 2020)	Patient does not have any of the conditions contraindicated for this medication. Examples include hypersensitivity and systemic fungal infections. (Jones & Bartlett, 2020)	High blood pressure, Drinking too much water. (Drugs.com, 2021b)	The patient does not have any of the conditions contraindicated for the use of this medication. These contraindications include hypersensitivity and severe hepatic impairment. (Jones & Bartlett, 2020)	Do not use Dermoplast on large areas of skin. Do not use Dermoplast on deep puncture wounds. (Drugs.com, 2021a)
Side Effects/Adverse Reactions (2)	Hypotension, Serotonin syndrome (Jones & Bartlett, 2020)	Dizziness, Acne (Jones & Bartlett, 2020)	Headache, Confusion (Drugs.com, 2021b)	anxiety, fatigue (Jones & Bartlett, 2020)	Headache, Confusion (Drugs.com, 2021a)

<p>Nursing Considerations (2)</p>	<p>Monitor patient closely for rash or difficulty breathing, as these could be indicators of an allergic reaction.</p> <p>Confusion, chills, and fever may be signs of serotonin syndrome.</p> <p>(Jones & Bartlett, 2020)</p>	<p>May worsen infections or mask signs and symptoms.</p> <p>If using foam version, shake vigorously for 5-10 seconds prior to administration.</p> <p>(Jones & Bartlett, 2020)</p>	<p>Monitor patient for signs of an allergic reaction including hives, difficulty breathing, and swelling of the lips, tongue, and throat.</p> <p>Monitor for signs and symptoms of depression, as peripartum oxytocin may lead to an increased risk of development.</p> <p>(Drugs.com, 2021b)</p>	<p>Pills may be crushed. Do not confuse mg with mL if switching to the parenteral form.</p> <p>(Jones & Bartlett, 2020)</p>	<p>Overdose of benzocaine can occur if too much medication is absorbed through the skin.</p> <p>Monitor for signs of uneven heartbeats or slowed breathing may be signs of overdoses.</p> <p>(Drugs.com, 2021a)</p>
<p>Key Nursing Assessment(s)/ Lab(s) Prior to Administration</p>	<p>If patient's potassium levels are low, there is an increased risk for prolonged QT-intervals.</p> <p>If patient's magnesium levels are low, there is an increased risk for prolonged QT-intervals.</p>	<p>Assess for any signs of infection as this medication may mask symptoms.</p> <p>Monitor blood pressure as this medication may cause hypotension and hypertension.</p>	<p>Assess heart rate. May cause tachycardia.</p> <p>Monitor fluid intake. Too much fluid can be unsafe while taking oxytocin.</p> <p>(Drugs.com, 2021b)</p>	<p>Monitor AST and ALT as acetaminophen may cause hepatotoxicity.</p> <p>Assess how much acetaminophen has been administered throughout the day. Do not exceed 4g.</p>	<p>Do not apply to deep puncture wounds.</p> <p>Ensure the area is clean before application.</p> <p>(Drugs.com, 2021a)</p>

	(Jones & Bartlett, 2020).	(Jones & Bartlett, 2020)		(Jones & Bartlett, 2020)	
Client Teaching needs (2)	Report any signs of hypersensitivity such as a rash. Seek medical attention immediately if experiencing persistent, severe, unusual or worsening symptoms. (Jones & Bartlett, 2020)	Report difficulty breathing and rash as these may be signs of hypersensitivity. Educate on how to apply using an applicator. (Jones & Bartlett, 2020)	Notify provider of any chest pain or shortness or breath. May increase the intensity of contraction. (Drugs.com,2021b)	Instruct patient not to exceed more than 4g of acetaminophen per day. Educate patient on the signs and symptoms of hepatotoxicity such as bleeding, easy bruising, and malaise. (Jones and Bartlett, 2020)	Educate patient on cleaning the affected area thoroughly before application. If medication contacts the breasts, wash thoroughly before breastfeeding. (Drugs.com, 2021a)

Medications Reference (1) (APA):

Drugs.com. (2021a, June 14). *Dermoplast*. <https://www.drugs.com/dermoplast.html>

Drugs.com. (2021b, April 14). *Oxytocin*. <https://www.drugs.com/mtm/oxytocin.html>

Drugs.com. (2021c, February 17). *Prenatal multivitamins*. <https://www.drugs.com/mtm/prenatal-multivitamins.html>

Jones & Bartlett Learning. (2020). *2020 Nurse’s Drug Handbook* (19th ed.).

Assessment

Physical Exam (18 points)

<p>GENERAL (1 point): Alertness: Orientation: Distress: Overall appearance:</p>	<p>AxO x4 (Person, place, time, situation) Patient show not signs of distress. Patient is well groomed and dressed appropriately.</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>Ivory. Dry. Warm to touch. Normal skin turgor (2+). No rashes present. No bruises present. No wounds or incisions present. 21, Average risk.</p>
<p>HEENT (1 point): Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Symmetric, free of lesions. Symmetric, dry around auricles w/o drainage. Symmetric. Sclera white, cornea clear, conjunctiva pink w/o drainage or lesions. Septum midline. Turbinate pink moist w/o bleeding or polyps. Dentition intact. Oral mucosa pink and moist w/o lesions</p>
<p>CARDIOVASCULAR (2 point): Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema:</p>	<p>Clear s1 and s2 sounds w/o gallops, murmurs, or rubs. Bilateral radial pulses 2+. Bilateral dorsalis pedis 1+. Capillary refill fingers and toes bilaterally 3+. No edema present.</p>
<p>RESPIRATORY (1 points): Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Clear respirations in auscultated in the anterior and posterior lungs bilaterally.</p>
<p>GASTROINTESTINAL (2 points): Diet at Home:</p>	<p>Regular</p>

<p>Current Diet: Height: Weight: Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds:</p>	<p>Regular 5'2" 66.7kg Normoactive bowel sounds in all 4 quadrants. 11/06/21 Slight tenderness with deep palpation. No present. Not present. Not present. Not present. Not present.</p>
<p>GENITOURINARY (2 Points): Quantity of urine: Pain with urination: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	<p>400 mL Stinging pain with urination due to 2nd degree tear. Perineum is swollen and bruised.</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>0 Patient can ambulate on her own.</p>
<p>NEUROLOGICAL (2 points): MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC: DTRs:</p>	<p>Patient moves all extremities well. Pupils are equal, round, reactive to light, and accommodate. AxOx4 Alert. No signs of distress. Comprehensible. No sensory deficits. NO Negative for clonus, Patellar 2+.</p>
<p>PSYCHOSOCIAL/CULTURAL (2 points) Coping method(s):</p>	<p>Patient relies on her husband for comfort.</p>

Developmental level: Religion & what it means to pt.: Personal/Family Data (Think about home environment, family structure, and available family support):	Appropriate for age. Baptist. Was unable to assess what religion means to patient. Patient is close with her mother and mother-in-law. They will be visiting and helping the new parents during this period of transition.
Reproductive: (2 points) Fundal Height & Position: Bleeding amount: Lochia Color: Character: Episiotomy/Lacerations:	Midline, at the level of the umbilicus. Less than 10mL Rubra Firm w/o massage Left mediolateral (2 nd degree)
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 Rupture of membranes 1214 11/06/21 Clear, Pink Small None 11/06/21 2054 Vaginal 200mL Male 7/8 3000g Breast fed w/ formula supplementation via s/s.

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal 10/29/21	Not taken	106/72	Not taken	Not taken	Not taken
Labor/Delivery	82	127/70	18	99	94
Postpartum	83	110/71	18	97.7	98

Vital Sign Trends: The patient’s blood pressure tends to run on the lower side. During labor her temperature was slightly elevated and oxygen levels were on the lower end. Postpartum the

patient’s blood pressure continued to run low, and her temperature was lower than average as well.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800	0-10	Perineum	2 w/ movement	Achy, pressure	No interventions needed at this time per the patient.
1430	0-10	Perineum	2 w/ movement	Tender	Patient was given ibuprofen and advised to lie down as opposed to sitting.

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:	20 ga Right cephalic vein 11/05/21 Not in use. Removed during rotation. No signs of redness or drainage. Dry, Non-tender

Intake and Output (2 points)

Intake	Output (in mL)
Intake was not recorded.	400 mL urine

Nursing Interventions and Medical Treatments During Postpartum (6 points)

Nursing Interventions and Medical Treatments (Identify nursing interventions with “N” after you list them,	Frequency	Why was this intervention/ treatment provided to this patient? Please give a short rationale.

identify medical treatments with “T” after you list them.)		
Assess patients pain level “T”	q4h	Ibuprofen was provided for the patient to help with pain.
Assists in educating on newborn bathing “N”	Once	Patient and her husband had never bathed a baby. Assisted in educating them on the proper technique.
Assess perineum “N”	Once	Patient has a 2 nd degree tear from labor. Area was assessed for swelling, redness, and drainage. Perineum is swollen and bruised.
Remove IV “N”	Once	IV was not in use. Removed IV, so patient could be released.

Phases of Maternal Adaptation to Parenthood (1 point)

What phase is the mother in? Patient is the Taking hold phase

What evidence supports this? Patient is actively trying to learn how to care for her newborn.

She seems tired and a little less excited than initially.

Discharge Planning (2 points)

Discharge location: Patient is being discharged home.

Equipment needs (if applicable):

Follow up plan (include plan for mother AND newborn): Mother has an appointment scheduled for 6 weeks postpartum. Infant will be seen the following day at 1100.

Education needs: Mother and father were educated how postpartum care for mom including selfcare, signs and symptoms of postpartum depression, and pumping. Parents were also educated on bathing baby, when to expect the umbilical cord to fall off, and continuing to use the s/s for feedings.

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 2nd tear.</p>	<p>Patient received a second-degree tear and presents with swelling and bruising.</p>	<p>1.Washing hands before and after performing peri care. Rationale: Hand washing is the best way to avoid spreading germs (Phelps et al., 2017). 2.Use peri bottle Rationale: Using the peri bottle for lavage after using the restroom will help to keep the area clean.</p>	<p>1.Patient expressed and understanding of proper handwashing hygiene. 2.Patient was given a peri bottle and expressed an understanding in how to use.</p>
<p>2. Deficient knowledge related to neonatal care as evidence by parents stating, “this is all new to us”.</p>	<p>Parent’s have been around nieces and nephews, but with being their first child they are unaware of much of the process of caring for a newborn.</p>	<p>1. Educate on bathing the neonate. Rationale: It is important to teach the parents the skills of daily activities they will perform on their neonate (Phelps et al., 2017). Patient’s will understand how to properly bath for their newborn and understand bathing does not need to be performed every day, as it is drying to the skin. 2.Educate parents on umbilical cord care. Rationale: Educating patient on umbilical care is</p>	<p>1.Parents were engaged during teaching and expressed an understanding of how to correctly bathe their newborn. 2.Parents expressed and understanding of how to care for the newborns umbilical cord.</p>

		important as improper care can lead to infection. Patient's will be able to understand the child's umbilical cord should be kept dry and diaper should be folded down to reduce irritation.	
3. Acute pain related to 2nd degree tear as evidence by patient expressing discomfort.	This rational was chosen based on the patient's 2 nd degree tear and need for healing. New mother's often push themselves too far. Doing so could result in increased pain.	<p>1. Advise mother to use Dermoplast spray when needed. Rationale: Dermoplast is a topical anesthetic and can help to numb the affected area providing comfort (Phelps et al., 2017).</p> <p>2. Have patient lie on her back when not feeding to alleviate pressure on the perineum. Rationale: Taking pressure off the of perineum will promote better blood flow and quicker healing and lessen discomfort.</p>	<p>1.Patient expresses how helpful the Dermoplast spray has been during her postpartum period.</p> <p>2. Patient was compliant with her teaching and agreed to lie in bed as opposed to sitting up.</p>
4. Risk for situational low self-esteem related needing to use an s/s along with breastfeeding.	Breast feeding can be difficult. Mother reports she is only getting out drops when she pumps, and this can be discouraging. Promoting a positive environment with encouragement and reassurance can help increase feelings of self-esteem	<p>1. Encourage the mother to continue to keep pumping. Rationale: The mother is only 2 days postpartum and milk supply has not yet come in. By pumping this will help to encourage production of milk.</p> <p>2. Remind mother that fed is best. Rationale: Breast feeding doesn't work for everyone. Reminding the mother that fed is best and that she is doing a great job is important to help keep confidence up.</p>	<p>1.Mother seemed a little disappointed about how her breast-feeding journey had gone so far, but was optimistic about pumping and using the s/s.</p> <p>2.Mother agrees that ensure baby is getting adequate nutrition is the most important.</p>

	(Phelps et al., 2017).		
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Other References (APA)

Phelps, L. L., Ralph, S. S., & Taylor, C. M. (2017). *Sparks & Taylor's nursing diagnosis reference manual* (10th ed.). Wolters Kluwer Health.