N432 Postpartum Care Plan

Lakeview College of Nursing

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Demographics (3 points)

Date & Time of Admission	**Patient Initials**	**Age**	**Gender**
9-28-2022	J. F	29	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
African American	Unemployed	Single	No known allergies
Code Status	**Height**	**Weight**	**Father of Baby Involved**
Full	5’7’’ 170.2 cm	215 lbs. 97.5 kg	Yes, but the father is incarcerated

Medical History (5 Points)

Prenatal History: G7 T5 P5 A2 L5, the patient has never had any known problems with past pregnancies, but this pregnancy had shoulder dystocia, meconium

Past Medical History: The patient has no past medical history

Past Surgical History: The patient has no past surgical history

Family History: Diabetes maternal and paternal grandma, MI paternal grandma, heart disease maternal grandma, Hypertension maternal and paternal grandma

Social History (tobacco/alcohol/drugs): Patient denies any alcohol or tobacco use, patient does smoke marijuana 5x a week during her pregnancy

Living Situation: Patient lives at home with her four children

Education Level: The patient’s highest level of education is high school.

Admission Assessment

Chief Complaint (2 points): Scheduled induction

Presentation to Labor & Delivery (10 points): The patient is a 29 – year – old female that came in for a scheduled induction on 9-28-2022 at 0800. The patient is a G7 T5 P5 A2 L5 with current meconium and should dystocia in neonate upon delivery. The patient also has no previous complications with her other pregnancies. The patient is positive for GBS, trichomonas,

and marijuana. The patient had come to the hospital alone, and the babies faither is involved but currently incarcerated.

Diagnosis

Primary Diagnosis on Admission (2 points): Scheduled induction

Secondary Diagnosis (if applicable): Patient does not have a secondary diagnosis

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	4.6 m/uL - 6.0 m/uL	5.2/ uL	4.9 m/uL	5.5 m/uL	Within normal range
Hgb	13.8 g/dL – 18 g/dL	10.8 g/uL – 18 g/uL	13.9 g/uL	14.2 g/uL	Within normal range
Hct	40-54%	31.6%	33.1%	33.4%	Decreased Hct level due to blood loss post – delivery (Pagana, 2018).
Platelets	150,000 uL – 400,000 uL	244,000 uL	243,000 uL	223,000 uL	Within normal range
WBC	4.5 uL – 10.0 uL	12.0 uL	11.30 uL	17.40 uL	Increased WBC due to active trichomonas infection (Pagana, 2018).
Neutrophils	55 uL – 70 uL	NA	62 uL	59 uL	Within normal range
Lymphocytes	20 uL – 40 uL	NA	23 uL	26 uL	Within normal range
Monocytes	2 uL – 8 uL	NA	6 uL	6.3 uL	Within normal range
Eosinophils	1 uL – 4	NA	1 uL	2.1 uL	Within normal range

	uL				
Bands	50 – 65%	NA	NA	NA	Not assessed on this admission

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	B	B	B	Within normal range
Rh Factor	(+) (-)	+	+	+	Within normal range
Serology (RPR/VDRL)	(+) (-)	-	-	-	Within normal range
Rubella Titer	Immune/ Not immune	Immune	Immune	Immune	Within normal range
HIV	(+) (-)	-	-	-	Within normal range
HbSAG	(+) (-)	-	-	-	Within normal range
Group Beta Strep Swab	(+) (-)	+	+	+	Group beta strep is a normal and common condition present in women, and antibiotics are given to pregnancy patients to keep neonates from developing harmful infections (Pagana, 2018).
Glucose at 28 Weeks	< 140g/uL	106 g/uL	NA	81 g/uL	Within normal range
MSAFP (If Applicable)	NA	NA	NA	NA	Not assessed on this admission

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

Lab Test	Normal	Prenatal	Value on	Today's	Reason for Abnormal

	Range	Value	Admission	Value	
Nucleic acid amplification test (NAAT)	-	+	+	+	Patient tested positive for a sexually transmitted infection called trichomoniasis. Trichomoniasis caused by a parasite, and is spread through unprotected sexual intercourse (Pagana, 2018).
Cannabinoid	-	+	+	+	The patient tested positive for active cannabinoid done by a urine drug screen (Pagana, 2018).

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)	79 - 107	80.6	NA	NA	Within normal range

Lab Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). *Mosby's diagnostic and laboratory desk reference* (14th ed.). Elsevier.

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

	Your Assessment
History of labor: **Length of labor** **Induced /spontaneous** **Time in each stage**	The patient presented to the OB unit for induction of labor on 9/28/2022 at 0800. The patient is a 29-year-old African American female with no known complications from past deliveries. The patient presents today positive for trichomonas, GBS, and cannabis. The patient was dilated 3 ½ cm upon arrival. The patients' membranes were ruptured at 1853 on 9/28/2022. The patient was started on Oxytocin/Pitocin and antibiotics intravenously. The patient did not receive an epidural for pain. The patients' vitals during labor were BP: 127/82, HR: 78, RR: 20, O2 Sat 99%, and T: 98.2 F. The patients' vitals were stable and were taken every 15 minutes, and fetal heart rate was measured continuously. There were no significant decelerations through the patients progress in contractions. The patient did not have an episiotomy or lacerations during delivery. The patient lost 850 mL of blood and had to get vaginal packing due to the active bleeding. The first stage of labor is usually seen at home but may be seen in a health care setting (Ricci et al., 2021). The second stage of labor is the most significant transitional time of labor (Ricci et al., 2021). The patient was successfully able to birth a 3800 g neonate. However, this neonate did have

	meconium delivery and should dystocia. The neonate is doing fine, no breathing treatment is needed. The third stage of labor is when the placenta is successfully birthed (Ricci et al., 2021). The placenta was then delivered intact and sent off to pathology. The patient spent 16 minutes in the first stage of labor, 14 minutes in the second stage of labor, and 5 minutes in the third stage of labor. The total time the patient spent in labor was 35 minutes.
Current stage of labor	The patient is in the fourth stage of labor. The fourth stage of labor occurs right after delivery of the placenta and up to 12 weeks after the neonate is born (Ricci et al., 2021). The patient request to leave as soon as possible as she has fourth other children to take care of. She is 24 hours post-partum and is doing well. The patient has minimal bleeding and is urinating and passing gas accordingly. Her lochia color is bright red but scant. Vitals have remained stable, but her blood pressure is on the higher side; the provider was notified. The patient has not reported pain in 13 hours. The patients' fundal heights were 1 cm above the umbilicus. The patient is at a higher risk for postpartum hemorrhage. Post-partum hemorrhages occur 2-6 hours post-delivery (Ricci et al., 2021). Post-partum symptoms include clots, dizziness, and trouble breathing. The signs and symptoms of post-partum mood disorder in women are loss of appetite, trouble

	sleeping, anxiety, depression, irritability, and fatigue (Ricci et al., 2021). This suggest that post-partum depression creates an environment that is not conducive to the personal development of mothers or the optimal development of a child (Slomian et al., 2019). Symptoms of postpartum infection include fever of 100.4 F, swelling, pain, and a feeling of warmth. The post-partum mother is in the taking hold phase.

Stage of Labor References (2) (APA):

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

Slomian, J., Honvo, G., Emonts, P., Reginster, J. Y., & Bruyère, O. (2019). Consequences of maternal postpartum depression: A systematic review of maternal and infant outcomes. *Women's Health*, *15*, https://doi.org/10.1177/1745506519844044

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

Home Medications (2 required)

Brand/Generic	Aspirin/ Acetylsalicylic acid	Prenatal Vitamin			
Dose	81 mg	0.8 – 28 mg			
Frequency	Once daily	Once daily			

Route	PO	PO			
Classification	Pharmacological: Salicylate Therapeutic: NSAID	Pharmacological: iron product and mineral combination Therapeutic: Vitamin supplement			
Mechanism of Action	"Blocks the activity of cyclooxygenase, the enzyme needed for prostaglandin, important mediators in the inflammatory response, cause local vasodilation with swelling and pain. With blocking of cyclooxygenase and inhabitation of prostaglandins, inflammatory symptoms subside. Pain is also relieved because prostaglandins play a role in pain transmission from the periphery to the spinal cord. Aspirin inhibits platelet aggregation by interfering with production of	Adequately gives the proper amount of vitamins and minerals to support a postpartum mother.			

	thromboxane A2 a substance that stimulates platelet aggregation. Aspirin acts on the heat regulating center in the hypothalamus and causes peripheral vasodilation, diaphoresis, and heat loss" (Jones and Bartlett, 2021).				
Reason Client Taking	Blood thinner	Promote adequate neonatal growth and supplementation in the patient's pregnancy.			
Contraindications (2)	Breastfeeding Third trimester pregnancy	Hypersensitivity to the vitamins and hemochromatosis.			
Side Effects/Adverse Reactions (2)	Nausea Heart burn	Headache Nausea			
Nursing Considerations (2)	"Drug should not be used 1 week before and during labor and delivery because of the potential for excessive blood loss at delivery" (Jones and Bartlett, 2021). "Drug is present in breast milk (Jones and Bartlett, 2021).	Increase seizures in patients and decrease the effectiveness of certain antibiotics			

Key Nursing Assessment(s)/Lab(s) Prior to Administration	Assess pain	Assess patients comfort on taking the prenatal and assess the patients CBC/CMP levels.			
Client Teaching needs (2)	"Instruct patient to take aspirin with food or after meals because it may cause GI upset if taken on an empty stomach" (Jones and Bartlett, 2021). "Tell patient not to use aspirin if it has a strong vinegar – like odor" (Jones and Bartlett, 2021).	If nausea occurs advise the patient to take at night or switch a gummy prenatal and tell the provider if any new symptoms like constipation occur.			

Hospital Medications (5 required)

Brand/Generic	Tums/ Calcium Carbonate	Acetaminophen/ Tylenol	Labetol hydrochloride/ Normodyne	misoprostol/ Cytotec	Flagyl
Dose	1,000 mg	650 mg	100 mg	1000 mg	500 mg
Frequency	Q 8hrs. PRN	Q 4hrs. PRN	BID	Once daily	Q 8 hrs. PRN
Route	PO	PO	PO	Rectally	PO
Classification	Pharmacological: Calcium slats Therapeutic:	Pharmacological: nonsalicylate	Pharmacological: Noncardioselective beta-blocker/alpha	Pharmacological: Prostaglandins, Endocrine	Pharmacological: nitroimidazole

	Antacid	Therapeutic: Antipyretic	1 blocker Therapeutic: Antihypertensive	Therapeutic: Gastrointestinal	Therapeutic: Antiprotozoal
Mechanism of Action	"Increase levels of intracellular and extracellular calcium, which is needed to maintain hemostasis, especially in the nervous and musculoskeletal systems. Also plays a role in normal cardiac and renal function, respiration, coagulation, and cell membrane and capillary permeability helps regulate the release and storage of neurotransmitters and hormones. Oral forms also neutralize or buffer stomach acid to relieve discomfort	"Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system. Acetaminophen also acts directly on temperature - regulating center in the hypothalamus by inhibiting synthesis of prostaglandin E2" (Jones and Bartlett, 2021).	"Selectively blocks alpha1 and beta2 receptors in vascular smooth muscle and beta1 receptors in heart to reduce blood pressure and peripheral vascular resistance. Potent beta blockade prevents reflex tachycardia, which commonly occurs when alpha blockers reduce cardiac output, resting heart rate, or stroke volume" (Jones and Bartlett, 2021).	"Misoprostol is a synthetic prostaglandin E1 analog that stimulates prostaglandin E1 receptors on parietal cells in the stomach to reduce gastric acid secretion. Mucus and bicarbonate secretion are also increased along with thickening of the mucosal bilayer so the mucosa can generate new cells. Misoprostol binds to smooth muscle cells in the uterine lining to increase the strength and frequency of contractions as well as degrade collagen and reduce cervical tone" (Jones & Bartlett, 20210.	"Undergoes intracellular chemical reduction during anaerobic metabolism. After metronidazole is reduced, it damages DNAs helical structure and breaks its strands, which inhibits bacterial nucleic acid synthesis and causes cell death" (Jones and Bartlett, 2021).

	caused by hyperacidity”				
Reason Client Taking	Heart burn	Pain	Hypertension post delivery	Post-partum hemorrhage	Trichomonas
Contraindications (2)	Hypercalcemia Hypophosphatemia	Sever hepatic impairment Severe active liver disease	Severe bradycardia Second- or third-degree heart block	Palpitations Bradycardia	First trimester of pregnancy Hypersensitivity to metronidazole
Side Effects/Adverse Reactions (2)	Nausea Irregular heartbeat	Hepatoxicity Hypotension	Bradycardia Hypotensive	Anemia Rupture of uterus	Dry mouth Vertigo
Nursing Considerations (2)	“Store at room temperature, and protect from heat, moisture, and direct light” (Jones and Bartlett, 2021). “Drug is present in breast milk” (Jones and Bartlett, 2021).	“Use acetaminophen cautiously in patients with hepatic impairment or active hepatic disease, alcoholism, chronic malnutrition, severe hypocalcemia, or severe renal impairment” (Jones and Bartlett, 2021). “Use parenteral drug within 6 hours once vacuum seal of glass vial has been penetrated	“Be aware that labetol masks common signs of shock” (Jones and Bartlett, 2021). “Be aware that stopping labetol tablets abruptly after long-term therapy could result in angina, MI, or ventricular arrhythmias. Expect to taper dosage over 2 weeks while monitoring response” (Jones and Bartlett, 2021).	“Advise patient to avoid alcohol and foods that may cause an increase in GI irritation” (Jones and Bartlett, 2021). “Inform patient that misoprostol will cause spontaneous abortion, women of childbearing age must be informed of this effect through verbal and written information” (Jones and Bartlett, 2021).	“Use cautiously in patients with blood dyscrasias or a history of such because metronidazole therapy has caused agranulocytosis, leukopenia and neutropenia in some patients” (Jones and Bartlett, 2021). “Discontinue primary I.V. infusion during metronidazole” (Jones and Bartlett, 2021).

		or contents transferred to another container" (Jones and Bartlett, 2021).			
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Assess indigestion	Assess for pain	Check blood pressure	Assess safety of mother and fetus	Assess if the patient has kidney disease, yeast infection, seizures (Jones and Bartlett, 2021).
Client Teaching needs (2)	"Urge patient to chew chewable tables thoroughly before swallowing and to drink a glass of water afterward" (Jones and Bartlett, 2021). "Instruct patient to take calcium carbonate tablets 1 to 2 hours after meals and other forms with meals" (Jones and Bartlett, 2021).	"Tell patient that tablets may be crushed or swallowed whole" (Jones and Bartlett, 2021). "Caution patient to not exceed recommended dose or take other drugs containing acetaminophen at the same time because of risk of liver damage" (Jones and Bartlett, 2021).	"Advise patient to report confusion, difficulty breathing, rash, slow pulse, and swelling in arms or legs" (Jones and Bartlett, 2021). "Caution patient not to stop drug abruptly because doing so could cause angina and rebound hypertension" (Jones and Bartlett, 2021).	"Advise patient to report vomiting blood, black, bloody or tarry stools immediately" (Jones and Bartlett, 2021). "If you are of childbearing age you may take misoprostol to prevent ulcers only if you have a negative pregnancy test" (Jones and Bartlett, 2021).	"Urge patient to complete the entire course of therapy" (Jones and Bartlett, 2021). "Caution patient to avoid alcohol during therapy and for at least 3 days afterward" (Jones and Bartlett, 2021).

Medications Reference (1) (APA):

Jones & Bartlett Learning, LLC. (2021). *2021 Nurse's Drug Handbook* (20th ed.).

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness: A&O x 4** **Orientation: Person, place, time, and event** **Distress: Patient is in no distress** **Overall appearance: Patients overall appearance is well groomed laying supine in bed with the head of bed elevated, patient is pleasant.**	Patient is alert and oriented times 4. Patient appears to be in no apparent distress appearance is suitable per situation. Patient was tired.
INTEGUMENTARY (1 points): **Skin color: dark, appropriate for ethnicity** **Character: dry** **Temperature: warm** **Turgor: rapid recoil** **Rashes: no rashes** **Bruises: no bruising** **Wounds/Incision: No wounds/incisions** **Braden Score: 18** **Drains present: Y☐ N ☒** **Type:**	Patient has dark complexed skin that is moist and warm to touch. Turgor tested on patient and is normal. No rashes, wounds, incisions, or bruises present. Patients Braden score is 18. No drains are present.
HEENT (1 point): **Head/Neck: normal cephalic, head and neck are symmetrical, trachea is midline without deviation. Thyroid is not palpable. Carotid pulses +2** **Ears: auricle is moist, pink noted to have no cerebrum build up.** **Eyes: PERRLA, pupils' size 4** **Nose: sinuses are nontender upon palpitation, patient noted to have no drainage from both nostrils.** **Teeth: uvula is midline soft palate rises and falls symmetrical. Patient noted to have all teeth, oral mucosa is moist, pink**	Patients head is normal shape and size, head and neck are symmetrical, trachea is midline with no deviation. Thyroid is non palpable. Carotid pulses are +2 bilaterally. Ears are symmetrical, auricle is moist and pink, no cerebrum build up noted along with no drainage. Eyes are PERRLA bilaterally. Sclera is white, conjunctiva is clear no drainage from eyes noted. Patient sinuses are nontender upon palpitation, patient noted to have no drainage from both nostrils Patient mouth is moist and pink, patient has all teeth that are well maintained. Uvula is midline, soft palate rises and falls symmetrically. No lesions noted. .

and no lesions were seen or noted.	
CARDIOVASCULAR (2 point): **Heart sounds: Heart sounds heard in all fields S1 and S2 audible** **S1, S2, S3, S4, murmur etc. No S3 or S4 no murmurs present** **Cardiac rhythm (if applicable): Normal sinus rhythm** **Peripheral Pulses: peripheral pulses prevent in all areas +2** **Capillary refill: less than 3 seconds** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	Patient heart sounds are clear upon auscultation, S1 and S2 are heard. No murmurs were heard peripheral pulse are present, strong, and regular +2. Capillary refill is less than three. Patient noted to have no neck vein distention. Patient has no edema
RESPIRATORY (1 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character** **Lung sounds present in all fields. Patient is in no distress and has no wheezing or coughing**	Patient has no accessory muscle use. Lung sounds are heard in all fields no wheezing or coughing
GASTROINTESTINAL (2 points): **Diet at Home: Normal** **Current Diet: Normal** **Height: 5'7" 170.2 cm** **Weight: 215 lbs. 97.5 kg** **Auscultation Bowel sounds: Bowel sounds active in all four quadrants** **Last BM: Unknown** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention: No distention noted** **Incisions: No incisions noted** **Scars: No scars noted** **Drains: No drains noted** **Wounds: No wounds noted**	Patient is on a normal diet at home. While admitted patient is on a normal diet as well. Patient is 5 foot 7 inches, 170. 2 centimeters and weighs 215 pounds, 97.5 kilograms. Patient bowel sounds active in all four quadrants. Patients last bowel movement is unknown. Patient noted to have no pain or abnormalities upon palpitation. Patient has no distention, no 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:**	Color of urine is straw. Character of urine is odorless and clear. No pain with urination. Inspection of genitals are normal no catheter is present.
MUSCULOSKELETAL (1 points):	Patient is up and moving on her own, Patients fall

ADL Assistance: Y☐ N ☒ **Fall Risk: Y ☐ N☒** **Fall Score: 0** **Activity/Mobility Status:** **Independent (up ad lib) ☒** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	risk is a 0. The patient is independent and active with no assistance. The patient does not have any equipment.
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation: A & Ox4** **Mental Status: patient is alert and oriented** **Speech: patients' speech is appropriate** **Sensory: Patient does not have any sensory aids** **LOC: alert** **DTRs: not assessed during this assessment**	Patient moved all extremities well and eyes are PERLA. Patient has equal strength in both upper and lower extremities. Patient is alert and oriented to person, place, time, and event. Patient has normal speech and no sensory deficits. Patient is alert with no LOC. Deep tendon reflexes were not assessed at this time.
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** **Developmental level: average level for appropriate for age** **Religion & what it means to pt.: Patient is not religious** **Personal/Family Data (Think about home environment, family structure, and available family support): Patient lives at home with her children, support system low**	Patient uses no method of coping inside the hospital. The patient's development level is normal per stated age. The patient is not religious. The patient does not have a good support system at home. The patient lives at home with her four other kids. The patient does speak to the FOB while he is incarcerated.
Reproductive: (2 points) **Fundal Height & Position: 1 above umbilicus** **Bleeding amount: light** **Lochia Color: Rubra** **Character: Dark red** **Episiotomy/Lacerations: no tares**	Patients' fundal height and position is 1 above the umbilics. Bleeding amount is light and lochia color is rubra and dark red. Patient has no episiotomy or lacerations.
DELIVERY INFO: (1 point) **Rupture of Membranes:** **Time: 18:53** **Color: Meconium thin** **Amount: large**	Patients' membrane rupture was at 18:53. Meconium was thin and a large amount no odor was present. Patients' delivery date was 9-28-22 at 21:29 by vaginal delivery. Patient had a blood loss of 850 mL. Patient gave birth to a male with

Odor: none **Delivery Date: 9-28-22** **Time: 21:29** **Type (vaginal/cesarean): vaginal** **Quantitative Blood Loss: 850 ml** **Male or Female: Male** **Apgars: 8, 9** **Weight: 3800 g 8 lbs. 6 oz** **Feeding Method: Bottle fed**	Apgar scores of 8 and 9. The patients neonate weighed 3800 g 8 pounds 6 ounces and is bottle fed.

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal 0900	89	135/95	19	98.3 F	98%
Labor/Delivery 2045	78	127/82	20	98.2 F	99%
Postpartum 0800	92	152/90	18	98.1 F	99%

Vital Sign Trends: Patients vital signs are stable until postpartum when the patient is hypertensive with a blood pressure of 152/90.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
8:00	0-10	NA	NA	NA	NA
10:00	0-10	NA	NA	NA	NA

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 gage **Location of IV:** left distal posterior forearm **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:** clean, dry, intact	The patient did not have an IV upon assessment. The size of the IV prior was a 20G located in the left distal posterior forearm. There are no signs of erythema, or drainage. The IV flushes without resistance. The area is clean, dry and intact.

Intake and Output (2 points)

Intake	Output (in mL)
240 ml	Up and voiding on own

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.
Warm blankets (N)	PRN	The intervention of warm blankets is provided to the patient, so she keeps warm and comfortable.
Shower supplies (N)	PRN	Shower supplies are provided to the patient so she can shower and stay clean
Pads (N)	PRN	Pads are provided to the patient for bleeding.

Phases of Maternal Adaptation to Parenthood (3 point)

What phase is the mother in?

This patient is in the taking – hold phase due to being 24 hours postpartum.

What evidence supports this?

The patient can identify her needs and her neonates needs. The patient compares the newborns looks to hers. The patient can provide exceptional care independently for her neonate.

Discharge Planning (3 points)

Discharge location: The patient is being discharged home with her four other children.

Equipment needs (if applicable): The patient will be taking home a blood pressure machine to monitor her blood pressure at home. There is no other need for equipment currently.

Follow up plan (include plan for mother AND newborn): Mom will follow up with PCP in 6 weeks, the newborn has an appointment for 9/30/22.

Education needs: The patient was given education on signs of infection, and newborn care. The patient was shown how to properly put her newborn in a car seat.

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	**Rational (1 pt each)** Explain why the nursing	**Intervention/Rational (2 per dx) (1 pt each)** Interventions should be specific and individualized	**Evaluation (2 pt each)** How did the patient/family respond to the nurse's actions?

patient. Include full nursing diagnosis with "related to" and "as evidenced by" components	diagnosis was chosen	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.	• Client response, status of goals and outcomes, modifications to plan.
1. Deficit knowledge related to unsafe sex as evidence by trichomonas.	This nursing diagnosis was chosen due to the patient having trichomonas.	**1.**Education on safe sex was verbally given to the patient. The nurse gave pamphlets on safe sex and reducing STIs. **Rationale:** Providing this education helped the patient better understand how to prevent STIs (Ricci et al., 2021). **2.**Practicing safe sex will ensure decrease of STIs Rationale: This helped the patient understand safety of sexually transmitted infections (Ricci et al., 2021).	Patient should be using safe sex practices. This includes condoms to prevent STIs. No modifications needed the patient understood the instructions given to her on proper safe sex education.
2. Deficit knowledge related to financial responsibilities as evidence by unemployment.	This nursing diagnosis was chosen due to the patient being unemployed.	**1.** Education on services available for single mothers was provided. The nurse showed the patient different resources available to help with financial burden. **Rationale:** Providing this education helped the mother understand there are different services available. **2.**Providng proper financial help can ensure the patient has options for help. **Rationale:** This helped the mother understand support services provided to single mothers (Ricci et al., 2021).	Patient should utilize the help that was provided to her. No modifications needed at this time. Patient understood she could receive help.
3. Risk for bleeding related to vaginal packing as	This nursing diagnosis was chosen due to the patient having vaginal	**1.** Doing assessments on the patient to determine amount and color of lochia. **Rationale:** While evaluating the patient	The patient understood the education given to her to report any excess bleeding to the nurse.

evidence by shoulder dystocia.	packing.	often this will allow the nurse to determine amount of bleeding (Phelps, 2020). **2.** Educate the patient to notify the nurse of any excess bleeding. **Rationale:** Reporting any change of amount of lochia to the nurse can prevent further complications (Phelps, 2020).	The patient's lochia will remain scant and not increase due to the vaginal packing.
4. Risk for preeclampsia as evidence by elevated blood pressures.	This nursing diagnosis was chosen due to the increased risk for preeclampsia due to elevated blood pressure.	**1.** Monitor vital signs, including diastolic blood pressure, pulse, and heart rate, check for capillary refill. **Rationale:** Routine post-partum care involves assessing vital signs every 15 minutes until stable (Phelps, 2020). **2.** Use a monitor to record the vital signs of the patient when the nurse is not in the room. **Rationale:** The vitals monitor allows the nurse to monitor vitals at the nurse's station (Phelps, 2020).	The patient will not have any abnormally high blood pressures upon each assessment. The patient will remain below 140/90.

Other References (APA)

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

Phelps, L.L. (2020). *Sparks and Taylor's Nursing Diagnosis Reference Manual* (11th Ed.). Wolters Kluwer