N432 Postpartum Care Plan

Lakeview College of Nursing

Cindy Ho

Demographics (3 points)

Date & Time of Admission	Patient Initials	Age	Gender
9/5/22	PM	30	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	Not employed	Single	Diphenhydramine, Ciprofloxacin, Levaquin
Code Status	**Height**	**Weight**	**Father of Baby Involved**
Full	170.2 cm	82.1 kg	Yes

Medical History (5 Points)

Prenatal History: G2T0P1A1L1

Past Medical History: Kidney disease, depression, gastroenteritis, dehydration, MDD in full remission

Past Surgical History: Kidney stone

Family History: Breast cancer - maternal and paternal grandmother

Social History (tobacco/alcohol/drugs): Never smoker, social vape pre-pregnancy, social drinker pre-pregnancy, no drugs

Living Situation: Lives alone

Education Level: Some college

Admission Assessment

Chief Complaint (2 points): R/O Rupture of membrane

Presentation to Labor & Delivery (10 points): The patient is a 30 year old who presented to L&D after she experienced leakage. The patient arrived via wheelchair with leakage of fluid that occured 9/5 1000. Fluid was clear. The patient states pain is a 0 out of 10. The patient denied any vaginal bleeding or decreased fetal movements (DFM).

Diagnosis

Primary Diagnosis on Admission (2 points): Rule out rupture of membrane

Secondary Diagnosis (if applicable): Preterm premature rupture of membrane with onset of labor within 24 hour rupture in 3rd trimester.

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	4.02	3.52	3.32	Overhydration during pregnancy can cause increased blood volume. Combined with malnourished state, the RBC count per cubic milliliter of blood is diminished (Pagana et al., 2022).
Hgb	12-15.8	12.00	11.1	10.4	Diluation effect of expanded blood volume during pregnancy leads to slight HgB decrease (Pagana et al., 2022).
Hct	36-47	36.4	32.7	30.8	Slight decreased values because of chronic hemodilution during pregnancy (Pagana et al., 2022).
Platelets	140-440	350	328	303	
WBC	4-12	8.60	17	16.8	Increase WBC count during final pregnancy month and labor due to physiological stress induced by pregnancy (Pagana et al., 2022).
Neutrophils	47-73	64	90.8	82.7	Physical or emotional stress related to pregnancy and labor contributed to increase in neutrophils (Pagana et al., 2022).
Lymphocytes	18-42	27.2	6.4	11.2	
Monocytes	4-12	7	2.5	6.0	
Eosinophils	0-5	1.1	0.0	0.0	

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	A, B, O	O			
Rh Factor	**-, +**	**+**			
Serology (RPR/VDRL)	**-, +**	Negative			
Rubella Titer	**-, +**	Immune			
HIV	**-, +**	Negative			
HbSAG	**-, +**	Negative			
Group Beta Strep Swab	**-, +**	Negative			
Glucose at 28 Weeks	<140	152	76		Indicates elevated glucose, requires follow up 3-hr GTT. A glucose of level of 180 mg/ 100 mL 1 hour later is consistent with gestational diabetes (Pagana et al., 2022).
MSAFP (If Applicable)					

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
3h GTT	Fasting <95 mg/dL	81 mg/dL			
	1-hour <180	114			

	mg/dL	mg/dL			
	2-hour <155 mg/dL	101 mg/dL			
	3-hour <140 mg/dL	74 mg/dL			

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 mg/dL	4.0	1.1	0.27	Rule out the presence of proteinuria in patients at risk for preeclampsia (Pagana et al., 2022).

Lab Reference (1) (APA):

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

	Your Assessment
History of labor:	
Length of labor	
Induced /spontaneous	Spontaneous ROM
Time in each stage	1st Stage: 11hours 54 minutes

	2nd Stage: (Cesarean delivery) 3rd Stage: 2 minutes 4th Stage: Postpartum, 1-4 hours after birth
Current stage of labor	4th Stage: Postpartum, 1-4 hours after birth The fourth stage begins after the expulsion of the placenta and membranes and ends with the mother's initial physiologic adjustment and stabilization, typically 1-4 hours after birth (Ricci et al., 2021). During this postpartum period, the mother feels a sense of peace and excitement and is initially talkative. The nurse monitors the mother's blood pressure, pulse, and temperature. PM was assessed for lochia (vaginal discharge). It was scant, red, and mixed with small clots; an expected finding. PM was experiencing incisional pain, and the fundus was not assessed. However, the mother's fundus should be firm and well contracted and located at the midline and the umbilicus level. The fundus is usually monitored every 15 minutes for at least an hour. Postpartum, the mother, will feel cramp-like discomfort due to the contracting uterus. During this stage, the mother is monitored closely for hemorrhage, bladder distention, and venous thrombosis. The bladder may by hypotonic and lead to postpartum voiding dysfunction due to limited sensation to acknowledge a full bladder or to void. Urinary retention can be caused by the

	increased progesterone level, which inhibits the detrusor muscle (Polat et al., 2018). The mother may be thirsty and hungry in the fourth stage of labor. The attachment process begins during the fourth stage. The mother will hold her baby for the first time during this stage. The mother will desire to cuddle the baby and breastfeed the baby. The baby is placed on the mother's chest immediately after delivery to ensure early skin-to-skin contact. The first touch of the baby's hand on the mother's breast stimulates the release of oxytocin to start the release of the mother's milk. This bonding causes feelings of affection for the baby (Safaah & Pitaloka, 2020).

Stage of Labor References (2) (APA):

Polat, M., Şentürk, M. B., Pulatoğlu, Ç., Doğan, O., Kılıççı, Ç., & Budak, M. Ş. (2018). Postpartum urinary retention: Evaluation of risk factors. *Journal of Turkish Society of Obstetric and Gynecology*, *15*(2), 70–74. https://doi.org/10.4274/tjod.43931

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

Safaah, N., & Pitaloka, D. (2020). The Effect of Early Initiation of Breastfeeding on Uterine Contractions in the Fourth Stage of Labor. *Aloha International Journal of Health Advancement (AIJHA)*, *3*(2), 34–36. https://doi.org/10.33846/aijha

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

Home Medications (2 required)

Brand/Generic	Bupropion (Wellbutrin)	Fluticasone (Flonase)			
Dose	150 mg	50 mcg			
Frequency	Daily	Daily			
Route	Oral	Nasal			
Classification	Antidepressant	Corticosteroid			
Mechanism of Action	Inhibits reuptake of dopamine, norepinephrine, serotonin	Decreases inflammation by inhibiting mast cells, macrophages, and leukotrienes, antiinflammatory and vasoconstrictor properties			
Reason Client Taking	Depression	Allergic/ nonallergic rhinitis			
Contraindications (2)	Precautions for pregnancy, breastfeeding Head trauma	Hypersensitivity to this product or milk protein, primary treatment in status asthmaticus			
Side Effects/ Adverse Reactions (2)	Dysrhythmias, suicidal/homicidal ideation	Eosinophilic conditions, angioedema			
Nursing	Monitor weight	Assess for			

Considerations (2)	regularly, assess if patient has excessively used CNS depressants or OTC stimulants	adrenal insufficiency: nausea, weakness, fatigue, pregnancy/ breastfeeding: use only if benefits outweight fetal risk; use caution in breastfeeding, excretion unknown			
Key Nursing Assessment(s)/ Lab(s) Prior to Administration		Assess respiratory status: lung sounds			
Client Teaching needs (2)	Therapeutic effects may take 2-4 wk; not to increase dose without prescriber's approval, use caution when driving, performing other activities that require alertness	Avoid smoking, smoke filled rooms, those with URIs, those not immunized against chickenpox or measles Rinse mouth after inhaled product to decrease risk of oral candidiasis			

Hospital Medications (5 required)

Brand/Generic	ketorolac (Toradol)	Ampicillin sulbactam (UNASYN)	Famotidine (Pepcid)	Oxytocin (PITOCIN)	Labetalol (Normodyne)
Dose	30 mg	3g in NaCl 0.9% 100 mL	20 mg	NS premix 30units/500 mL	100 mg
Frequency	Q6h	Q6h	BID	Once	BID
Route	IV	IVPB	IV	IV	Oral

Classification	Nonsteroidal antiinflammatory/nonopioid analgesic	Antiinfective	H2-histamine receptor antogonist	Hormone	Anti-hypertensive
Mechanism of Action	Reversibly inhibits cyclooxygenase-1 and -2 enzymes, analgesic, antiinflammatory, antipyretic effects	Interferes with cell wall replication of susceptible organisms	Competitively inhibits histamine at histamine H2-receptor site, thus decreasing gastric secretion while pepsin remains at a stable level	Acts directly on myofibrils, thereby producing uterine contractions, stimulates milk ejection by the breast	Produces decreases in B/P without reflex tachycardia or significant reduction in heart rate through mixture of alpha blocking and beta blocking effects
Reason Client Taking	Short term pain	Prevention of infection following cesarean delivery	GERD, heartburn	Induction of labor	Hypertensive emergency in pregnancy/ postpartum
Contraindications (2)	Pregnancy 3rd trimester, , C-section	Hypersensitivity to penicillins, antimicrobial resistance	Precaution in pregnancy, hypersensitivity	Fetal distress, hypertonic uterus	Hypersensitivity to beta blockers, pregnancy precautions
Side Effects/ Adverse Reactions (2)	Nephrotoxicity, tinnitus	Seizures (high doses), granulocytopenia	Pneumonia, dysrhythmias	Tetanic contractions, intracranial hemorrhage	Bronchospasm, ventricular dysrhythmia
Nursing Considerations (2)	Assess aspirin sensitivity, asthma Eye/ear problems: blurred vision, tinnitus (may indicate toxicity)	Assess: infection: characteristics of wound, sputum Anaphylaxis: rash, itching, dyspnea, facial swelling	Increase in bulk and fluids in diet to prevent constipation, renal function: patients with decreased	Assess for fetal presentation, monitor continuously, d/c immediately if fetal distress occurs or uterine	pregnancy/ breastfeeding: use only if benefits outweight fetal risk Therapeutic response: decreased B/P after

			renal function are at risk for prolonged QT	hyperactivity occurs	1-2 wk
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Assess pain: type, location, intensity, ROM before and 1 hr after treatment	Blood studies: WBC, RBC, Hgb, Hct, bleeding time	Assess for ulcers: epigastric pain, abdominal pain	B/P, pulse, respiratory rate	Hypertension: monitor B/P before treatment, periodically thereafter
Client Teaching needs (2)	Avoid driving, other hazardous activities if dizziness or drowsiness occurs Avoid alcohol, salicylates, other NSAIDs	All aspects of product therapy; to complete entire course of medication to ansure organism death, the product must be taken in equal intervals around the clock to maintain blood levels	The product must be continued for prescribed time in prescribed method to be effective, Possibility of decreased libido, rreversible after d/c therapy	Report increased blood loss, abdominal cramps, fever, foul-smelling lochia, Contractions similar to menstrual cramps, gradually increasing in intensity	Do not discontinue abruptly Report bradycardia, dizziness, confusion

Medications Reference (1) (APA):

Skidmore-Roth, L. (2022). *Mosby's 2022 nursing drug reference*. Elsevier.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:**	A&O x4 No signs of acute distress, signs of fatigue and discomfort

Overall appearance:	Exhausted
INTEGUMENTARY (1 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds/Incision:** . **Braden Score:** **Drains present: Y☐ N X** **Type:**	 Normal color Warm, dry Normal No No Cesarean incision across abdomen. 22
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 Trachea midline, normocephalic No discharge, no swelling Conjunctiva clear Midline Intact
CARDIOVASCULAR (2 point): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N X** **Edema Y ☐ N X** **Location of Edema:**	 Clear S1, S2 sounds Normal rate and rhythm 2+ bilaterally throughout < 3 seconds
RESPIRATORY (1 points): **Accessory muscle use: Y☐ N X** **Breath Sounds: Location, character**	.
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:**	 Normal diet 170.2 cm 82.1 kg Normal bowel sounds 9/6 11:00 Soft, nontender, no guarding Lower abdomen, glue applied, dressing intact None None None

GENITOURINARY (2 Points): **Quantity of urine:** **Pain with urination: Y ☐ N X** **Inspection of genitals: No** **Catheter: Y X N ☐** **Type:** **Size:**	 650 mL Indwelling 12FR
MUSCULOSKELETAL (1 points): **ADL Assistance: Y☐ N X** **Fall Risk: Y X N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk X**	 20
NEUROLOGICAL (2 points): **MAEW: Y X N☐** **PERLA: Y X N☐** **Strength Equal: Y X N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:** **DTRs:**	 Oriented to person, place, time, situation Clear
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):**	 Social support Not religious Support from partner, mother, and aunt
Reproductive: (2 points) **Fundal Height & Position:** **Bleeding amount:** **Lochia Color:** **Character:** **Episiotomy/Lacerations:**	 Even with umbilicus midline Scant Dark red No clots
DELIVERY INFO: (1 point) **Rupture of Membranes:** **Time:** **Color:**	 Yes 9/5 10:00 Clear, pink

<table>
<tr>
<td>Amount:
Odor:
Delivery Date:
Time:
Type (vaginal/cesarean):
Quantitative Blood Loss:
Male or Female
Apgars:

Weight:
Feeding Method:</td>
<td>
No odor
9/8
04:54
Cearean
490 mL
Female
<table>
<tr><td>Apgars</td><td>1 min</td><td>5 min</td></tr>
<tr><td>Skin color</td><td>1</td><td>1</td></tr>
<tr><td>Heart rate</td><td>2</td><td>2</td></tr>
<tr><td>Reflex irritability</td><td>2</td><td>2</td></tr>
<tr><td>Muscle tone</td><td>2</td><td>2</td></tr>
<tr><td>Respiratory effort</td><td>2</td><td>2</td></tr>
<tr><td>Total</td><td>9</td><td>9</td></tr>
</table>
5lb 7.5oz (2480g)
Exclusively breastfeeing</td>
</tr>
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Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal 6/13	**88**	**114/72**	**20**	**37**	**100**
Labor/Delivery 9/7	**73**	**139/77**	**18**	**36.7**	**99**
Postpartum 9/8	**70**	**122/88**	**18**	**36.4**	**99**

Vital Sign Trends:

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0724	**Numerical**	**Lower abdomen**	**2**	**Incisional**	**Abdominal binder**
1100	**Numberical**		**0, No pain**		

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV:	20G
Location of IV:	Posterior right hand
Date on IV:	9/5
Patency of IV:	Infusing
Signs of erythema, drainage, etc.:	No signs of erythema, drainage
IV dressing assessment:	Clean, dry, intact

Intake and Output (2 points)

Intake	Output (in mL)
	650 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 "M" after you list them.)	Frequency	Why was this intervention/ treatment provided to this patient? Please give a short rationale.
• Binder (N)	As needed	The abdominal binder use increases mobilization, decreases pain and distress, and does not affect postpartum bleeding (Karaca et al., 2019).
• Positioning (N)	As needed	
• Sequential compression device (N)	As much as possible	Leg compression devices decrease incidence and severity of hypotension after epidural in cesarean delivery (Wan et al., 2022).
• Bed rest (N)	As needed	

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

Equipment needs (if applicable): Breast pump

Follow up plan (include plan for mother AND newborn):

Education needs: Nutrition needs for premature baby

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 cesarean section as evidenced by rupture of amniotic membranes.	The patient presented to L&D with fluid leakage.	1. Stress proper hand washing techniques by all caregivers. 2. Encourage early ambulation after cesarean birth. The sooner return of bowel function and decreased length of hospital stay	The patient will attempt to ambulate with the help of the nurse after lunch.

		reduces risk for infection	
2. Risk for hemorrhage related to cesarean incision as		1. Rationale 2. Rationale	
3. Risk for blood clot related to venous stasis as evidenced by swelling of feet.		1. Rationale 2. Rationale	
4. Acute pain related to surgical trauma as evidenced by report of incisional pain	The patient reported a 7 out of 10 numerical pain scale.	1. Rationale 2. Rationale	

Other References (APA)

Ackley, B. J., Ladwig, G. B., Makic, M. B. F., Martinez-Kratz, M., & Zanotti, M. (2022). *Nursing diagnosis handbook: An evidence-based Guidr to Planning Care*. Elsevier.

Karaca, I., Ozturk, M., Alay, I., Ince, O., Karaca, S. Y., Erdogan, V. S., & Ekin, M. (2019). Influence of abdominal binder usage after cesarean delivery on postoperative mobilization, pain and distress: A randomized controlled trial. *The Eurasian Journal of Medicine*, *51*(3), 214–218. https://doi.org/10.5152/eurasianjmed.2019.18457

Wan, L., Shen, P.-Y., Zhang, S.-X., & Wang, L.-Z. (2022). Leg compression versus control for prevention of spinal anesthesia induced hypotension in elective cesarean delivery: A meta-analysis of randomized controlled trials. *Journal of PeriAnesthesia Nursing*, *37*(4), 501–508. https://doi.org/10.1016/j.jopan.2021.10.011