N432 Postpartum Care Plan

Lakeview College of Nursing

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Demographics (3 points)

Date & Time of Admission Date: 2-11-22 Time: 1709	**Patient Initials** L.P.	**Age** 24 years old	**Gender** Female
Race/Ethnicity Caucasian	**Occupation** Student	**Marital Status** Married	**Allergies** No known allergies.
Code Status FULL CODE	**Height** 160 cm	**Weight** 144.2 kg	**Father of Baby Involved** Yes, they are happily married.

Medical History (5 Points)

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

The patient has had complications with hypertension before pregnancy. Hypertension (HTN) is a patient with high blood pressure. She proceeded to come into the emergency department at 37 weeks and 1 day with a headache, which proceeded mother to be induced due to meeting the criteria for preeclampsia. The baby was delivered vaginally. Mother had a second-degree tear following an episiotomy.

Past Medical History: The patient's past medical history includes anxiety, depression, unspecified hearing loss, history of tubes being placed in both ears, last known seizure at age four, attention deficit, otitis media, BMI of 50.0-59.9, dysmenorrhea, and the patient was in a motor vehicle accent (MVA). The patient could not remember the date the MVA occurred.

Past Surgical History: The patient's past surgical history includes unspecified right shoulder surgery, middle ear surgery, and unspecified left knee surgery.

Family History: The patient's mother and twin sister have diabetes and unspecified thyroid disease. The patient's twin sister has attention-deficit/hypersensitivity disorder and celiac disease. The patient's father has unspecified heart disease. The patient's maternal aunt has breast cancer.

The patient's maternal grandmother has hypertension. The patient's paternal grandfather has unspecified heart disease, unspecified kidney disease, and hypertension.

Social History (tobacco/alcohol/drugs): The patient has denied any tobacco, alcohol, or illicit drug use.

Living Situation: The patient lives at home with her husband and now their newborn.

Education Level: The patient has some college education and is currently in school to become a nurse.

Admission Assessment

Chief Complaint (2 points): The patient had complications with hypertension and a severe headache that was not relieved by medication. Induction was recommended due to meeting the criteria of preeclampsia.

Presentation to Labor & Delivery (10 points): The 24-year-old female presented G1P0000 at 37 weeks and 1 day pregnant with a severe headache and chronic hypertension to the emergency department. The patient stated, "I tried to relieve the headache at 0830 with Tylenol (acetaminophen), but it did not help". She has preexisting hypertension and is on medications to control diagnosis. Due to the patient meeting criteria for severe preeclampsia, she was admitted. Induction for the patient was recommended with a possible cesarian. The patient was administered magnesium sulfate intravenously (IV) and monitored the patient's blood pressure.

Diagnosis

Primary Diagnosis on Admission (2 points): The patient was recommended for induction.

Secondary Diagnosis (if applicable): The patient had a secondary diagnosis of hypertension (HTN).

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**	4.21	4.16	3.63	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	11.9	10.4	Decreased Hgb could be related to the patient's recent blood loss during delivery (Pagana & Pagana, 2018).
Hct	**36%-47%**	34.9	34.7	30.5	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**	347	309	268	
WBC	**4-12 10(3)/mcL**	9.90	10.70	9.40	
Neutrophils	**47-73%**	75.1	79.4	79.9	Increased neutrophils could be related to trauma and physical or emotional stress (Pagana & Pagana, 2018).
Lymphocytes	**17%-42%**	17.4	18.6	18.0	
Monocytes	**4%-12%**	6.9	5.7	5.5	
Eosinophils	**0%-5%**	1.3	0.8	0.3	
Bands	**0%-5%**	0.1	0.2	0.2	

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)	**Positive or negative**	Negative	Negative	Negative	
Rubella Titer	**Immune or not immune**	Immune	Immune	Immune	
HIV	**Positive or negative**	Negative	Negative	Negative	
HbSAG	**Positive or negative**	Negative	Negative	Negative	
Group Beta Strep Swab	**Positive or negative**	Negative	Negative	Negative	
Glucose at 28 Weeks	**<140mg/dL**	133	133	133	
MSAFP (If Applicable)	**n/a**	n/a	n/a	n/a	

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

Lab Test	**Normal Range**	**Prenatal Value**	**Value on Admission**	**Today's Value**	**Reason for Abnormal**
Drug Screen	**Not Detected**	Not detected	Detected	Not detected	The patient's drug screen came back positive for opioids.

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 (30 points):

	Your Assessment
History of labor: **Length of labor**	The patient's total length of labor per chart was only 0 hours and 8 minutes.
Induced /spontaneous	The patient delivered the baby vaginally via induction. Artificial rupture of the membranes was performed at 2231 on 2-11-22.
Time in each stage	There are four different stages of labor: dilation, expulsive, placental, and restorative (Ricci et al., 2021). The first stage has three phases: latent, active, and transition (Ricci et al., 2021). The first stage is usually the longest; it begins with the first true contraction and full dilation (0-10 cm) (Ricci et al., 2021). The

	latent phase starts with regular contractions and ends when rapid cervical dilation begins. During this stage, the cervix dilates slowly to approximately 6 cm (Ricci et al., 2021). Contractions usually occur every 5 to 10 minutes and last 30 to 45 seconds (Ricci et al., 2021). Effacement of the cervix is from 0% to 40% (Ricci et al., 2021). A woman typically remains home during this phase until her contractions become intense and 2 to 5 minutes apart. The active phase encompasses the time from an increase in the rate of cervical dilation until the completion of cervical dilation. In active labor, contractions become more frequent (2 to 5 minutes) and increase duration (45 to 60 seconds) (Ricci et al., 2021). During this time, the mother becomes more uncomfortable and limits her interactions with those in the room. The first stage may last 12 to 34 hours for first-time mothers (Ricci et al., 2021). The second stage of labor begins with complete cervical dilation and effacement and ends with the birth of a newborn. This stage involves moving the fetus through the birthing canal and out of the body. Contractions occur every 2 to 3 minutes and last 60 to 90 seconds (Ricci et al., 2021). A longer duration of the second stage of labor is associated with adverse maternal outcomes, such as higher rates of puerperal infection, third and fourth-degree perineal lacerations, and postpartum hemorrhage (Ricci et al.,

	2021). Induced labor is done, but the physician, the mother, cannot be induced until 39 weeks unless there are complications for the mother or fetus. Induced labor can result in more postpartum hemorrhage than spontaneous labor, which increases the risk for blood transfusion, hysterectomy, placenta implantation abnormalities in future pregnancies, a more extended hospital stay, and more hospital readmissions (Ricci et al., 2021). Induction of labor is also associated with a significantly higher risk of cesarean birth. In comparison, a spontaneous birth is where the mother goes into labor independently. This stage is where the mother is less irritable and agitated due to her focusing on pushing the fetus out. The pressure of the fetus descending in the birth canal, along with increased abdominal pressure, causes the overwhelming urge to push (Ricci et al., 2021). For new mothers, this stage can last up to 3 hours (Ricci et al., 2021). The third stage of labor begins with the newborn's birth and ends with the separation and the birth of the placenta (Ricci et al., 2021). The third stage consists of two phases: placental separation and placental expulsion (Ricci et al., 2021). Severe bleeding is the number one cause women die during labor. Postpartum hemorrhage occurs during this stage, and active

	management can prevent this from occurring. Placental expulsion usually takes 5 to 10 minutes but may take 30 minutes (Ricci et al., 2021). The following signs are indications of the placenta separating: uterus rises upward, umbilical cord lengthens, a sudden trickle of blood is released from the vaginal canal, and the uterus changes its shape to globular (Ricci et al., 2021). The placenta can show in two ways: the fetal side, a shiny gray side, the maternal side, the redraw side (Ricci et al., 2021). If the placenta is not spontaneously, the mother will have the provider remove it manually. The placenta must be inspected, and if all sections are not accounted for, it could lead to postpartum hemorrhage (Ricci et al., 2021). The fourth and final stage of labor begins with the expulsion of the placenta and the membranes. It ends with the mother's initial physiologic adjustment and stabilization (1 to 4 hours after birth) (Ricci et al., 2021). This is the initiation of the postpartum period. This is the time the mother feels a sense of peace and excitement. The attachment process begins with inspecting her newborn. The mother's fundus should be firm and contracted, typically midline with the umbilicus during the first hour after labor (Ricci et al., 2021). The lochia is red, mixed with small clots, and has moderate flow (Ricci et al., 2021). If the patient has an

	episiotomy, it should be intact with the edges approximated and clean and no redness or edema present. The main focus of this stage is to monitor the mother closely to prevent hemorrhage, bladder distention, and venous thrombus (Ricci et al., 2021). Vital signs, the amount and consistency of the lochia, and the uterine fundus are usually monitored every 15 minutes for at least the first hour (Ricci et al., 2021). Patients can develop postpartum blues, postpartum depression, and even postpartum psychosis (Ricci et al., 2021). Postpartum blues is where the mother experiences rapid cycling of mood symptoms during the first week of postpartum and is typically resolved by day 10 (Ricci et al., 2021). Postpartum depression (PPD) is a clinical form of depression that sometimes men and women experience. PPD may persist for a minimum of 6 months if untreated (Ricci et al., 2021). Postpartum psychosis is the end of the continuum of postpartum emotional disorders (Ricci et al., 2021). Onset can be abrupt and unexpected; these mothers are at an increased risk for suicide and infanticide (Ricci et al., 2021). This diagnosis typically shows around month three, and mothers should not be left alone with their infants (Jordan et al., 2019). Most women are hospitalized and are on psychotropic medication (Jordan et al., 2019). Postpartum infection is defined as a fever of

	100.4 degrees Fahrenheit or higher after the first 24 hours after childbirth (Ricci et al., 2021). Some risk factors include surgical birth, prolonged rupture of membranes, multiple vaginal examinations, inadequate hand hygiene, internal fetal monitoring, uterine manipulation, obesity, retaining placental fragments, and anemia during pregnancy (Jordan et al., 2019). Some signs and symptoms of infection could include elevated temperature, general malaise, pain, chills, increased pulse rate, abdominal pain, and malodorous lochia (Jordan et al., 2019).
Current stage of labor	My patient was two days postpartum and in the fourth stage of labor. During this time, the mother was excited about the newborn and was finally ready to go home to care for him. The mother's fundus was firm and midline at the umbilicus upon palpation. The mother's lochia was red with minimal to moderate amounts and had a stage two tear with no signs of infection. The patient had to have an iron sucrose infusion before any discharge for low iron levels, and the patient was educated on the monitoring for constipation. The patient's vitals were within the normal range for her. The patient had very minimal pain in her perineum area and was given acetaminophen for pain and Dermoplast. She was also educated on the benefits of using the peri bottle when voiding. We discussed the benefits of skin to

	skin as a way of bonding with the baby.

Stage of Labor References (2) (APA):

Jordan, R. G., Farley, C. L., & Grace, K. T. (2019). *Prenatal and postnatal care: A woman-centered approach* (2nd ed.) John Wiley & Sons, Inc.

Ricci, S. S., Kyle, T., & Carman, S. (2021). *Maternity and pediatric nursing* (Fourth). 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	**prenatal vitamin (Vynatal)**	**Aspirin EC (Acetylsalicylic acid)**			
Dose	0.8mg	81 mg			
Frequency	Daily	Daily			
Route	PO	PO			
Classification	Iron products, Vitamin, and mineral combinations (Drugs.com, 2021).	Salicylate, NSAID (anti-inflammatory, antiplatelet, antipyretic, nonopioid analgesic) (Jones & Bartlett, 2020).			
Mechanism of Action	Essential in the synthesis and maintenance of nucleoprotein in erythropoiesis. Helps promotes RBC and platelet formation (Drugs.com, 2021).	Blocks the activity of cyclooxygenase (Jones & Bartlett, 2020). Prostaglandins, are important mediator in the inflammatory response,			

		causing local vasodilation with swelling and pain (Jones & Bartlett, 2020).			
Reason Client Taking	This patient takes this medication to help during pregnancy and postpartum for getting the vitamins needed.	This patient takes this medication to help relieve mild to moderate pain from delivery.			
Contraindications (2)	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, 2021).	This medication could contraindicate with the patient due to active bleeding, and the patient is breastfeeding (Jones & Bartlett, 2020).			
Side Effects/Adverse Reactions (2)	This medication could cause headache and upset stomach (Drugs.com, 2021).	This medication could decrease iron levels and stomach pain (Jones & Bartlett, 2020).			
Nursing Considerations (2)	Food may reduce absorption and prenatal may affect the absorption of any medications taken orally (Drugs.com, 2021).	This medication is present in the breastmilk, and if it is a low dose, the mother should monitor the infant for bleeding and			

		bruising (Jones & Bartlett, 2020).			
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Monitor for signs of hair loss and vomiting as these may be signs of overdose (Drugs.com, 2021).	Monitor for signs of bleeding more than usual for postpartum, and do not crush controlled-release tablets unless prescribed by the provider (Jones & Bartlett, 2020).			
Client Teaching needs (2)	Instruct the patient to take this medication 1 hour before meals and talk to pharmacists before taken any other vitamins or herbs to avoid adverse reactions (Drugs.com, 2021).	Instruct the patient to take this medication with food to help with GI upset and tell your provider if you exhibit a strong vinegar-like odor (Jones & Bartlett, 2020).			

Hospital Medications (5 required)

Brand/Generic	**acetaminophen (Tylenol)**	**ketorolac tromethamine (Toradol)**	**iron sucrose (Venofer)**	**cefazolin sodium (Ancef)**	**labetalol hydrochloride (normodyne)**
Dose	650 mg	30 mg	400 mg in Sodium Chloride	3g in Sodium Chloride	200 mg
Frequency	Q4h PRN	Q6h	Once 100mL/hr	Q8h 230mL/hr	BID
Route	PO	IV	IV	IV	PO
Classification	Non salicylate, para-aminophenol derivative	NSAID, and is considered an analgesic (Jones &	Iron mineral and is known as a hematinic (Jones &	First-generation cephalosporin also known as antibiotic	Noncardioselective beta-blocker/alpha 1 blocker also known as

	(Jones & Bartlett, 2020).	Bartlett, 2020).	Bartlett, 2020).	(Jones & Bartlett, 2020).	antihypertensi on drug (Jones & Bartlett, 2020).
Mechanism of Action	Inhibits the enzyme cyclooxyge nase, blocking prostaglandi n production and interfering with pain impulse generation in the peripheral nervous system (Jones & Bartlett, 2020).	By blocking cyclooxyge nase and inhibiting prostaglandi ns, this NSAID reduces inflammatio n and relieves pain (Jones & Bartlett, 2020).	This medication replenishes iron stores lost while delivering the infant (Jones & Bartlett, 2020). Iron is essential for neutrophils to function appropriatel y (Jones & Bartlett, 2020).	This medication interferes with bacterial cell wall synthesis by inhibiting peptidoglycan strands' cross-linking, which makes cell membranes rigid and protective (Jones & Bartlett, 2020). The bacterial cells rupture and die (Jones & Bartlett, 2020).	This medication selectively blocks alpha one and beta two receptors in vascular smooth muscle and beta one receptors in the heart to reduce blood pressure and peripheral vascular resistance (Jones & Bartlett, 2020). The potent beta-blockade prevents reflex tachycardia, which commonly occurs when alpha-blockers reduce cardiac output, resting heart rate, or stroke volume (Jones & Bartlett, 2020).
Reason Client Taking	This patient takes this	This patient takes this	This patient is taking	This patient is taking this	This patient is taking this

	medication to help relieve mild to severe pain from delivery.	medication to help relieve mild to moderate pain from delivery.	this medication to replenish the iron levels lost during labor and postpartum.	medication for prophylaxis to help prevent infection during labor and postpartum.	medication to manage hypertension.
Contraindications (2)	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).	The patient does not have any of the conditions contraindicated for the use of this medication. These contraindications include hypersensitivity and possible high risk for bleeding (Jones & Bartlett, 2020).	The patient does not have any contraindicated conditions for using this medication. These contraindications include anemia other than iron deficiency and hypersensitivity to iron components (Jones & Bartlett, 2020).	The patient does not have any contraindicated conditions for using this medication. These contraindications include hypersensitivity to this medication, cephalosporins, or their components (Jones & Bartlett, 2020). Also, if the patient is taking aminoglycosides, loop diuretics, or probenecid, it may cause a bad reaction (Jones & Bartlett, 2020).	The patient does not have any contraindicated conditions for using this medication. These contraindications include obstructive airway disease, bronchial asthma, and hypersensitivity to the medication and its components (Jones & Bartlett, 2020).
Side Effects/Adverse Reactions (2)	This medication could anxiety and fatigue (Jones & Bartlett, 2020).	This medication could cause headache and dizziness (Jones & Bartlett,	This medication could cause constipation and abdominal pain (Jones & Bartlett,	This medication could cause elevated BUN and serum creatinine levels, as well as anaphylaxis	This medication could cause depression, fatigue, and bradycardia (Jones & Bartlett,

		2020).	2020).	(Jones & Bartlett, 2020).	2020).
Nursing Considerations (2)	Pills may be crushed and do not confuse mg with mL if switching to the parenteral form (Jones & Bartlett, 2020).	This medication should be used cautiously in patients with hypertension because it leads to hypertension or worsens the severity of the patient's hypertension (Jones & Bartlett, 2020). This medication also is present in the patient's breast milk and check with the provider before continuing medication at home (Jones & Bartlett, 2020).	Assess the patient's blood pressure often after administering this medication due to hypotension which is a common adverse effect of rapid infusion (Jones & Bartlett, 2020). Monitor the patient closely for evidence of anaphylaxis during and for at least 30 minutes after therapy (Jones & Bartlett, 2020).	Store reconstituted drug for up to 24 hours at room temperature or for ten days refrigerated (Jones & Bartlett, 2020). Assess bowel pattern daily; severe diarrhea may indicate pseudomembranous colitis (Jones & Bartlett, 2020).	Monitor blood glucose levels in patients because this medication may conceal symptoms of hypoglycemia (Jones & Bartlett, 2020). Be aware that labetalol masks common signs of shock (Jones & Bartlett, 2020).
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Monitor AST and ALT as acetaminophen may cause hepatotoxicity and assess how	Monitor the patient's liver enzymes monitor the patient's hypertension for adequate	Expect to monitor hematocrit, hemoglobin, serum ferritin, and transferrin saturation before,	If possible and as ordered, obtain culture and sensitivity test results before giving this medication (Jones &	Monitor the patient's blood pressure before giving the medication and monitor the patient's

	much acetaminophen has been administered throughout the day. Do not exceed 4g (Jones & Bartlett, 2020).	fluid balance because this medication can cause fluid retention (Jones & Bartlett, 2020).	during, and after the infusion (Jones & Bartlett, 2020). Discard unused diluted iron sucrose solution (Jones & Bartlett, 2020).	Bartlett, 2020). Monitor BUN and serum creatinine for early signs of nephrotoxicity (Jones & Bartlett, 2020).	blood glucose (Jones & Bartlett, 2020).
Client Teaching needs (2)	Instruct patient not to exceed more than 4g of acetaminophen per day (Jones & Bartlett, 2020). Educate patient on the signs and symptoms of hepatotoxicity such as bleeding, easy bruising, and malaise (Jones and Bartlett, 2020).	Advise the patient not to take other NSAIDs and consult with the provider beforehand (Jones & Bartlett, 2020). Caution the patient to avoid hazardous activities until the medication's CNS effects are known (Jones & Bartlett, 2020).	Tell the patient while receiving iron sucrose to monitor their infant for constipation or diarrhea; if this happens, call their pediatrician; this is a sign of gastrointestinal toxicity (Jones & Bartlett, 2020). Inform the patient that symptoms of iron deficiency may include decreased stamina, fatigue, learning problems,	Tell the patient to report watery, bloody stools to the prescriber immediately, even up to 2 months after drug therapy has ended (Jones & Bartlett, 2020). Tell the patient to use this medicine for the full prescribed length of time, even if your symptoms quickly improve. Skipping doses can increase your risk of infection that is resistant to medication (Jones &	Tell the patient not to stop the medication abruptly could cause angina and rebound hypertension (Jones & Bartlett, 2020). Advise the patient to report confusion, difficulty breathing, rash, slow pulse, and swelling in the upper and lower extremities (Jones & Bartlett, 2020).

			and shortness of breath (Jones & Bartlett, 2020).	Bartlett, 2020).	

Medications Reference (1) (APA):

Drugs.com. (2021, 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)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	The patient was alert and orientated times four to person, place, time, and situation. The patient showed no signs of distress. The patient was well-groomed and dressed appropriately.
INTEGUMENTARY (1 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds/Incision:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	The patient's skin color was ivory and was dry and warm to the touch. The patient had a normal skin turgor of 2+. The patient had no bruises, rashes, wounds, or incisions present. The patient had a Braden score of 23 which means the patient is not at risk.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	The patient's head and neck are symmetric and free of lesions. The patient's ears are symmetric and are dry around the auricles without drainage. The patient's eyes are symmetric, sclera white, cornea clear, conjunctiva pink without drainage or lesions. The septum is midline. Turbinates are pink moist without bleeding or polyps bilaterally. Dentition is intact. Oral mucosa is pink and moist without lesions. .

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:**	The patient has clear S1 and S2 sounds without gallops, murmurs, or rubs. The patient's bilateral radial pulses are a 2+, while the bilateral dorsalis pedis is a 1+/ Capillary refill of fingers, and toes are 3+ bilaterally. The patient had no edema present. .
RESPIRATORY (1 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	The patient has clear respirations in auscultated anterior and posterior lungs bilaterally.
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:**	The patient has a regular diet at home and in the hospital. The patient's height is 160 cm, and her weight is 144.2 kg. The patient has normoactive bowel sounds in all four quadrants. The patient's last bowel movement was 2-11-22. The patient did have slight tenderness with deep palpation. The patient had no distention, incisions, scars, drains, or wounds present.
GENITOURINARY (2 Points): **Quantity of urine:** **Pain with urination: Y ☒ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	The patient can ambulate to the bathroom by herself. The patient voided twice during the clinical shift. The patient has stinging pain with urination due to 2nd degree tear. The perineum is swollen and bruised.
MUSCULOSKELETAL (1 points): **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score: 20** **Activity/Mobility Status:** **Independent (up ad lib) ☒** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	The patient can ambulate on her own without assistance. The patient's fall score is a 20 due to getting an iron sucrose infusion.
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐**	The patient moves all extremities well. Pupils are equal, round, reactive to light, and

PERLA: Y ☒ N☐ **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:** **DTRs:**	accommodating. The patient is alert and orientated times four. The patient's mental status is alert, and no signs of distress; her speech is comprehendible. The patient has no sensory deficits, and the patient never had LOC. The patient is negative for clonus, and patellar is 2+.
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 relies on her husband for comfort. Her developmental level is appropriate for her age. The patient was Baptist but could not assess what religion meant to her. The patient is close to her mother and sister. They will be visiting and helping the new parents during their transition period.
Reproductive: (2 points) **Fundal Height & Position:** **Bleeding amount:** **Lochia Color:** **Character:** **Episiotomy/Lacerations:**	The fundal height and position were midline at the level of the umbilicus. The patient has minimal bleeding, less than 10 mL. The lochia color was rubra. The characteristic was firm without massage. The patient had a left labial tear (2nd 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:**	The patient had an artificial rupture of the membranes at 2231 on 2-11-22. The color was clear and pink. The amount was not documented. No odor was documented. The patient delivered vaginally on 2-11-22 at 22:10:17. The patient was induced vaginally. The patient lost 500 mL. The patient delivered a male. The infant's apgars was 7/8. The infant weighed 9lbs 3.4oz at birth. The mother is breastfeeding as well as supplementing with formula.

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	118	169/71	18	98.2 F	98%

2-11-22					
Labor/Delivery	125	112/56	22	98.9 F	98%
Postpartum	79	115/50	20	97.5 F	100%

Vital Sign Trends: The patient has a chronic history of hypertension, so her blood pressures are high. Her pulse was high due to stress and nerves as they were induced. During labor, respiratory rates and pulse rates are high due to the pain and stress of pushing.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0930	0-10	Perineum.	4	Stinging when urinating and just uncomfortable.	The patient was given acetaminophen for pain and Dermoplast.
1050	0-10	Perineum.	2	Tender	Patient was 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 gauge Left metacarpal vein. 2-11-22 Patients IV access is intact and clean with no redness or drainage noted at site. Flushes without difficulty.

Intake and Output (2 points)

Intake	Output (in mL)
Patient had 800mL of fluid intake and ate	Patient ambulates to bathroom on own, she

100% of her meal.	voided twice and had no bowel movement.

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.**
Assess patient's pain level "T"	Q4h	Acetaminophen was provided for the patient to help with pain.
Assess perineum "N"	Once	Patient had a 2nd degree tear from labor. Area was assessed for swelling, redness, and drainage. Perineum area is swollen and bruised.
Assists in educating on bathing a newborn "N"	Once	Patient and her husband had never bathed a newborn. Assisted in educating them on the proper technique to bathe an infant.
Ice Packs "N"	Once	Patient had a 2nd degree tear from labor. Due to area being swollen and bruised the ice packs will help.

Phases of Maternal Adaptation to Parenthood (3 point)

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

What evidence supports this? The patient is actively trying to learn how to care for herself and her newborn. But the patient seems tired and not as excited than initially.

Discharge Planning (3 points)

Discharge location: The patient is being discharged to home with her husband.

Equipment needs (if applicable): n/a

Follow up plan (include plan for mother AND newborn): The mother has an appointment scheduled for six weeks postpartum but will have a blood pressure check-up before then. The infant will be seen the following day on 2-15-22.

Education needs: The mother and father were educated on postpartum care, including self-care, signs, and symptoms of postpartum depression, and pumping. The parents were also educated on bathing the infant and when to expect the umbilical cord to fall off.

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 each of the rationales.	**Evaluation (2 pt 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 infection related to 2nd degree tear as evidence by perineum being swollen and bruised.**	Patient received a 2nd degree tear and presents with swelling and bruising.	**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 keep the area clean (Phelps et al., 2017).	The patient expressed an understanding of proper handwashing hygiene. The patient was given a peri bottle and expressed an understanding of using it.
2. **Acute pain related to 2nd degree tear as evidence by patient**	This rationale was chosen based on the patient's 2nd degree tear and	**1.** Advise the mother to use Dermoplast spray when needed. **Rationale:** Dermoplast is a topical anesthetic that can	The patient expresses how helpful the Dermoplast spray has been during her postpartum period.

expressing discomfort.	need for healing. New mother often pushes themselves too far. Doing so could result in increased pain.	help numb the affected area providing comfort (Phelps et al., 2017). **2.** Have the patient lie on her back when not feeding to alleviate the pressure on the perineum. **Rationale:** Taking pressure off the perineum will promote better blood flow, quicker healing, and minor discomfort (Phelps et al., 2017).	The patient was compliant with her teaching and agreed to lie in bed instead of sitting up.
3. Deficient knowledge related to breastfeeding as evidence by mom not putting infant to breast enough.	This rationale was chosen based on the mother not breastfeeding the infant and bottle feeding with formula. The mother expressed the want to breastfeed but did not attempt to.	**1.** Provide proper education related to breastfeeding. **Rationale:** Providing proper education for the mother will help her better understand the benefits of breastfeeding (Ricci et al., 2021). It can teach her the different techniques to help provide nutrition for her infant (Ricci et al., 2021). Also, involve the lactation consultant for education. **2.** Educate the mother the different techniques for holding the infant. **Rationale:** Different techniques will help establish comfort for the mother and the infant (Ricci et al., 2021). By doing so, the infant will want to latch to make feeding more successful (Ricci et al., 2021).	The lactation consultant came in and provided verbal communication about the proper education on breastfeeding. The mother enjoyed the education but thought it was very lengthy. The mother verbalized and demonstrated understanding of correct breastfeeding techniques, concepts such as demand versus scheduled feeding, indicators of successful feeding. The mother demonstrated correct positioning for three different breastfeeding positions, including cradle, football, side-lying positions.
4. Deficient knowledge related to neonatal care as evidence by stating, "this is all	Parents have been around children, but with being their first child, they are unaware of	**1.** Educate on bating the neonate. **Rationale:** It is essential to teach the parents the daily activities they will perform on their neonate (Phelps et al., 2017). Patients will	Parents were engaged during teaching and understood correctly bathing their infant. The parents expressed an understanding of

new to us".	much of the process of caring for a newborn.	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 patients on umbilical care is essential as improper care can lead to infection. Patients will understand that the child's umbilical cord should be kept dry, and the diaper should be folded down to reduce irritation (Phelps et al., 2017).	caring for the newborn's umbilical cord.

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.

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