N432 Postpartum Care Plan

Lakeview College of Nursing

Hayley Barrie

Demographics (3 points)

Date & Time of Admission 11/01/22 0819	Patient Initials D. C.	Age 22	Gender Female
Race/Ethnicity African American/ Non-Hispanic	Occupation Student	Marital Status Non-married	Allergies Peanuts – swelling Cat hair – runny nose
Code Status Full code	Height 152.4 cm	Weight 81.6 kg	Father of Baby Involved The father of the baby is heavily involved.

Medical History (5 Points)

Prenatal History: The patient is currently a G3 T2 P0 A1 L2 who has a history of pulmonary embolism after labor and delivery. The patient's first pregnancy ended at 8 weeks with a miscarriage. The patient's second pregnancy was full term at 40 weeks and 1 day. She delivered a healthy baby girl.

Past Medical History: The patient has a past medical history of anemia, anxiety, bipolar disorder, and asthma.

Past Surgical History: The patient has no past surgical history.

Family History: The patient has a family history of diabetes from the paternal grandfather. The patient denies having any other family history of illness.

Social History (tobacco/alcohol/drugs): The patient denies tobacco, alcohol, or illicit drug use. The patient admits to vaping and using marijuana. The patient states that she vapes and uses marijuana occasionally but stopped when she became pregnant.

Living Situation: The patient lives with her boyfriend and daughter in Danville, Illinois.

Education Level: The patient has a high school education. There were no learning barriers noted.

Admission Assessment

Chief Complaint (2 points): The patient came in for a scheduled induction.

Presentation to Labor & Delivery (10 points): The patient was admitted on 11/1/2022 for a scheduled induction. The patient had an estimated due date of 11/08/2022, making the patient 39 weeks and 0 days gestational, which is the recommended time frame for a scheduled induction (Ricci et al., 2021). The patient is a has been previously seen at the Danville clinic and had started care at the Urbana location starting on 10/24/2022. The patient was 2 cm dilated upon admission. The patient was feeling no pain and no contractions. The patient stated she noticed her belly "get lower" which has been noticeable two days prior. The patient also stated that she was having Braxton hicks contractions, but those stopped once she drank water. The patient stated that these Braxton hicks contractions weren't predictable and that they were "random" and she noticed them once every couple of hours. The patient has a positive attitude regarding delivery and states she is "super excited" to meet her baby.

Diagnosis

Primary Diagnosis on Admission (2 points): The diagnosis is elective induction.

Secondary Diagnosis (if applicable): Not applicable.

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	**3.08 – 5.30 / mcl (Leeuwen & Bladh, 2021).**	**4.23 /mcL**	**4.02 /mcL**	**3.82/ mcL**	
Hgb	**12-15.8 g/ dL (Leeuwen & Bladh, 2021).**	**12.1 g/dL**	**12.5 g/dL**	**10.4 g/dL (L)**	**The Hgb is slightly low due to blood loss during and after labor and delivery (Moya et al., 2022). This patient lost blood, so this value is expected.**
Hct	**36-47% (Leeuwen & Bladh, 2021).**	**39%**	**36%**	**34.1% (L)**	**The Hct is low due to blood loss related to expected bleeding after labor and delivery (Yefet et al., 2020). This patient lost some blood so this decreased value is expected.**
Platelets	**140000-440000 / mcL (Leeuwen & Bladh, 2021).**	**247000 / mcL**	**262000 /mcL**	**215000 /mcL**	
WBC	**4000 – 12000 /mcL (Leeuwen & Bladh, 2021).**	**8100 /mcL**	**9200 /mcL**	**14400 / mcL (H)**	**WBC increases during labor and delivery naturally. Because of this, within the first 24 hours post-partum, it is common to see an increase of leukocytes even as high as 20,000. This can last until a week post-partum (Moldenhauer, 2022). This patient just gave birth a day prior, so this value is expected.**
Neutrophils	**47-73% (Leeuwen & Bladh, 2021).**	**62.3%**	**52.7%**	**64.6%**	

Lymphocytes	**18-42% (Leeuwen & Bladh, 2021).**	**23.8%**	**31.1%**	**14.5% (L)**	**Lymphocytes are decreased because during pregnancy and postpartum the hormones involved negatively affect lymphocytes in the blood (Orgul et al., 2017). This patient just gave birth and her hormones are fluctuation, so this value is expected (Ricci et al., 2021).**
Monocytes	**4-12% (Leeuwen & Bladh, 2021).**	**10.3%**	**11.0%**	**9.6%**	
Eosinophils	**0-5% (Leeuwen & Bladh, 2021).**	**3.1%**	**3.9%**	**1%**	
Bands	**0 (Leeuwen & Bladh, 2021).**	**0**	**0**	**0**	

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, AB (Leeuwen & Bladh, 2021).**	**B**	**B**	**B**	
Rh Factor	**Positive, Negative (Leeuwen & Bladh, 2021).**	**Positive**	**Positive**	**Positive**	
Serology (RPR/VDRL)	**Antibodies present (O'Connell, 2018).**	**Serology was not taken.**	**Serology was not taken.**	**Serology was not taken.**	
Rubella Titer	**>=1.1 (Leeuwen & Bladh,**	**3.6**	**Not available.**	**Not available.**	

	2021).				
HIV	**Negative (Leeuwen & Bladh, 2021).**	**Negative**	**Not taken**	**Not taken**	
HbSAG	**Negative (Leeuwen & Bladh, 2021).**	**Negative**	**Negative**	**Negative**	
Group Beta Strep Swab	**Negative (Leeuwen & Bladh, 2021).**	**Negative**	**Negative**	**negative**	
Glucose at 28 Weeks	**70- 91 (Leeuwen & Bladh, 2021).**	**89**	**Not taken.**	**Not taken.**	
MSAFP (If Applicable)	**Negative (Leeuwen & Bladh, 2021).**	**Not taken.**	**Not taken**	**Not taken.**	

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
Ketones (Leeuwen & Bladh, 2021).	**negative**	**Not taken**	**Negative**	**negative**	

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)	**20-275 mg/dL (Eng, 2021).**	**This lab was not taken.**	**This lab was not taken.**	**This lab was not taken.**	

Lab Reference (1) (APA):

Eng, M. (2021). *Urine creatinine test normal range low & high levels*. Self-decode. https://labs.selfdecode.com/blog/creatinine-urine-test/

Moldenhauer, J. (2022). *Postpartum care*. Merck Manual. https://www.merckmanuals.com/professional/gynecology-and-obstetrics/postpartum-care-and%20-associated-disorders/postpartum-care#:text=Because%20the%20white%20blood%20count,during%20the%20first%20week%20postpartum.

Moya, E., Phiri, N., Choko, A. T., Nwangi, M. N., & Phiri, K. (2022). Effects of postpartum anemia on maternal health-related quality of life: A systematic review and meta-analysis. *BMC Public Health*, *22*, 364. https://doi.org/10.1186/s12889-022-12710-2

O'Connell, K. (2018). *What is serology*? Healthline. https://healthline.com/health/serology

Orgul, G., Soyak, B., Portakal, O., & Beksac, M. S. (2017). Total blood lymphocyte count alteration during and after pregnancy. *Gynecological Obstetrics & Reproductive Medicine*, *23*(1), 11-30. https://doi.org/10.21613/GORM.2016.633

Leeuwen, A. M. V., & Bladh, M. L. (2021). *Laboratory and diagnostic tests with nursing implications* (9th ed.). F. A. Davis.

Yefet, E., Yossef, A., Suleiman, A., Hatokay, A., & Nachm, Z. (2020). Hemoglobin drop following postpartum hemorrhage. *Scientific Reports, 10*, 21546. https://doi.org/10.1038/s41598-020-77799-0

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

	Your Assessment
History of labor:	
Length of labor	The length of labor was 4 hours and 24 minutes.
Induced /spontaneous	The labor was induced.
Time in each stage	The patient was in the first stage of labor for 4 hours and 3 minutes. The patient was in the second stage of labor for 19 minutes. The patient was in the third stage of labor for 2 minutes.
Current stage of labor	The patient is currently in the fourth stage of labor, known as the postpartum stage (Ricci et al., 2021). Regarding a brief labor history, the patient came into the labor and delivery department for an elective induction. The patient was 39 weeks and 0 days. The patient was tested for GBS before her appointment and was negative. The patient was considered a complicated pregnancy due to a previous pulmonary embolism after her last delivery. The patient took Lovenox throughout her pregnancy and stopped on 10/30/2022 due to being unsure if she would be a candidate for an epidural while taking the medication. The patient arrived at her scheduled induction and was 2 cm dilated. After the administration of Pitocin and artificial rupture of membranes, the patient progressed to full dilation. The patient pushed with reasonable effort, and the newborn was born after 19 minutes of pushing. The patient had no lacerations. 2 minutes after the delivery of the newborn, the patient delivered the placenta. The placenta was then inspected and determined to be intact. During the postpartum stage, the

	patient could continue taking Lovenox to lessen her chance of getting blood clots (Sinha, 2022). The patient also received frequent fundal assessments. Twelve hours after delivery, the patient's fundus was one fingerbreadth below the umbilicus. This is typical for 12 hours after birth, especially if the patient is breastfeeding (Kansky, 2021). The nurse educated the patient about the purpose of the fundal massage and the warning signs that should be reported to the provider. These warning signs include the uterus feeling boggy or if the patient notices that the fundus is increasing in height (Ricci et al., 2021). The patient's fundus was firm, and the patient was told to feel, so she knew what to feel for. When assessing bleeding, the patient was bleeding moderately with dark red blood. This is typical while postpartum, and it should eventually lighten up, become pinkish-brown, and then finally white (Ricci et al., 2021). The patient was educated to report increased bleeding or if the color goes from white to red. These warning signs can report a problem, and the provider must be notified (Ricci et al., 2021). During the first week, the patient is in phase 1 of the postpartum phase (Gidick, 2022). During this phase, there may be vaginal discomfort, and the uterus begins to contract back to the pre-pregnancy state. There will also be changes in hormones which can cause a sense of being overwhelmed and may cause the patient to cry and feel hopeless (Rasminsky, 2018). This patient complained of vaginal discomfort, rated a 7/10. She took some Motrin and rated her pain a 3. She was also advised to use ice packs to relieve swelling. The patient was assessed for any baby blues. The patient said that she had not been crying and felt happy. The patient was educated to notify the physician if she felt depressed. The patient was educated about many risks that can occur while postpartum. One of these complications is postpartum hemorrhage. The risk factors for postpartum hemorrhage include uterine atony, trauma, retained placental tissue, and blood coagulation disorders (Cleveland Clinic, 2022). Another complication is infection. Signs and symptoms of infection include fever, fatigue, chills, and swollen lymph nodes (Myhre & Dennis, 2022). The patient denied any chills or fatigue. The patient did not have any swollen lymph nodes during the assessment and did not have a fever. The patient was educated about the signs of infection and was told to report any of these after discharge. The patient was further educated about the signs of baby blues and postpartum depression, which is considered a postpartum mood disorder. These signs and symptoms include mood swings, crying, and irritability (Mayo Clinic Staff, 2022).

	After explaining the signs and symptoms, the patient denied feeling this way. The patient was then educated to report these findings if they occur to their primary care provider.

Stage of Labor References (2) (APA):

Cleveland Clinic. (2022). *Postpartum hemorrhage*. https://my.clevelandclinic.org/heatlh/diseases/22228-postpartum-hemorrhage

Gidick, K. (2022). *How to identify the 3 stages of postpartum period so you can track your recovery*. Romper Postpartum. https://www.romper.com/pregnancy/how-long-is-postpartum

Mayo Clinic Staff. (2022). *Postpartum depression*. Mayo Clinic. https://www.mayoclinic.org/disease-conditions/postpartum-depression/symptoms-causes/syc-20376617

Myhre, J., & Sifris, D. (2021). *What are the symptoms of an infection*? Very Well Health. https://www.verywellhealth.com/infections-symptoms-5185799

Rasminsky, A. (2018). *Your guide to postpartum recovery*. Healthline. https://www.healthline.com/health/postpartum-recovery-timeline

Ricci, S. S., Kyle, T., & Carman, S. (2022). *Maternity and pediatric nursing* (4th ed.). Wolters Kluwer.

Sinha, S. (2022). *Lovenox*. Drugs.com. https://www.drugs.com/lovenol.html

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

Home Medications (2 required)

Brand/Generic					

	Singulair/ montelukast	**AccuNeb/ albuterol**			
Dose	**4 mg**	**2 puffs**			
Frequency	**Daily**	**QID**			
Route	**Oral**	**Inhalation**			
Classification	**The pharmacological class is leukotriene receptor antagonist, and the therapeutic class is antiallergen or antihistamatic (Jones & Bartlett Learning, 2021).**	**The pharmacological class is adrenergic and the therapeutic class is bronchodilator (Jones & Bartlett Learning, 2021).**			
Mechanism of Action	**Singulair works by decreasing airway edema. It does this by inhibiting receptors that bind to bronchial receptors. These receptors are responsible for increasing the endothelia membrane permeability which causes more swelling, bronchial contractions and inflammation (Jones & Barlett Learning, 2021).**	**Albuterol works by attaching to receptors in the lungs. These receptors help to relax the smooth muscle cells in the airway. Albuterol also helps to stop histamine release (Jones & Bartlett Learning, 2021).**			
Reason Client Taking	**The patient is taking this medication to treat asthma.**	**The patient is taking albuterol as a rescue method to reverse bronchodilation (Jones & Bartlett**			

		Learning, 2021).			
Contraindications (2)	**One contraindication of Singulair is if the patient is currently having an acute asthma attack. Another contraindication is if the patient has a sensitivity to aspirin (Jones & Bartlett Learning, 2021).**	**One contraindication of albuterol is a history of seizures. Another contraindication is hypokalemia (Jones & Bartlett Learning, 2021).**			
Side Effects/Adverse Reactions (2)	**One adverse effect of Singulair is Stevens-Johnson syndrome. Another contraindication is increased bleeding (Jones & Bartlett Learning, 2021).**	**One adverse effect of albuterol is anxiety. Another adverse effect is flushing of the skin (Jones & Bartlett Learning, 2021).**			
Nursing Considerations (2)	**One nursing consideration is to observe the patient for any suicidal tendencies and notify the provider if present. Another nursing consideration is to monitor for cardiac symptoms such as tachycardia (Jones & Bartlett Learning, 2021).**	**One nursing consideration is to assess heart rate after administration to monitor for tachycardia. Another nursing consideration is monitoring blood pressure due to albuterol's tendency to cause hypertension (Jones & Bartlett, 2021).**			
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**One key nursing assessment prior to admission would be heart rate in order to establish a**	**One key nursing assessment prior to administration is to monitor**			

	baseline rate and assess for tachycardia. Another key assessment is to monitor liver enzyme levels to ensure there is no liver injury prior to administration (Jones & Bartlett Learning, 2021).	**potassium serum levels to assess for hypokalemia. Another key nursing assessment before administration is heart rhythm. Albuterol can cause abnormal cardiac rhythms, so it's essential to establish baseline rhythms (Jones & Bartlett Learning, 2021).**			
Client Teaching needs (2)	**The patient must be educated to alert the physician if there is an increase in bleeding. The patient must also be educated to not abruptly stop this medication (Jones & Bartlett Learning, 2021).**	**The patient must be taught how to use an inhaler. The patient must also be educated to hold their breath for 10 seconds after inhalation (Jones & Bartlett Learning, 2021).**			

Hospital Medications (5 required)

Brand/Generic	**Feosol/ ferrous sulfate**	**Lovenox/ enoxaparin**	**Pitocin/ oxytocin**	**Azeschew/ prenatal vitamins**	**Buspar/ buspirone**
Dose		**40 mg**	**30 units/ 500**	**0.8 mg**	**10 mg**

	325 mg		**mL NS**		
Frequency	**BID**	**BID**	**Once**	**Daily**	**BID**
Route	**Oral**	**Sub Q**	**IV**	**Oral**	**Oral**
Classification	**The pharmacologic class is hematinic. The therapeutic class is an antianemic (Jones & Bartlett Learning, 2021).**	**The pharmacological class of Lovenox is low molecular weight heparin. The therapeutic class is anticoagulant (Jones & Bartlett Learning, 2021).**	**Pitocin is considered to be in the oxytocic class of drugs (Cunha, 2021).**	**Prenatal vitamins are in the vitamin and mineral combination drug class (Multum, 2022).**	**Buspar is considered to be in the pharmacological class of azaspirone and the therapeutic class of anxiolytic (Jones & Bartlett, 2022).**
Mechanism of Action	**This medication works by binding with hemoglobin to increase the number of RBC binding to oxygen (Jones & Bartlett Learning, 2021).**	**This medication works by binding and inactivating clotting factors like thrombin. Without thrombin, fibrin can't be converted, and clots are unable to form (Jones & Bartlett Learning, 2021).**	**Pitocin works by causing myoepithelial cells to contract (Elsevier, 2021).**	**Pitocin works by providing the body with a combination of vitamins that are found naturally in food (Multum, 2022).**	**This medication works by acting as a serotonin agonist which causes antianxiety reactions (Jones & Bartlett, 2022).**
Reason Client Taking	**This client is taking this medication because she has anemia.**	**The client is taking this medication to prevent blood clots.**	**The client is taking this medication to increase involution (Ricci et al., 2021).**	**This client is taking this medication to provide extra nutrition during**	**This client is taking this medication to treat anxiety.**

				breastfeeding (Multum, 2022).	
Contraindications (2)	**One contraindication of this medication is hemochromatosis. Another contraindication is hypersensitivity to iron salts (Jones & Bartlett Learning, 2021).**	**Contraindications include hypersensitivity to pork products and major bleeding (Jones & Bartlett Learning, 2021).**	**Contraindications of Pitocin include uterine prolapse and uterine rupture (Elsevier, 2021).**	**Contraindications of prenatal vitamins include those on a low-salt diet and those who are allergic to its products (Multum, 2022).**	**One contraindication of Buspar includes hepatic impairment. Another contraindication includes renal impairment (Jones & Bartlett, 2022).**
Side Effects/Adverse Reactions (2)	**One side effect of ferrous sulfate is dizziness. Another adverse effect is constipation (Jones & Bartlett Learning, 2021).**	**Side effects of Lovenox include pulmonary edema and atrial fibrillation (Jones & Bartlett Learning, 2021).**	**Side effects of Pitocin include hypertension and uterine hyperstimulation (Elsevier, 2021).**	**Side effects of prenatal vitamins include upset stomach or headache (Multum, 2022).**	**Side effects of Buspar include serotonin syndrome and angioedema (Jones & Bartlett Learning, 2021).**
Nursing Considerations (2)	**One nursing consideration is to give the medication with a full glass of juice or water. Another consideration is to avoid taking this medication with dairy**	**One nursing consideration is to not give this medication by intramuscular injection. Another consideration is to keep protamine sulfate nearby for**	**Nursing considerations include monitoring intake and output and assessing for excessively long contractions (Elsevier, 2021).**	**Nursing considerations include not giving the vitamin with antacids and giving the patient water to drink with the vitamin instead of milk**	**Nursing considerations include monitoring for CNS depression and monitoring for any signs of withdraw (Jones & Bartlett Learning,**

	products (Jones & Bartlett Learning, 2021).	**an overdose antidote (Jones & Bartlett Learning, 2021).**		**(Multum, 2022).**	**2021)**
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	**One key assessment of ferrous sulfate is blood pressure. Ferrous sulfate may cause hypotension, so it's important to establish baseline vitals. Another key nursing assessment before administration is to monitor heart rate due to ferrous sulfate's tendency to cause tachycardia (Jones & Bartlett Learning, 2021).**	**One key assessment of Lovenox is to check serum potassium levels. Another assessment is to check for thrombocytopenia (Jones & Bartlett Learning, 2021).**	**Assessment for Pitocin includes monitoring for hyperstimulation of the uterus. Another assessment is to monitor for tachysystole (Elsevier, 2021).**	**Key assessments include monitoring potassium levels before administration and monitoring for jaundice to prevent further liver damage (Multum, 2022).**	**Key nursing assessments include monitoring liver enzymes before administration and monitoring BUN (Jones & Bartlett Learning, 2021).**
Client Teaching needs (2)	**One teaching need for clients taking ferrous sulfate**	**Teaching needs for clients taking Lovenox include educating to**	**Client teaching for Pitocin includes educating the patient to report**	**The client should be educated to take the prenatal vitamin with a full glass**	**The client should be educated to take this medication consistently with food**

	includes educating the patient about consuming foods with vitamin C. This helps to increase absorption. Another teaching need is to educate about avoiding caffeine consumption for at least an hour after taking the ferrous sulfate (Jones & Bartlett Learning, 2021).	**rotate the injection sites and to avoid rubbing the site after administration (Jones & Bartlett Learning, 2021).**	**headaches. It is also important to educate the patient to report intense uterine pain (Elsevier, 2021).**	**of water and to store the product at room temperature (Multum, 2022).**	**and to avoid grapefruit juice (Jones & Bartlett Learning, 2021).**

Medications Reference (1) (APA):

Cunha, J. P. (2021). *Pitocin*. Rx List. https://www.rxlist.com/pitocin-drug-html

Elsevier. (2021). *Oxytocin: Nursing pharmacology*. Osmosis. https://www.osmosis.org/learn/oxytocin:_nursing_pharmacology

Jones & Bartlett Learning. (2021). *Nurse's drug handbook* (20th ed.). Jones & Bartlett Learning.

Multum, C. (2022). *Prenatal vitamins*. Drugs.com. https://www.drugs.com/mtm/prenatal-multivitamins.html

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**The patient was alert and oriented to person, place, time, and situation.** **The patient is not in distress.** **The patient appears clean and well groomed.** **The patient seems to be cheerful and have a positive attitude.**
INTEGUMENTARY (1 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds/Incision:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type: No drain present.**	 **The patient's skin color is appropriate for ethnicity.** **No pallor, cyanosis, or jaundice noted.** **The patient's skin is dry and warm.** **The patient has elastic turgor.** **No rashes, bruises, or wounds/incisions are noted.** **The Braden score is 22** **No drains are present.** **Some stretch marks are present on the lower abdomen.**
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 **The head and neck are symmetrical and free from masses. The trachea is midline with no deviations noted.** **The ears are symmetrical with no drainage noted bilaterally. The patient denies difficulty with hearing.** **The eyes are symmetrical with no redness, crusting, or drainage. Sclera is white bilaterally. PERLA present.** **The nose is midline with no deviation. No drainage noted.**

	The teeth are white and 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 ☒** **Edema Y ☐ N ☒** **Location of Edema:**	**The heart rate and rhythm were normal. S1 and S2 were present. No murmurs, gallops, or rubs noted. Peripheral pulses were palpated in all peripheral pulse points and were +2 bilaterally. Capillary refill was less than 3 seconds. No neck vein distention noted. No edema present.**
RESPIRATORY (1 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**No accessory muscle use was noted and there did not appear to be any respiratory distress. Respirations are regular, even, and nonlabored. The patient's breath sounds were clear in all lung fields bilaterally.**
GASTROINTESTINAL (2 points): **Diet at Home:** **Current Diet:** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:**	**The patient is currently on a general diet. The patient is typically on a general diet at home.** **The patient is 152.4 cm tall.** **The patient weighs 81.6 kilograms** **The bowel sounds were heard in all four quadrants and were normoactive.** **The last bowel movement the patient had was on 10/31/2022.** **There was no distention, incisions, scars, drains, or wounds present.** **Some stretchmarks are present on the lower abdomen.**
GENITOURINARY (2 Points): **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**The patient had voided 239 mL during the shift.** **The patient's urine is clear and yellow.** **The patient has no pain with urination.** **Genitalia appear slightly swollen at the perineum. No catheter present.**
MUSCULOSKELETAL (1 points): **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score: 5** **Activity/Mobility Status:** **Independent (up ad lib) : Yes** **Needs assistance with equipment : No** **Needs support to stand and walk: No**	**The patient has no paresthesia or paralysis. Normal ROM in both upper and lower extremities were noted.** **The patient does not need help with activities of daily living.** **The patient is not a fall risk.** **The fall score is a 5.** **The patient is independent.**

	The patient denies any assistance with equipment. **The patient doesn't need support to stand or walk.**
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:** **DTRs:**	**MAEW and PERLA present bilaterally.** **The patient displays equal strength.** **The patient is oriented to person, place, time, and situation.** **The patient's mental state is cognitive.** **No gross focal neurological deficits were noted.** **The patient's speech is clear. No word slurring was present.** **The patient's senses are intact. No paresthesia or paralysis is present.** **The patient is conscious and alert.** **Patellar reflex assessed and present.**
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	**The patient states that she likes to go on walks as a coping mechanism. The patient says that she also likes to talk to her sister when she is going through a difficult time.** **The patient's development matches up with Erikson's intimacy vs. isolation stage (Holland, 2019)** **The patient states that she is not very religious but does believe in Christianity.** **The patient lives with her boyfriend and daughter. The patient states that she has a supportive family.**
Reproductive: (2 points) **Fundal Height & Position:** **Bleeding amount:** **Lochia Color:** **Character:** **Episiotomy/Lacerations:**	**The patient's fundal height is 1 cm below the umbilicus.** **The patient has moderate bleeding.** **The lochia color is deep red.** **The lochia has some clots in it that are less than dime size.** **No episiotomy or lacerations are present.**
DELIVERY INFO: (1 point) **Rupture of Membranes:** **Time:** **Color:** **Amount:** **Odor:** **Delivery Date:** **Time:** **Type (vaginal/cesarean):**	**During the rupture of membranes, the membranes were clear and odorless.** **The membranes were ruptured on 11/1/2022 at 1005.** **There was approximately 250-300 mL of amniotic fluid that flowed out during AROM.** **The patient delivered her baby on 11/1/2022.** **The newborn was delivered at 1938.** **The birth was vaginal.**

Quantitative Blood Loss: **Male or Female** **Apgars:** **Weight:** **Feeding Method:**	**The blood loss as approximately 225 mL.** **The baby is a male.** **The Apgar score at 8 after 1 minute and 9 after 5 minutes.** **The baby weighed 7lbs and 5 oz (3190 g).** **The patient is exclusively breastfeeding.**

References:

Holland, K. (2019). *Intimacy vs. isolation*: *Why relationships are so important*. Healthline.

https://www.healthline.com/health/mental-health/intimacy-vs-isolation

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	**77 beats per minute**	**118/63 mmHg**	**18 respirations**	**98.4 F (Oral)**	**98% on room air**
Labor/Delivery	**76 beats per minute**	**107/65 mmHg**	**16 respirations**	**98.1 F (Oral)**	**100% on room air**
Postpartum	**78 beats per minute**	**114/66 mmHg**	**18 respirations**	**98.3 F (Oral)**	**100% on room air**

Vital Sign Trends:

Throughout pregnancy and postpartum the patient's pulse stayed consistent. Blood pressure had slight fluctuations and labor and delivery blood pressure vitals were slightly lower than baseline. However, these levels were still considered normal ranges. The patient's respirations remained stable. The patient's temperature didn't change much between prenatal and postpartum, and oxygen has been stable throughout as well.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0950	**Numeric** **Rated: 7/10**	**Perineum**	**Moderate**	**The patient said her perinium was**	**The patient was given Motrin as**

				"sore" and uncomfortable.	**ordered.**
1100	**Numeric** **Rated: 3-10**	**Perineum**	**Mild**	**The patient said she was still uncomfortable but not as sore.**	**The patient was also offered icepacks to help with the soreness and swelling.**

IV Assessment (2 Points)

IV Assessment	**Fluid Type/Rate or Saline Lock**
Size of IV:	The IV was an 18G.
Location of IV:	The IV was located on left hand.
Date on IV:	The IV is dated 11/1/2022.
Patency of IV:	The IV is patent and was flushed easily.
Signs of erythema, drainage, etc.:	Saline lock is noted.
IV dressing assessment:	No signs of erythema or drainage are present. The dressings are clean, dry, and intact.

Intake and Output (2 points)

Intake	**Output (in mL)**
240 mL of water **120 mL of orange juice** **Total = 360 mL**	**125 mL urine** **114 mL of urine** **Total = 239 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.**
Administration of ibuprofen (M).	**PRN**	**This treatment was provided to the patient to offer pain relief from swollen perineum uterine cramping pain (Ricci et al., 2021).**
Application of icepacks on	**PRN**	**This nursing intervention was**

perineum (N).		**provided to decrease swelling and pain at the perineum (Ricci et al., 2021).**
Application of Lanolin on nipples (M).	**PRN**	**This was utilized to reduce pain in the patient's nipples from breastfeeding (Jackson & Dennis, 2017).**
Assess and massage the fundus (N).	**Q4h**	**This is done to prevent excessive bleeding and hemorrhage. The patient should also be educated to do this when discharged (Ricci et al., 2021).**

Phases of Maternal Adaptation to Parenthood (3 point)

What phase is the mother in? The patient is in the taking-in phase of maternal adaptation (Barlow et al., 2019).

What evidence supports this? The patient seemed to be very talkative and excited about her new baby. She shared her birthing experience with her postpartum nurse and relied on her boyfriend for help (Barlow et al., 2019).

Discharge Planning (3 points)

Discharge location: The patient will be discharged home on the afternoon of 11/3/2022.

Equipment needs (if applicable): No equipment needs are necessary.

Follow up plan (include plan for mother AND newborn): The patient will follow up with her obstetrics physician in 6 weeks. The newborn will be seen at their primary care provider's office 48 hours after discharge (Barlow et al., 2019).

Education needs: The patient requires education related to proper breastfeeding techniques.

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. Acute pain related to vaginal delivery as evidenced by the patient rating her pain a 7/10 on the numeric pain scale.	**This nursing diagnosis was chosen because the patient is in moderate pain and requires medical intervention to lessen the pain. Untreated pain can have an impact on healing, so it is important to assess and treat pain in our patients (Shanmugam et al., 2017).**	**1. Provide icepacks to the patient to reduce swelling and pain.** **Rationale: This is a nonpharmacological pain management method commonly utilized in postpartum patients with perineum pain (Ricci et al., 2021).** **2. Assess pain frequently at least every 4 hours.** **Rationale: Quickly discovering pain in our patients can help nurses to intervene and provide either nonpharmacological pain relief or administer pain relief medications as ordered. This helps to control pain before it becomes unbearable for the patients (Wayne, 2022).**	**1. The patient responded well. The outcome was that the patient would experience pain relief. The goal was also met. No modifications to the plan were needed.** **2. The patient was assessed and responded well. The outcome would be that the nurse is able to detect pain from the patient. Pain was detected and pain relief measures were implemented, therefore the goal was met. No modifications were needed.**
2. **Knowledge deficit related to deep vein thrombosis as evidenced by a pulmonary**	**This nursing diagnosis was chosen because the patient needs**	**1. Educate the patient to maintain adequate hydration.** **Rationale: This nursing intervention was chosen**	**The patient was educated about the importance of adequate hydration. The outcome and the**

embolism after previous delivery.	**to be educated on the signs and symptoms of DVT to prevent life threatening complications (Beckerman, 2022).**	**because being hydrated can reduce hypercoagulability (Martin, 2022).** **2. Educate the patient about signs and symptoms of DVT.** **Rationale: This intervention was chosen because the patient previously ignored symptoms of DVT, which resulted in PE. Educating the patient can refresh her memory about what to report to her physician. These signs and symptoms include unilateral swelling of the leg, skin tenderness, and warmth (Whitlock, 2022).**	**goal is that the patient verbalizes understanding. The patient stated that she understood. The goal and outcomes were met. No modifications to the intervention are necessary.** **The patient was educated about the signs and symptoms of DVT. The goal and outcome were that the patient verbalizes an understanding. The patient understood. The goal and the outcome were met. No modifications to the plan are necessary.**
3. Knowledge deficit related to newborn feeding as evidenced by nursing staff frequently reminding the patient to feed her baby.	**This nursing diagnosis was chosen because the patient isn't feeding her baby as often as she should be, which can potentially cause failure to thrive (Brennan, 2021).**	**1. Educate the patient about the newborn's hunger cues.** **Rationale: It is important to educate the patients about newborn hunger cues such as rooting, agitated body movements, and the baby placing their hands in their mouth (The Breastfeeding Center, 2022).** **2. Educate the patient about proper latching techniques.** **Rationale: This was chosen because if the patient doesn't feel confident in breastfeeding, she is less likely to attempt (Walker, 2019). Educating the patient can be supportive and thus improve confidence.**	**The patient was educated about hunger cues. The goal and expected outcome is that the patient can verbalize an understanding of the hunger cues her baby may display. The goal and outcomes were met. No modifications needed.** **The patient was educated about proper latching by the lactation specialist. The expected outcome and goal is the demonstration of correct latching from the patient. The outcome and goal were met. No modifications**

			needed.
4. Risk for anxiety related to having a new baby as evidenced by depression after first baby.	**This nursing diagnosis was chosen because the patient is at risk for anxiety. The patient already has mental health issues and has had depression while postpartum in the past.**	**1. Encourage the patient to express feelings and insecurities.** **Rationale: This intervention can assist the patient with talking about any anxieties that she may have. If she is feeling sad or overwhelmed, the nurses can catch this and educate her about what measures to take.** **2. Frequently assess the patient for impaired bonding, crying, and irritability.** **Rationale: Frequently assessing the patient's emotional state can help the nurse detect baby blues. The nurse can then provide resources available to the patient to assist them if the patient becomes depressed (Belleza, 2017).**	**1. The patient responded well. The outcome was that the patient would express their feelings and that was met. The goal was also met. No modifications to the plan were needed.** **2. The patient was assessed and responded well. The outcome would be that the nurse is able to detect any anxiety in the patient. The patient did not display any signs of impaired bonding, crying, or irritability at this time. The goal and outcomes were met. No modifications to the goal were needed.**

Other References (APA)

Barlow, M., Homan, H., Johnson, J., McMichael, M., Sommer, S., Wheless, L., Wilford, K., & Williams, D. (2019). *ATI: RN maternal newborn nursing* (11th ed.). Assessment Technologies Institute, LLC.

Beckerman, J. (2022). *Deep vein thrombosis*. Web MD. https://www.webmd.com/dvt/what-is-dvt-and-what-causes-it

Brennan, D. (2021). *What to know about failure to thrive*. Web MD. https://webmd.com/parenting/baby/what-to-know-failure-to-thrive

Belleza, M. (2017). *Postpartum depression*. Nurselabs. https://nurselabs.com/postpartum-depression-

Jackson, K. T., & Dennis, C. (2017). Lanolin for the treatment of nipple pain in breastfeeding women: A randomized controlled trial. *Maternal & Child Nutrition*, *13*(3), 12357. https://doi.org/10.1111/mcn.12357

Martin, P. (2022). *5 deep vein thrombosis nursing care plans*. Nurselabs. https://nurselabs.com/5-deep-vein-thrombosis-nursing-care-plans/4/

Shanmugam, V. K., Couch, K. S., McNish, S., & Amdur, R. L. (2017). Relationship between opioid treatment and rate of healing in chronic wounds. *Wound Healing Society*, *25*(1), 120-130. https://doi.org/10.1111/wrr.12496

The Breastfeeding Center (2022). *Infant feeding cues and their importance*. https://www.thebreastfeedingcenter.com/blog/2022/1/18/infant-feeding-cues-and-their-importance

Walker, G. F. (2019). *For many women, breastfeeding difficulty isn't low milk supply: It's unsupported anxiety*. The Swaddle. https://www.theswaddle.com/when-breastfeeding-difficulty-is-unsupported-anxiety-not-low-milk-supply

Wayne, G. (2022). *Acute pain nursing care plan*. Nurselabs. https://nurselabs.com/acute-pain/

Whitlock, J. (2022). *Symptoms of a blood clot*. Very Well Health. https://www.verywellhealth.com/signs-and-symptoms-of-a-blood-clot-3156829