N432 Postpartum Care Plan

Lakeview College of Nursing

Name: Adrianne Pate

Demographics (3 points)

Date & Time of Admission 06/01/2022 @ 0622	**Patient Initials C.H.**	**Age 22**	**Gender Female**
Race/Ethnicity White	**Occupation Unemployed**	**Marital Status Single**	**Allergies N/A**
Code Status Full	**Height 5'7**	**Weight 237**	**Father of Baby Involved Yes**

Medical History (5 Points)

Prenatal History: G1P1001 Nuchal Cord around neck

Past Medical History: Asthma, Anxiety, HTN, Anemia, Gestational proteinuria

Past Surgical History: Tonsillectomy

Family History: Maternal Grandma- Breast cancer, HTN Mother- HTN Father- diabetes, heart disease Sister- Drug abuse, preterm and miscarriage

Social History (tobacco/alcohol/drugs): Tobacco- No Alcohol- not currently Drugs- Smoking Marijuana two times a week

Living Situation: Lives with Significant other

Education Level: Part time student (Did not specify what level of student)

Admission Assessment

Chief Complaint (2 points): Scheduled induction @ 39 weeks

Presentation to Labor & Delivery (10 points): 22 year old female, G1P0 patient is 38 weeks 0 days. Presents to Labor and Delivery with a scheduled induction. Last menstrual period was 9/8/2021 and estimated due date 06/15/2022. Patient denies having leakage of fluid, vaginal bleeding or decreased fetal movement.

Diagnosis

Primary Diagnosis on Admission (2 points): Scheduled induction

Secondary Diagnosis (if applicable): N/A

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**	**4.4**	**4.42**	**3.97**	
Hgb	**12-15.8**	**12.3**	**12.4**	**13.1**	
Hct	**36-47**	**36.2**	**37.9**	**38.1**	
Platelets	**140-440**	**353**	**340**	**325**	
WBC	**4-12**	**12.1**	**14.1**	**16.9**	For an abnormal WBC during pregnancy a women's body goes through a lot of stress (*, 2020).
Neutrophils	**47-73**	**N/A**	**71.2**	**76.6**	For an abnormal neutrophil count this could be due to the mother's hypertension (Canzoneri et al., 2009)
Lymphocytes	**18-42**	**N/A**	**19**	**18**	
Monocytes	**4-12**	**N/A**	**6.5**	**6.6**	
Eosinophils	**0-5**	**N/A**	**2.5**	**0.6**	
Bands	--------	--------	---------	------	

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	---------	**O**	----------	----------	

Rh Factor	**----------**	+	**----------**	**----------**	
Serology (RPR/VDRL)	**Negative**	**Negative**	**Negative**	**Negative**	
Rubella Titer	**Immune**	**Not Immune**	**Not Immune**	**Not Immune**	
HIV	**Negative**	**Negative**	**Negative**	**Negative**	
HbSAG	**Negative**	**Negative**	**Negative**	**Negative**	
Group Beta Strep Swab	**Negative**	**Positive**	**Positive**	**Positive**	
Glucose at 28 Weeks	**50-179**	**162**	**----------**	**----------**	
MSAFP (If Applicable)	**No Risk/Negative**	**No risk/Negative**	**No risk/Negative**	**No risk/Negative**	

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	Prenatal	Value on	Today's	Explanation of Findings

	Range	Value	Admission	Value	
Urine Creatinine (if applicable)	**N/A**	**N/A**	**N/A**	**N/A**	

Lab Reference (1) (APA):

Canzoneri, B., Lewis, D., Groome, L., & Wang, Y. (2009). Increased neutrophil numbers account for leukocytosis in women with preeclampsia. *American Journal of Perinatology*, *26*(10), 729–732. https://doi.org/10.1055/s-0029-1223285

*, N. (2020, August 11). *Translating pregnancy blood tests: What mothers-to-be need to know*. Eurofins. Retrieved June 8, 2022, from https://www.ntd-eurofins.com/translating-pregnancy-blood-tests/

Stage of Labor Write Up, APA format (30 points):

	Your Assessment
History of labor:	
Length of labor	**17.5 hours**
Induced /spontaneous	**Induced**
Time in each stage	**06/01- 0730- Dilution: 1 Station: -2** **06/01- 1620- Dilution: 1 Station: -2** **06/01- 1750- Dilution: 2.5 Station: -1** **06/01- 2030- Dilution: 3.5 Station: -1** **06/01- 2230- Dilution: 4 Station: -1** **06/02- 0235- Dilution: 6 Station: -1** **06/02- 0410- Dilution: 7 Station: 0** **06/02- 0515- Dilution: 9 Station: 0** **06/02- 0555- Dilution: Lip/Rim (RS) Station: 0** **06/02- 0715- Dilution: Lip/Rim (RS) Station: 0** **06/02- 0905- Dilution: 9 Station: -** **06/02- 1105- Dilution: 10 Station: +1**

	06/02- Birth **06/02- Placenta** **1st Stage pushed @ 1123 for an hour** **2nd Stage hour and nineteen minutes** **3rd Stage 4 minutes for placenta to be out**
Current stage of labor	**1st Stage- When you start to experience persistent contractions, you've entered the first stage of labor and birth. Over time, these contractions became stronger, more regular, and more frequent. They open and soften the cervix, as well as shorten and thin it, to allow your baby to migrate into the delivery canal. Longest of the three stages (Brusie, 2020).** **2nd Stage- When it's time to push, try a few various positions until you find one that feels the most comfortable. Squatting, sitting, kneeling, and even on your hands and knees are all viable options for pushing. You may be advised to push more lightly — or not at all — at some time. Slowing down allows your vaginal tissues to expand instead of tearing. You may ask if you could feel the baby's head between your knees or see it in a mirror to keep motivated (Stickler, 2018).** **3rd Stage- Stage where the placenta gets delivered.** **Client was in no stage of labor while in students care.**

Stage of Labor References (2) (APA):

Brusie, C. (2020, July 8). *Cervix dilation chart*. Healthline. Retrieved June 8, 2022, from https://www.healthline.com/health/pregnancy/cervix-dilation-chart

Stickler, T. (2018, November 5). *Labor and delivery: Signs, stages, and more*. Healthline. Retrieved June 8, 2022, from https://www.healthline.com/health/pregnancy/labor-and-delivery

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

Home Medications (2 required)

Brand/Generic	Zofran/Ondansetron	Labetalol/ Normodyne			
Dose	4 mg	200 mg			
Frequency	1 PO PRN Q4	Half PO twice daily			
Route	Oral	Oral			
Classification	Antiemetic, Selective Serotonin	Non-cardioselective beta blockers			
Mechanism of Action	Blocks serotonin receptors centrally in the chemoreceptors trigger zone and peripherally at vagal nerve terminals in the intestine.	Selective blocks alpha 1 and beta 1 receptors in vascular smooth muscle and beta 1 receptors in the heart to reduce blood pressure and peripheral vascular resistance.			
Reason Client Taking	Nausea	HTN			
Contraindications (2)	Liver disease and congestive heart failure	Kidney disease and angina			
Side Effects/Adverse Reactions (2)	Headache and drowsiness	Shortness of breath and			

		numbness			
Nursing Considerations (2)	Severe constipation, or blurred vision	Avoid getting up to fast and allergies			
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Make sure there is no blockage in the digestive tract and do a liver test to rule out liver disease	Monitor the clients blood pressure and check for diabetes			
Client Teaching needs (2)	Make sure to tell your doctor if you are breast feeding, and	Educate the client about her asthma and taking this medication.			

Hospital Medications (5 required)

Brand/Generic	Acetaminophen/ Tylenol	Oxytocin/ Pitocin	**Ibuprofen/ motrin**	**Butorphanol/ Stadol**	**Calcium/ Tums**
Dose	650 mg	300 milli-units/min	**600 mg**	**1 mg**	**1000 mg**
Frequency	Q4 HPRN	Every hour	**Q6 PRN**	**Q2 PRN**	**Q8 PRN**
Route	Oral	IV	**Oral**	**IV**	**Oral**
Classification	Nonsalicylate, para-aminophenol derivative	Uterotonic agent	Nonsteroidal anti-inflammatory drugs	Opioid agonist-antagonist analgesic	Antacids, Minerals and electrolytes
Mechanism of Action	Inhibits the enzyme cyclooxygenase, blockage prostagland	Oxytocin is a hormone that is used to start labor,	Ibuprofen is an anti-inflammatory medication that is	Butorphanol tartrate is a phenanthrene-series opioid agonist-antagonist analgesic that is synthesized. (-)-17-	

	in production and interfering with pain impulse generation in the peripheral nervous system.	strengthen uterine contractions, and reduce postpartum hemorrhage. In a woman who is having an incomplete or impending miscarriage, oxytocin is also utilized to promote uterine contractions. Oxytocin can be used for a variety of other things that aren't covered in this pharmaceutical guide.	not a steroid (NSAID). It works by lowering the levels of hormones in the body that induce inflammation and discomfort.	(cyclobutylmethyl)morphinan-3,14-diol D-(-)-tartrate (1:1) salt is the chemical name.	
Reason Client Taking	Pain	Induced Labor	Pain	Severe Pain	Heart Burn
Contraindications (2)	Severe hepatic impairment and severe active liver disease	Cervical cancer and surgery on your cervix or uterus	High blood pressure, and stomach ulcers	Opiate-dependent patients who have not been detoxified; acute respiratory depression; pregnancy.	Kidney disease or high levels of calcium in blood
Side Effects/Adverse Reactions (2)	Loss of appetite and tiredness	Confusion, weakness, and	Liver disease and	Weak pulse, and problems with urination	Hypercalcemia and hypotensio

		seizures	stomach bleeding		n
Nursing Considerations (2)	Monitor renal function and be aware of patient's weight	Monitor vital signs and monitor fetal heart rate.	Ask what medication the client is already taking and make sure you watch for allergic reactions	Monitor Respirations and physical dependence on a narcotic analgesic	Store at room temperature and make sure this medication is taken two hours before regular medication
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Due AST and ALT lab and bilirubin	Check for jaundice in baby and take a sample of urine to do a STD screening	Monitor liver panel and kidney levels	Orientation, reflexes, bilateral grip strength, affect; pupil size, vision; pulse, auscultation, BP; R, adventitious sounds; bowel sounds, normal output; LFTs, renal function tests	Monitor calcium levels
Client Teaching needs (2)	Watch for sore throat and skin rash	Make sure to follow care givers instructions and teach client about excessive bleeding long after child birth	Teach client about what you would see if possible stomach bleed and also teach client about what you would see if liver disease would happen.	Report severe nausea, vomiting, palpitations, shortness of breath or difficulty breathing, nasal lesions or discomfort. You also may experience sedation.	Chew full tablets before swallowing and take one to two tablets after meals

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2021). *Nurse's Drug Handbook.*

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**COA x4**
INTEGUMENTARY (1 points): **Skin color: WDL** **Character: Warm, Dry** **Temperature: 98.1** **Turgor: WDL** **Rashes: None** **Bruises: None** **Wounds/Incision: None** **Braden Score: 23** **Drains present: Y☐ N ☒** **Type:**	
HEENT (1 point): **Head/Neck: WDL** **Ears: WDL** **Eyes: WDL** **Nose: WDL** **Teeth: WDL**	.
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:**	**Pt denies chest pain, Sinus rhythm normal, with clear S1 and S2 sounds, no present gallops, murmurs or rubs, Capillary refill > 3**
RESPIRATORY (1 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Normal breath sounds bilaterally, no wheezing, rhonchi, or rubs**
GASTROINTESTINAL (2 points): **Diet at Home: Normal**	.

Current Diet: Normal- Cardiac **Height: 5'7** **Weight: 237** **Auscultation Bowel sounds: WDL** **Last BM: 06/01/22** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention: none** **Incisions: none** **Scars: none** **Drains: none** **Wounds: none**	
GENITOURINARY (2 Points): **Quantity of urine: 300 mL** **Pain with urination: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	
MUSCULOSKELETAL (1 points): **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score: 0** **Activity/Mobility Status:** **Independent (up ad lib) ☐ Yes** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	.
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation: WDL** **Mental Status: WDL** **Speech: WDL** **Sensory: WDL** **LOC: No** **DTRs: WDL**	**Deep tendon reflexes present, but diminished in left and right patella L/R Colonus absent**
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s): Active Listening** **Developmental level: WDL** **Religion & what it means to pt.: None** **Personal/Family Data (Think about home**	

environment, family structure, and available family support): Supportive significant other emotional support	
Reproductive: (2 points) **Fundal Height & Position:** **Bleeding amount: 400** **Lochia Color: Rubra** **Character: No odor, light** **Episiotomy/Lacerations:**	**1 cm below umbilicus, midline positioned** **Bilateral vagina wall laceration repair**
DELIVERY INFO: (1 point) **Rupture of Membranes: Artificial** **Time: 1753 06/01/2022** **Color: Clear** **Amount: N/A** **Odor: None** **Delivery Date: 06/02/2022** **Time: 12:24** **Type (vaginal/cesarean): Vaginal** **Quantitative Blood Loss: 400** **Male or Female: Male** **Apgars: 8** **Weight: 5 lb 14.2 oz** **Feeding Method: Breast and bottle**	

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	**N/A**	**128/65**	**N/A**	**98.2 Oral**	**99**
Labor/Delivery	**123**	**159/83**	**N/A**	**N/A**	**90**
Postpartum	**71**	**125/61**	**18**	**98.4 Oral**	**98**

Vital Sign Trends:

During labor and delivery, the mother's blood pressure and pulse both increased. This is to be expected, given the effort, tension, and pain the mother's body is experiencing as she strives to push and deliver her baby. Because the patient was holding her breath while pushing, oxygen levels dropped. It went back to normal after she gave birth.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
08:15	**Numerical 1-10**	**Perineum**	**1**	**Aching/Sore**	**Medications administered**
12:00	**Numerical 1-10**	**Perineum**	**7**	**Constant/Throbbing**	**Medication Administered**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 gages **Location of IV: left hand** **Date on IV: 06/01/2022** **Patency of IV:** **Signs of erythema, drainage, etc.: No** **IV dressing assessment: Dry and intact**	No fluids running currently.

Intake and Output (2 points)

Intake	Output (in mL)
500 mL	**700 mL**

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.

Oxytocin was given to the patient on 06/01/2022 “T”	Every hour	This was given to the patient so that the patient could be induced into labor. Oxytocin is a hormone that produces uterine contractions. It can be used to induce labor or to accelerate labor that has already begun. Contractions normally begin 30 minutes after oxytocin is administered.
Acetaminophen was given to the patient after labor for pain on 06/02/2022. “T”	Q4HPRN	Acetaminophen is frequently recommended after childbirth to help reduce postpartum pain. It can also relieve the pain associated with some of the most frequent breastfeeding issues, such as sore nipples, breast engorgement, clogged milk ducts, and mastitis.

Phases of Maternal Adaptation to Parenthood (3 point)

What phase is the mother in?

What evidence supports this?

Discharge Planning (3 points)

Discharge location: Home with boyfriend

Equipment needs (if applicable): None

Follow up plan (include plan for mother AND newborn): Follow up with your pediatrician within 3 to 4 days of being discharged from the hospital. 2 weeks later, make your second appointment. The mother also needs to follow up with her doctor 3 to 4 days after discharge.

Education needs: Lactation education is needed for the mother. Baby had to switch over to sensitive stomach formula as well while in the doctor. Mother is breast feeding and bottle feeding.

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 BL vagina wall laceration as evidence by WBC count.	The patient has a high WBC and has lacerations during delivery	1. Rationale Monitor vital signs after the first 24 hours of giving birth (Phelps, 2020). 2. Rationale Monitor WBC count as ordered. (Phelps, 2020).	Patients vital signs and CBC will stay within normal limits. Patients wounds remain pink, and clear (Phelps, 2020).
2. Anxiety related to substance misuse as evidence by urine sample.	Patient stated she smoked marijuana because it calms her anxiety.	1. Rationale Give patient about facts on anxiety and fear twice a week (Phelps, 2020).	Patient identifies cause of anxiety and patient communicates when she becomes anxious (Phelps, 2020).

		2. Rationale Help patient set limits and compromise on behavior when ready (Phelps, 2020).	
3. Acute pain related to psychical pain as evidence by pain scale rating	Patient has been getting pain medications because client grimes in pain.	1. Rationale Use pain scale when assessing pain (Phelps, 2020). 2. Rationale Perform comfort measures to promote relaxation (Phelps, 2020).	Patient identifies most effective pain measures. Provide patient with positive feedback (Phelps, 2020).
4. Decrease cardiac output related to hypertension as evidence by change in blood pressure	Patient has hypertension and had some changing blood pressures.	1. Rationale Monitor at least every 4 hours and report immediately any irregularities in blood pressure (Phelps, 2020). 2. Rationale Maintain dietary restrictions, as ordered, to reduce risk of cardiac disease (Phelps, 2020).	Patient will maintain adequate cardiac output. Patients' blood pressure will stay within normal range (Phelps, 2020).

Other References (APA)

Phelps, L. L. (2020). *Sparks & Taylor's nursing diagnosis reference manual*. Wolters Kluwer.