

N432 Postpartum Care Plan
Lakeview College of Nursing
Angelina R. Thomas
10/07/2022

Demographics (3 points)

Date & Time of Admission 10/05/2022 0617	Patient Initials AB	Age 28 years old	Gender Female
Race/Ethnicity Hispanic or Latina	Occupation Waitress at Red Lobster	Marital Status Single	Allergies Sulfa Antibiotics and Bacitracin
Code Status Full Code	Height 5 feet 4 inches	Weight 62.6 kg (138lbs)	Father of Baby Involved Yes-

Medical History (5 Points)

Prenatal History: Gravida-3, Term-3, Preterm-0, Abortion-0, Living-3

The patient did not experience any previous or current complications with her pregnancies. The outcomes of her prior pregnancies were all full-term (39-week deliveries), live births.

Past Medical History:

The patient has a history of anemia, depression, chronic migraines, and menorrhagia

Past Surgical History:

The patient stated that she has never had any surgeries.

Family History:

The patient could not recall any past family medical history of paternal or maternal sides of her family and was not noted in her chart.

Social History (tobacco/alcohol/drugs):

The patient admitted to previously smoking cigarettes, two packs of cigarettes per week for five years of her life and she quit smoking five years ago. She also admitted to smoking one blunt of marijuana twice per day, for two weeks out of every month. The patient admitted to having two

drinks per month, for five years of her life. The patient denied any use of illicit drugs. The patient denied using chewable tobacco, also.

Living Situation:

The patient lives with her significant other and two small dogs.

Education Level:

The patient has obtained her high school diploma and she does have some college. The patient does not present with any learning barriers prohibiting her from understanding any educational materials.

Admission Assessment

Chief Complaint (2 points): Elective induction

Presentation to Labor & Delivery (10 points):

The patient is a 28-year-old Hispanic female who arrived at the Labor and Delivery department at 39 weeks gestation to receive her scheduled elective induction on 10/5/2022 at 0611. She was gravida 3, term 3, preterm 0, abortions 0, and living 2. She did not present with any pain upon arrival. After admittance, the nurse placed an IV on her left posterior hand. The patient was given IV misoprostol and oxytocin for induction at 0700. Since the patient tested positive for Group Beta Streptococcus (GBS) in one of her later prenatal visits, the doctor also gave her ampicillin. This antibiotic helped to protect the baby from developing the disease. After the induction medication began, the patient stated, "I started feeling pain around 10:00 a.m." She described pain in her waist area and pressure near her pelvic area. The patient stated, "my pain was a 10 out of 10" when asked to scale her pain from 0-10. She stated, "My boyfriend was with me the whole time, massaging me and talking with me, trying to relieve my pain." The patient was in labor for about fifteen hours until the delivery of her son at 2200.

Diagnosis

Primary Diagnosis on Admission (2 points): Elective induction

Secondary Diagnosis (if applicable): The patient has no secondary reason for being admitted.

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	3.92-5.13	3.47	3.84	3.48	The patient is anemic and a history of menorrhagia causing her red blood cell count to be lower than the expected range and she just experienced blood loss from child birth (Mayo Clinic, 2022).
Hgb	11.6-15	9.8	10.9	10.0	The patient has anemia causing her hemoglobin levels to be lower than the expected range and she just experienced blood loss from delivery (Mayo Clinic, 2022).
Hct	35.5-44.9	29.4	32.8	29.5	The patient has anemia, causing her hematocrit blood levels to be lower than the expected range and she just experienced blood loss from child birth (Mayo Clinic, 2022).
Platelets	157-371	229	277	200	
WBC	4.5-11 (Smith, 2021)	13	12.2	17.7	The patient tested positive for a bacterial infection causing her white blood cell count to be elevated and the patient has allergies to two medications (Smith, 2021). Additionally, WBCs increase

					during pregnancy due to all the stress the body suffers through and the trauma of labor and delivery (Smith, 2021).
Neutrophils	40-60%	68.4	72.5	78.9	Increases with pregnancy due to the increase in blood volume. It has an inversely proportionate effect to the lymphocytes during pregnancy, as the neutrophils increase the lymphocytes decrease (Madormo, 2022)
Lymphocytes	20-40%	23.4	16.7	11.4	Pregnancy and the related hormonal changes caused a decrease in total lymphocytes in the patient, it is like a diluting effect that occurs with the increase in blood volume during pregnancy (Orgul et al., 2017)
Monocytes	2-8%	5.7	5.7	6.7	
Eosinophils	1-4%	2.2	4.3	2.7	The patient has two medication allergies sulfa antibiotics and bacitracin, causing her eosinophils to be slightly higher than the expected range (Mayo Clinic, 2021).
Bands	0-3%	No value obtained	No value obtained	No Value obtained	

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	ABO	O	O	No Value obtained	
Rh Factor	(+), (-)	+	+	No Value obtained	
Serology	Nonreactive	Nonreactive	Nonreactive	No	

(RPR/VDRL)				Value obtained	
Rubella Titer	Immune	Immune	Immune	No Value obtained	
HIV	Negative/Not detected	Not detected	Not detected	No Value obtained	
HbSAG	Not detected	Not detected	Not detected	No Value obtained	
Group Beta Strep Swab	Negative	Positive	Positive	No Value obtained	The patient was carrying GBS at the time of the swab taken. This test does not indicate that the patient has a disease but, may pass it on to her baby cause him to become sick, if the mom is untreated before delivery (Group Beta Strep Support, 2022).
Glucose at 28 Weeks	105-108 mg/dL	108 mg/dL	No value obtained	No value obtained	
MSAFP (If Applicable)	10 ng/ml-150 ng/ml (Oluwaseun et al., 2021)	No value obtained	No value obtained	No value obtained	

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
Urine Drug Screen-Ur Cannabinoid	Non-Detected (Purohit,	Detected	Detected	No value obtained	The patient smokes marijuana. This test helps detect cannabinoid

	2018)				byproducts, carboxy THC in the urine. A detected result indicates that marijuana was consumed (Purohit, 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)	0.59-1.04 mg/dL (Mayo Clinic, 2021)	No value obtained	No value obtained	No value obtained	

Lab Reference (1) (APA):

Brennan, D. (2021, June 12). *What to know about neutrophils*. <https://www.webmd.com/a-to-z-guides/what-to-know-neutrophils>

Group Beta Strep Support. (2022). *Carrying group B strep*. [Information if you're not pregnant - Group B Strep Support \(gbss.org.uk\)](http://www.gbss.org.uk)

Madormo, C. (2022, July 19). *Overview of neutrophil and a high white blood cell count during pregnancy*. [Why Are Neutrophils High During Pregnancy? An Overview \(verywellhealth.com\)](https://www.verywellhealth.com)

Mayo Clinic. (2021, February 25). *Creatinine Tests*. [Creatinine tests - Mayo Clinic](https://www.mayoclinic.org)

Mayo Clinic. (2021, September 21). *Eosinophilia*.

[https://www.mayoclinic.org/symptoms/eosinophilia/basics/definition/sym-20050752#:~:text=Definition,-By%20Mayo%20Clinic&text=Eosinophilia%20\(e%2D%2Dsin%2Do,an%20allergic%20reaction%20or%20cancer.](https://www.mayoclinic.org/symptoms/eosinophilia/basics/definition/sym-20050752#:~:text=Definition,-By%20Mayo%20Clinic&text=Eosinophilia%20(e%2D%2Dsin%2Do,an%20allergic%20reaction%20or%20cancer.)

Mayo Clinic. (2022, May 24). *Low hemoglobin count*.

<https://www.mayoclinic.org/symptoms/low-hemoglobin/basics/causes/sym-20050760>

New-Kids Center. (2019, May 22). *Sugar level during pregnancy, what’s normal?*. [Sugar Level](#)

[During Pregnancy, What's Normal? - New Kids Center](#)

Oluwaseun, A., Yarrarapu, S., Khetarpal, S. (2021, August 11). *Alpha Fetoprotein*. [Alpha](#)

[Fetoprotein - StatPearls - NCBI Bookshelf \(nih.gov\)](#)

Orgul, G., Soyak, B., Portakal, O., Beksac, M., Beksac, M. S. (2017, April 28). Total blood

lymphocyte count alteration during and after pregnancy. *Gynecology Obstetrics &*

Reproductive Medicine, 23(1), 11-13. <https://doi.org/10.21613/GORM.2016.633>

Purohit, M. (2018, September 21). *Cannabinoids urine test*. [Cannabinoids Urine Test](#)

[\(dovemed.com\)](#)

Smith, L. (2021, November 9). *What to know about high white blood cell count*.

<https://www.medicalnewstoday.com/articles/315133>

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

	Your Assessment
History of labor:	
Length of labor	The patient’s length of labor was fifteen hours. She was induced.

<p>Induced /spontaneous</p> <p>Time in each stage</p>	<p>Her time spent in Stage 1 and 2 were not noted in her chart.</p> <p>However, she spent 4 minutes in stage 3 according to her chart.</p> <p>She was in stage 4 approximately 4 hrs.</p>
<p>Current stage of labor</p>	<p>The patient was in stage 4 during the assessment on 10/6/2022 at 0915, as evidenced by her placenta already delivered and a display of scant bleeding, lochia color was rubra, and the character of blood was dark red in her pad. She was also experiencing abdominal pain associated with cramps because her uterus was contracting. She was hungry and thirsty. She stated, "May I have some water? I am thirsty." Her vital signs were already stable throughout labor and delivery. The fourth stage of labor cannot be determined based on the vital signs of this patient. Her fundus was midline, one finger below the umbilicus, and firm and well contracted. The episiotomy was intact, with the edges approximated and clean, and there was no redness or edema (Ricci et al., 2021, p. 460). The client's location was at the OSF hospital in her assigned room. Her normal findings included stabilized vital signs, increased thirst, the uterus' location during the fundal assessment, the episiotomy assessment that was still intact without redness and swelling, and the amount and color of blood in her pad.</p> <p>Additionally, she felt abdominal pain and cramping. The</p>

	<p>pain she felt was an expected finding due to the uterus attempting to return to its standard shape and size. She was talkative, as expected. The patient did not experience any abnormal findings during the assessment. The client was in the reproductive system adaptations stage as she experienced uterine involution. In this stage, the uterus contracts as it tries to return to its normal size (Ricci et al., 2021, p. 516). The client is in the dependent phase of maternal adaptation which also occurs in stage 4 labor and delivery (ATI, 2019, p.129). The client is at risk for postpartum depression since she already has a history of depression and hormonal pregnancy changes. The patient could also be at risk of having thoughts of harming herself or her baby.</p> <p>The patient is at risk for a drop in hormone levels during postpartum (Mayo Clinic, 2021). The client may be at risk for a knowledge deficit, and she might not know the difference between typical recovery pains and actual complications to report (Mayo Clinic, 2021). The patient is also at risk for infection and postpartum hemorrhage (Mayo Clinic, 2021). The patient is also at risk for urinary tract infection, and signs include dysuria, frequency, and urgency, sometimes bleeding and pain when urinating (Mayo Clinic, 2021). The patient is also at risk for blood clots, muscle weakness, and headaches (this patient has a history of migraines) (Mayo Clinic, 2021). Warning signs for</p>
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	<p>postpartum complications are chest pain, shortness of breath, seizures, harmful thoughts, bleeding or soaking more than one pad in an hour; an incision that is not healing, a red or swollen leg that is painful or warm to touch (a sign of a blood clot), a temperature over 100.4 F (a sign of infection), and a headache (Mayo Clinic, 2021). Signs of infection include soreness, tenderness, or swelling of the belly or abdomen, chills, pain while urinating or during sex, abnormal vaginal discharge that has a bad odor or blood present, a generalized feeling of discomfort or unwell, and a headache (Brennan, 2021).</p> <p>The 4th stage of labor "this stage begins with the completion of the expulsion of the placenta. Stabilization takes about 1-4 hours after birth. The fundus should be firm, well contracted, and located at the midline between the umbilicus and the pubic symphysis. However, it then slowly rises to the level of the umbilicus during the first hour after birth; the lochia, or vaginal discharge, is mixed with small clots and moderate flow. If the mom has had an episiotomy during the second stage of labor, it should present without redness or edema, clean and with the edges approximated (Ricci et al., 2021, p. 460)." The nurses monitor the patient in this stage for postpartum hemorrhage and monitor temperature for possible signs of infection (Ricci et al., 2021, p. 460). They will be monitoring for bladder distention for</p>
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	<p>the potential of urinary retention due to an obstruction or loss of tone in the bladder muscles (Ricci et al., 2021, p. 460). The nurses will monitor for blot clots as well. The moms will be hungry, thirsty, and talkative (Ricci et al., 2021, p. 460). They will be excited to hold, see, and (for some moms) breastfeed their babies. The fundus is monitored every 15 minutes for at least 1-hour (Ricci et al., 2021, p. 460). The mom will feel cramps due to the contraction of the uterus (Ricci et al., 2021, p. 460). Mom will also have limited sensation to acknowledge when her bladder is full or needs to pee (Ricci et al., 2021, p. 460). As a nurse, I will need to monitor the patient's intake and output to ensure that she is expelling appropriately and are not suffering from constipation or urine retention.</p>
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Stage of Labor References (2) (APA):

Brennan, D. (2021, May 9). *What is postpartum endometritis?*. [Postpartum Endometritis: Everything You Need to Know \(webmd.com\)](#)

[Everything You Need to Know \(webmd.com\)](#)

Mayo Clinic. (2021, December 3). *Labor and delivery, postpartum care*. [Postpartum complications: What you need to know - Mayo Clinic](#)

[Postpartum complications: What you need to know - Mayo Clinic](#)

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

**Current Medications (7 points, 1 point per completed med)
*7 different medications must be completed***

Home Medications (2 required)

Brand/Generic	Acetaminophen/ Tylenol (Jones & Bartlett, 2021, p. 8)	Witch Hazel-glycerin/Tucks Pads (Everyday Health, 2020)			
Dose	650mg	1 each			
Frequency	Every 4 hrs., as needed	Every hour as needed			
Route	PO	Vaginal/peri area			
Classification	Antipyretic (Jones & Barlett, 2021, p.8)	Topical protectant (Everyday Health, 2020)			
Mechanism of Action	Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system (Jones & Barlett, 2021, p. 9)	Contains an active ingredient in the witch hazel that soothes, cools, and protects irritated vaginal and anorectal tissue (Everyday Health, 2020).			
Reason Client Taking	Mild pain or more severe pain if patient requests	Peri comfort			
Contraindications (2)	Severe Hepatic Impairment and Severe active liver disease; or Hypersensitivity to acetaminophen (Jones & Barlett, 2021, p.9)	Do not use if there is an allergen to glycerin and do not use if patient has an allergy to witch hazel (Everyday Health, 2020).			
Side Effects/Adverse Reactions (2)	Hypotension and hepatotoxicity	May cause rash, itching, or			

	(Jones & Barlett, 2021, p. 9)	trouble breathing (Everyday, Health, 2020)			
Nursing Considerations (2)	Use cautiously in patients with hepatic impairment (Jones & Barlett, 2021, p.9) Ensure that the daily dose of acetaminophen from all sources does not exceed maximum daily limits (Jones & Barlett, 2021, p.9)	Check to see if client has hemorrhoids priori to applying, may only be left n for 15 minutes if hemorrhoids are present and Check for the signs of allergic reaction after applied (Everyday Health, 2020).			
Key Nursing Assessment(s)/Lab(s) Prior to Administration	AST, ALT, bilirubin, and creatinine (Jones & Barlett, 2021, p.9)	Check to see if patient has an allergy to glycerin or with hazel and gently dry by patting or blotting with toilet tissue or soft cloth before applying; may be applied 6 times daily (Everyday Health, 2020).			
Client Teaching needs (2)	Follow dosage guidelines precisely (Jones & Barlett, 2021, p.9) Do not take other drugs containing acetaminophen to avoid	Do not use for longer than recommended and store at room temperature (Everyday Health, 2020)			

	hepatotoxicity (Jones & Barlett, 2021, p.9)				
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Hospital Medications (5 required)

Brand/Generic	Oxytocin/ Pitocin (Reynolds, 2022)	Calcium Carbonate/ Titalac (Jones & Barlett, 2021, p.157)	Ferrous Sulfate/Fer- Iron (Jones & Barlett, 2021, p.456)	Prenatal Vitamins/Vi tafol-ob +DHA (Drugs.com, 2022)	Ibuprofen/ Motrin (Jones & Barlett, 2021, p.556)
Dose	1-20 milliunits/m in	100mg	325mg	1 tablet	800mg
Frequency	Every 20-30 mins until max dose of order	Daily	Twice daily	Daily	Every 8 hrs., as needed
Route	IV	PO	PO	PO	PO
Classification	Uterine stimulant, oxytocic (Reynolds, 2022)	Calcium replacement (Jones & Barlett, 2021, p.157)	Nutritional supplement or Antianemic (Jones & Barlett, 2021, p.456)	Vitamin and mineral combination (Drugs.com, 2022)	Analgesic, anti- inflammatory (Jones & Barlett, 2021, p.556)
Mechanism of Action	Increases intracellular calcium in uterine smooth muscle, which causes uterine muscle contraction Causes contraction of the	Increases levels of intracellular and extracellular calcium, which is needed to maintain homeostasis, especially in the nervous and musculoskelet al systems.	Acts to normalize RBC production by binding with hemoglobin or by being oxidized and stored as hemosiderin or aggregated ferritin in reticuloendot	The folic acid in the prenatal vitamins helps the baby's brain and spinal cord develop correctly and as a supplement it provides the greatest benefit to meet	Blocks activity of cyclooxygen ase, the enzyme needed to synthesize prostaglandin s, which mediate inflammatory response and cause local pain, swelling, and

	<p>myoepithelial cells around milk-containing alveoli, resulting in milk ejection during lactation (Reynolds, 2022)</p> <p>Induces or augment Labor and controls postpartum bleeding (Reynolds, 2022)</p>	<p>Helps regulate the release and storage of neurotransmitters and hormones (Jones & Barlett, 2021, p.158)</p>	<p>helial cells of the bone marrow, liver, and spleen (Jones & Barlett, 2021, p.457)</p>	<p>increased iodine needs. It improves the infant’s visual acuity, hand/eye coordination, attention, problem solving, and information processing. The prenatal vitamin has other vitamins as well that has specific functions that will ultimately improve baby’s overall health (Garner et al., 2021)</p>	<p>vasodilation, reducing inflammatory symptoms and relieves pain (Jones & Barlett, 2021, p.557)</p>
Reason Client Taking	To constrict vessels and prevent postpartum hemorrhage	Calcium Replacement	Iron replacement	Aid the diet and vitamin needs while breast feeding	Mild to severe pain
Contraindications (2)	Grand multiparity and hypertonic uterus (Reynolds, 2022)	Hypercalcemia and Hypersensitivity to calcium salts (Jones & Barlett, 2021, p.158)	Hemochromatosis and hemolytic anemias (Jones & Barlett, 2021, p.457)	Hypersensitivity to prenatal vitamins and too much iron in body (Drugs.com, 2022)	Angioedema and asthma (Jones & Barlett, 2021, p.557)
Side Effects/Adverse Reactions (2)	Uterine hyperstimulation Cardiac	Hypotension and Hypercalcemia (Jones & Barlett, 2021,	Hemolysis and Dizziness (Jones & Barlett,	Very upset stomach, fever, or black tarry stools (due	Aseptic meningitis and CVA (Jones & Barlett, 2021,

	arrhythmias (Reynolds, 2022)	p.158)	2021, p.457)	to iron) (Drugs.com, 2022)	p.557)
Nursing Considerations (2)	Closely monitor fundal tone, fundal height, and position. Monitor vital signs, pain, and bleeding. Administer IV or IM. Could increase risk of postpartum bleeding in clients who had a vaginal delivery (Reynolds, 2022)	Assess for Chvostek’s and Trousseau’s signs (which should not occur) and Do not freeze. (Jones & Barlett, 2021, p.158)	Give iron tablets with a full glass of water or juice and do not crush enteric-coated tablets (Jones & Barlett, 2021, p.457)	Food can decrease iron absorption by half and give to patient at least 2 hours before or after dairy products and minerals (Drugs.com, 2022)	GI bleeding may occur without warning signs and monitor patient closely for thrombotic events, including MI and stroke, because NSAIDS increase the risk (Jones & Barlett, 2021, p. 558)
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Assess blood pressure and heart rate (Reynolds, 2022)	Check serum calcium levels, check blood pressure, and heart rate (Jones & Barlett, 2021, p.158)	Check serum hemoglobin levels and check to see if client has taken calcium supplements within 1-hr or iron administration (Jones & Barlett, 2021, p.458)	Check to see if client is taking a blood thinner or have any bleeding disorders. Check hemoglobin levels because iron is in this product (Drugs.com, 2022)	Liver enzymes, BUN and serum creatinine levels, and CBC (Jones & Barlett, 2021, p.558)
Client Teaching needs (2)	Provide education about how oxytocin	Urge patient to chew chewable tablets	Instruct client not to chew and solid forms	Use as ordered by the doctor and take	Advise patient to take with food to

	will affect their contractions , so it may feel cramp-like in the abdomen. Tell the patient to report headache, dizziness, palpitations, or intense pain (Reynolds, 2022)	thoroughly before swallowing and to drink a glass of water afterward and remind patient to take calcium separate from other prescribed drugs (Jones & Barlett, 2021, p.159).	of iron except the chewable tablets and instruct patient that they may see black tarry stools (Jones & Barlett, 2021, p.459).	with a full glass of water; take a missed dose as soon as you think about it (Drugs.com, 2022).	reduce GI upset and advise patient to report flu-like symptoms, rash, signs of GI-bleeding, swelling, vision changes, and weight gain (Jones & Barlett, 2021, p.559).
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Medications Reference (1) (APA):

Drugs.com. (2022, July 4). *Prenatal Vitamin*. [Prenatal Vitamin: Indications, Side Effects, Warnings - Drugs.com](#)

Jones & Barlett. (2021). *2021 Nurse's Drug Handbook* (20th ed.). Burlington, MA

Assessment

Physical Exam (18 points)

GENERAL (1 point): Alertness: Orientation: Distress: Overall appearance:	The patient was alert and oriented to person, place, and time. The patient was able to answer her name and date of birth when prompted. The patient was able to recall the current president when prompted. The patient did not appear in any immediate distress and her overall appearance was well groomed.
INTEGUMENTARY (1 points): Skin color:	The patient’s skin color was light brown and pink. There were not marks, lesions, tears, or

<p>Character: Temperature: Turgor: Rashes: Bruises: Wounds/Incision: Braden Score: 20 (Michalowska et al., 2022) Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>bruising. Her temperature was 97.8 degrees Fahrenheit. Her skin turgor was +1 second. The patient had no rashes. The patient had an episiotomy and it was dry and intact, there was no bleeding, pus, redness, or swelling surrounding the incision. The patient's Braden score indicates that she is minimally at risk for bed sores because she has little to no moisture on her body that can compromise the integrity of her skin while she lies in bed. However, there is some risk because she is in bed and is not getting up to walk as frequently. Additionally, she had an IV placed which could compromise the integrity of her skin. The patient was rotated from side to side every two hours. The patient had minimal swelling in her ankles and feet.</p>
<p>HEENT (1 point): Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>The patient's head and neck were midline and without wounds, rashes, or lymph nodules palpable. The patient's carotid artery was palpable, bilaterally. The patient's auricles were without scratches or bruising, no drainage bilaterally. Her tympanic membrane was present, bilaterally. The patient's eyes were equal responsive and reactive to light. Her EOMs were intact, bilaterally. The patient's eyes responded to accommodation, bilaterally. The patient's sclera was white, cornea was clear, bilaterally. Her conjunctiva was pink and moist, bilaterally. Her nose was midline. Her nares were without drainage, bilaterally. Her turbinates were pink and without lesions or bleeding. The patient was able to smell the perfume aroma in the room. Her dentition was good. Her gums were not bleeding. Her soft palate rose and fell appropriately and hard palate was intact. Her tonsils were 2+. Her uvula was midline without deviation.</p>
<p>CARDIOVASCULAR (2 point): Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input checked="" type="checkbox"/> N</p>	<p>The patient's heart sounds did not have any murmurs or gallops. S1 and S2 sounds heard. Her heart rate was 58 and her blood pressure was 113/59 which is slightly lower than the expected range of 120/80. All peripheral pulses were palpable and 2+. The patient's capillary refill was 3 seconds. The patient had minimal swelling in her ankles and feet. The apical pulse was heard at</p>

<p>Location of Edema:</p>	<p>the left midclavicular line at the 4th intercostal space.</p>
<p>RESPIRATORY (1 points): Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>All the patient’s lungs were clear bilaterally, posteriorly, and anteriorly without wheezing, rhonchi, crackles, or stridor. Inspiration and expiration were silent. The patient had no pain upon percussion. Her respirations were 20 and her oxygen saturation was 99%.</p>
<p>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:</p>	<p>The patient expressed having abdominal pain. She rated it a 6/10, on a 0-10 scale. Her last bowel movement was on 10/6/2022 in the morning. The patient could not recall the time. Her diet at home and at the hospital, during the time of the assessment was both normal. The patient’s height is 5 foot 4 inches and 138 pounds. Her bowel sounds were normoactive in all four quadrants. Her last bowel movement was at 0600 on 10/6/2022. Her abdomen presented with 6 out of 10 pains upon palpation. She did not have any incisions, scars, drains, or wounds on abdomen. She did not present with any masses.</p>
<p>GENITOURINARY (2 Points): Quantity of urine: Pain with urination: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	<p>The patient had 800 mL of urine filled in a urine “hat” by the end of the clinical day. Patient had moderate pain with urination and with moderate amount of blood. The blood in the urine was without an odor and minimal clots. The patient’s genitals presented with without redness, swelling, or odor. The patient did present with moderate blood in her pad without odor. It was scant and dark red. The patient did not have a catheter at the time of the assessment.</p>
<p>MUSCULOSKELETAL (1 points): ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 35 (Nedea, 2017) Activity/Mobility Status: Independent (up ad lib) <input checked="" type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	<p>The patient requires minimal assistance with ambulation. She walks independent of assistive devices. The patient’s fall risk is moderate. The patient’s muscle strength was strong bilaterally. The patient’s handgrips were strong and equal bilaterally. The patient’s range of motion was equal bilaterally. She has no broken bones or fractures. The patient’s activity/mobility status is moderate. Although she can walk, she moves slowly due to recovery from her episiotomy and birth of her newborn. She was able to turn her neck from side to side without pain or discomfort. Her neck muscles were equal in size.</p>

	<p>Her trachea was midline. Her thyroid was nonpalpable. She was able to move all her extremities well. She did not mention having any pelvic pain or discomfort. No lymph nodules noted. Nose was midline.</p>
<p>NEUROLOGICAL (2 points): MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC: DTRs:</p>	<p>The patient was awake, alert, and oriented to person place and time. She verified her name and date of birth. She recalled the date and time. She knew that she was in the hospital because she had just given birth to her baby. The patient moved all extremities well. The patient’s PERRLA was present. Her strength was equal throughout and bilaterally. The patient’s speech was clear. The patient responded to noise and her sense of smell was intact because she smelled an aroma in the room. Her deep tendon reflexes were 2+ bilaterally.</p>
<p>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):</p>	<p>The patient’s coping mechanisms were to smoke marijuana. She presents with ineffective coping as smoking marijuana while she was pregnant was not healthy for her baby. However, her urine drug test was positive for marijuana contents. The patient’s developmental level was appropriate for her age and level of education. The patient did not have any religious preferences. The patient has her boyfriend, mom, and two siblings who forms her support system.</p>
<p>Reproductive: (2 points) Fundal Height & Position: Bleeding amount: Lochia Color: Character: Episiotomy/Lacerations:</p>	<p>The patient’s fundal height was one finger breath just below the midline, umbilicus. Her bleeding was scant. The lochia was rubra, the character was dark red. The patient had an episiotomy performed and it was intact, without swelling, redness, or bleeding.</p>
<p>DELIVERY INFO: (1 point) Rupture of Membranes: artificial Time: Color: Amount: Odor: Delivery Date: 10/5/2022 Time: 2203 Type (vaginal/cesarean): Vaginal Delivery Quantitative Blood Loss: Male or Female Apgars: 1 minute-8, 5 minute-9 Weight: 6 lbs. 12 oz</p>	<p>The patient had an artificial rupture of membrane at 0700. The color was brown without an odor noted. The patient described it as “a lot” of fluid. She expelled 720 mL of fluid. She delivered on 10/5/2022 at 2203 by vaginal delivery to a 6 pound and 12-ounce, male baby. The quantitative blood loss was approximately 900mL. The baby’s 1-minute and 5-minute Apgar scoring was within normal range of between 8-10 (American Pregnancy Association, 2021). This indicates that he cried normally, skin was in expected color, heart rate, muscle tone, respirations, and reflexes were all as expected (American Pregnancy</p>

Feeding Method: Breastfeeding	Association, 2021). The patient chose to breastfeed and has received education on different breast-feeding positions.
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Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	Not documented	102/60	Not documented	Not documented	Not documented
Labor/Delivery	84	113/57	18	98.0F	100%
Postpartum	58	113/59	20	97.8F	99%

Vital Sign Trends:

During the prenatal time, the vital sign documented was blood pressure, which was lower than the labor and delivery time and the postpartum time. There was no definitive documented reason for the lowered blood pressure. However, it could have been due to hormonal changes. Hormones in the bloodstream may dilute the blood vessels, causing a lowered pressure (Azma, 2018). during labor, delivery, and postpartum, the patient's vital signs were stable and around the same, except for the pulse. Her pulse could have been higher than postpartum because of the action surrounding giving birth or the contraction pain. Her vitals were within normal range throughout labor, delivery, and postpartum.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0845	0-10	Abdomen	6/10	Cramp-like discomfort, Patient stated, "It feels like a contraction and nothing relieves it. But, standing	Patient was readjusted in her bed. Her fundus was assessed during this time as well. It was

				up makes it worse.”	firm, confirming the patient’s cramp-like feeling. The patient requested Ibuprofen or Tylenol but did not receive it at this time.
0950	0-10	Abdomen	7/10	Cramp-like discomfort that is unrelieved by comfort measures.	Patient received Tylenol from the nurse as prescribed in her medication record. The patient was also readjusted in her bed with pillows in her lower back and between her legs.

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
<p>Size of IV: Location of IV: Date on IV: Patency of IV: Signs of erythema, drainage, etc.: IV dressing assessment:</p>	<p>The patient had a 20-gauge needle on her left posterior hand. It placed on 10/05/2022.</p> <p>Nurse confirmed patency with saline syringe.</p> <p>There was no redness, swelling, or drainage at the site. The IV dressing was clean, dry, and intact. The patient was not attached to the machine during the time of the assessment.</p> <p>There were no IV fluids during the time of the assessment. However, the patient was given IV oxytocin hours before the assessment at</p>

	the rate of 1-20 milli-units per minute, every 20-30 minutes until the maximum order was given to stop bleeding.
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Intake and Output (2 points)

Intake	Output (in mL)
240 mL of Chocolate Milk (oral intake) 120 mL of water (oral intake) Total= 360 mL	800 mL from urine with blood tinge. By the end of the clinical day, the patient had an almost full urine “hat.” Patient did not have bowel movement during the time of the assessment, she did not have any drains or tubes and she did not vomit.

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.
Gave the patient water-N	once	During the stage 4 of labor and delivery, patients are usually very thirsty (Ricci et al., 2021, p. 460). The patient was in stage 4 of labor and delivery and requested water.
Assessed Fundus with palpation and fingers-N	once	The fundus was assessed to see if the uterus was returning to its normal size,

		descending, and firm. Making sure the uterus is adjusting back to normal is important for menstruation and all the clots and content gets expelled to prevent infection (Ricci et al., 2021, p. 460). Checked the lochia color which was rubra, the amount was scant, and character was dark red, it had minimal clots and there was no odor. It was also 1 finger pad under the umbilicus. This indicates a descend of 1 centimeter below the umbilicus and midline.
Adjusted pillows for Breast feeding-N	once	The patient was sore and needed assistance adjusting the pillows so that she and her baby will be comfortable while she breastfed.

Phases of Maternal Adaptation to Parenthood (3 point)

What phase is the mother in? Dependent Phase (Barlow et al., 2019, p.129)

What evidence supports this? She was talkative and excited about her baby, but she still needed assistance from staff and support person (Barlow et al., p. 129). She was focused on her personal care such as treating her pain from abdominal cramping, wondering how and when the blood will leave her urine, and she was concerned about her thirst (Barlow et al., 2019, p. 129). Additionally, she reviewed her birthing experience with the nursing student in detail (Barlow et al., 2019, p. 129).

Discharge Planning (3 points)

Discharge location: The patient will discharge, with her baby, to her home with her significant other.

Equipment needs (if applicable): The patient does not have any equipment needs.

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

The patient will follow-up with doctor’s visit within one week of discharge to check on mom and baby and then 6 weeks follow-up to check on the newborn’s weight and development.

Education needs:

The patient needed education about different positions for breastfeeding, such as the cradle hold, laid-back, cross-body, side-lying, and football positions (Mayo Clinic, 2022). She also needed education about the signs of infection, as mentioned above. She received education on the signs of postpartum depression and when to seek help. She also received education about coming into emergency department if she feels dizziness, visual disturbances, pain that intensifies, or thoughts of harming herself or her baby. We discussed the importance of hydration. Also, the importance of prenatal vitamins, even though she is not pregnant. However, she is breastfeeding, and prenatal vitamins replenish the vitamins she loses from breastfeeding. We discussed the importance of walking to prevent blood clots from forming. Furthermore, she was educated on the signs of deep vein thrombosis, such as tenderness, swelling in a particular area of her legs, redness, or no signs. Thus, it is vital to be moderately active despite her pain.

Nursing Diagnosis (30 points)

Must be NANDA approved nursing diagnosis and listed in order of priority

Two of the Nursing Diagnoses must be education related i.e. the interventions must be education for the client.”

2 points for correct priority

<p>Nursing Diagnosis (2 pt each) Identify problems that are specific to this patient. Include full nursing diagnosis with “related to” and “as evidenced by” components</p>	<p>Rational (1 pt each) Explain why the nursing diagnosis was chosen</p>	<p>Intervention/Rational (2 per dx) (1 pt each) Interventions should be specific and individualized for his patient. Be sure to include a time interval such as Assess vital signs q 12 hours.” List a rationale for each intervention and using</p>	<p>Evaluation (2 pt each) How did the patient/family respond to the nurse’s actions? <ul style="list-style-type: none"> Client response, status of goals and outcomes, modifications to plan. </p>
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		APA format, cite the source for each of the rationales.	
<p>1. Pain related to uterine contraction as evidence by patient stating, “My pain is 6 out of 10 and it feels like cramping in my abdomen.”</p>	<p>The patient was able to identify that she was in pain and cramping in her abdomen. This is a normal finding as this is an important step in the stage 4 of labor and delivery, as the uterus is returning to its normal shape and size, it causes cramp-like contractions and pain for the patient (Ricci et al., 2021, p.460).</p>	<p>1. Give the patient prescribed Tylenol, every 4 hours, as needed while in the hospital. Rationale Acetaminophen is the first line of treatment for pain given on a set schedule, for a vaginal delivery and are found in low concentrations in breastmilk (OBG project, 2018).</p> <p>2.Practice the same breathing and relaxation techniques used during labor. Rationale The breathing same relaxation and breathing techniques used during labor can be helpful in relieving afterpains (Mass General Brigham, 2022).</p>	<p>The client did not respond to the interventions at the time of the assessment. The goal for the interventions is to reduce pain from a 6 out of 10 to at least a 2 out of 10, or no pain at all by then end of her postpartum period. Modifications to the plan would be to give her an NSAID if the acetaminophen did not work. Her family did not respond to the interventions. However, they were there to see how the breathing treatments were performed and were educating on how to assist her with those breathing and relaxation exercises.</p>
<p>2. Knowledge deficit related to signs of infection as evidence by patient stating, “Oh wow, I did not know all of those were signs of infection.”</p>	<p>Educating the patient about the signs of infection is important for early, prompt treatment. Signs of infection include soreness, tenderness, or swelling of the belly or abdomen, chills, pain while urinating or during sex,</p>	<p>1. Educate her about the signs of infection and ask her to repeat her understanding of what to look for back to me. Rationale When a mom is interested in the birth of her new born and managing her current pain, she may not fully pay attention to all the details about signs to look for, its important that she listens and understands to prevent later complications (Gidick, 2022).</p> <p>2.Educate her on how to</p>	<p>The patient responded to the interventions well, she reciting back to me the signs to look for concerning a possible infection and she knew how to check her temperature. Her family was also there to see how to perform a temperature as well and what signs to look for when assessing a possible infection. The goals for these interventions were to ensure she does not wait too late to catch the</p>

	abnormal vaginal discharge that has a bad odor or blood present, a generalized feeling of discomfort or unwell, and a headache (Brennan, 2021).	check her temperature and to know to come to hospital for evaluation if it reaches above 100.4 degrees F Rationale Elevated temperature is one of the early cardinal signs of infection (Taylor, 2021).	signs of infection. Also, to seek help if it reaches to or above 100.4 degrees F. Modifications would occur if patient did not understand, such as a pamphlet from the hospital on the signs to look for. She could then have a visual of the signs.
3. Knowledge deficit related to breastfeeding as evidence by patient stating, “I did not know there was more than one way to breastfeed.”	Educating the client about different positions during breast feeding will help mom to feel more comfortable breastfeeding, the baby will feel comfortable, and the mom will be motivated to continue breastfeeding.	1. Demonstrate 4 other possible positions (cross-body, football, swaddle, side-lying position) Rationale There is not right or wrong way to breastfeed, but some positions make mom and baby more comfortable and improves the breastfeeding experience (Medela, 2022). 2. Prop pillows in the position most comfortable to the new mom. Rationale While showing new ways to breastfeed may work for some moms, its important that she finds a position most comfortable to her (Medela, 2022).	The goals for these interventions are that the mom while feel more confident breastfeeding, motivating her to continue breastfeeding and the baby will be comfortable while feeding as well. The patient responded, “Thank you for teaching these new positions, and did not know there was more than one, before.” The family also watched the demonstrations to assist mom with reposition when feeding. Modifications would be to give a pamphlet, displaying the other positions.
4. Knowledge deficit related to postpartum depression as evidence by patient stating, “I did not know I was at risk for that just because I had	The patient has a history of depression and had an increase in hormonal changes with normal pregnancy, increasing her risks for developing	1. Educate the client about the signs of postpartum depression (depressed mood, loss of appetite, inability to sleep, excessive crying, reduced interest, hopelessness, and intense irritability) and her risks. Rationale The most common age group for postpartum	The patient understood her risks and she demonstrated understanding after the interventions/education. She did not know her risk beforehand and now she knows to report to hospital immediately if she has thoughts of harming herself or her

<p>depression in the past.”</p>	<p>postpartum depression.</p>	<p>depression is ages 18-35, the patient is 28 years old. Another risk factor she has is a history of depression (Mayo Clinic, 2022).</p> <p>2. Educate the patient that its important to seek help right away if she thinks of harming herself or her baby.</p> <p>Rationale It is important to call the doctor to prevent harm to herself or baby (Mayo Clinic, 2022).</p>	<p>baby. Her family was also there to hear when she should report to the hospital. Goals for the interventions was the patient’s understanding of the risk and when to report. If the patient did not understand, modification would be to go over it again, using scenarios.</p>
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