

History of Present Problem

7:00 am First Day Post-Delivery Night Shift Report:

Anne Jones is a 17-year-old G1 P1 39 weeks' gestation who delivered a healthy male infant at 2032 yesterday. Placenta delivered at 2045. No pain medication was given. She received a 250 mL bolus of Pitocin 30 units/500 mL IV after the delivery of the placenta then received 200 mL/hour until the IV bag was completed.

The uterus is firm, one finger breadth below umbilicus and midline — Lochia moderate rubra. Mid-line episiotomy is well approximated, slightly bruised and perineum is slightly swollen. She had an ice pack applied to perineum throughout the night. Anne is up and ambulating ad lib and voiding without difficulty. She had 500 mL in/850 mL urine out. Vital signs: BP: 124/78, P: 74, R: 18, T: 98.6 F/37.0 C, O2: 98% room air, Pain 3/10 in perineum. She is on a regular diet. She was positive for Group Beta strep (GBS) and received a total of three doses of ampicillin IVPB during labor, her blood type is B-, and rubella positive.

Infant Report:

Infant Apgars were 8 and 9. Weight: 7 lbs. 0 oz. (3.2 kg), 20 inches (50.8 cm) long. Baby has breast fed and latched on for five minutes on both sides three times, and Anne is holding and talking to her baby. She plans on having the baby circumcised. The baby had three wet and meconium diapers. Cord blood was sent.

Personal/Social History:

Anne has her mother with her and seems to be relaxed but nervous. The father of the baby is not involved. She plans on breastfeeding for "awhile." Anne still lives at home, and her mother is planning on helping with the new baby and appears supportive.

*What data from the histories are RELEVANT and must be interpreted as clinically significant by the nurse?
(Reduction of Risk Potential)*

RELEVANT Data from Report:	Clinical Significance:
- GBS + - B- - Rubella +	- baby needs to be carefully monitored for infection - Rhogam shot
RELEVANT Data from Social History:	Clinical Significance:
- Single teen parent	- Stresses of being a teen + being a single parent

Patient Care Begins: You complete your first assessment:

Current VS:	P-Q-R-S-T Pain Assessment:	
T: 98.6 F/37.0 C (oral)	Provoking/Palliative:	Breastfeeding
P: 76 (regular)	Quality:	Cramping and tenderness of perineum
R: 18 (regular)	Region/Radiation:	Uterus and perineum
BP: 125/80	Severity:	4/10
O2 sat: 98% room air	Timing:	When breastfeeding and continuous for perineum

*What VS data are RELEVANT and must be interpreted as clinically significant by the nurse?
(Reduction of Risk Potential/Health Promotion and Maintenance)*

RELEVANT VS Data:	Clinical Significance:
- Pain is increasing	- breastfeeding causes contraction of uterus.

Current Assessment: Mom	
GENERAL APPEARANCE:	Calm and quiet appears tired. Baby in a crib next to the bed.
RESP:	Breath sounds clear with equal aeration bilaterally ant/post, nonlabored respiratory effort
CARDIAC:	Pink, warm & dry, heart sounds regular with no abnormal beats, pulses strong, equal with palpation at radial/pedal/post-tibial landmarks, brisk cap refill, 1+ edema in lower extremities bilaterally
NEURO:	Alert and oriented to person, place, time, and situation (x4)
BUBBLE ³	
BREAST:	Lactating; soft, non-tender with evidence of colostrum
UTERUS:	Fundus boggy 1 cm above umbilicus and deviated to the right
BLADDER:	Voiding without difficulty. Denies any burning with urination. Hasn't voided yet this morning.
BOWELS:	Abdomen soft/non-distended, bowel sounds audible per auscultation in all four quadrants, positive flatus, no BM since delivery.
LOCHIA:	States hasn't changed pad this morning, peri-pad saturated with rubra lochia, small clots noted.
EPISIOTOMY:	Perineum slightly bruised and swollen, small hemorrhoids noted.
EXTREMITIES:	Calves cool to touch, no tenderness bilaterally
EMOTIONAL:	Quiet appears fatigued, currently interacting with baby

What assessment data are RELEVANT and must be interpreted as clinically significant by the nurse?
(Reduction of Risk Potential/Health Promotion and Maintenance)

RELEVANT Assessment Data:	Clinical Significance:
- Fundus is boggy and 1cm above umbilicus deviated to the right	- bladder may be full

Clinical Reasoning Begins...

1. Interpreting relevant clinical data, what is the primary concern? What primary health-related concepts does this primary problem represent? (Management of Care/Physiologic Adaptation)

Problem:	Pathophysiology of Problem in OWN Words:	Primary Concept:
- Uterus	- a boggy uterus can be a sign of a hemorrhage - uterus is above umbilicus and is deviated to the right because of a full bladder.	- Reproductive

Collaborative Care (Postpartum Orders): Medical Management
(Pharmacologic and Parenteral Therapies)

Care Provider Orders:	Rationale:	Expected Outcome:
LR with 30 units Pitocin at 200 mL/hour. May D/C if bleeding is stable	- uterine contraction and fluid hydration	- no postpartum hemorrhage
Regular diet	- Support in nutrition	- no diguete nutrition
I&O every shift	- fluid retention	- equal balance
Up Ad Lib	- reduce DVT	- NO DVT
May shower when stable	- psychological support	- psychological support
VS every 4 hours	- monitor for bleeding/infection	- remain WNL
Ibuprofen 800 mg PO every 8 hours for mild-moderate pain	- Pain control	- Pain is controlled
Colace 100 mg PO BID	- prevent straining	- Soft stool
Tucks at bedside PRN for perineal discomfort	- Pain Control	- Pain is controlled
Anusol HC at bedside PRN for hemorrhoids	- episiotomy pain control	- reduction of hemorrhoids
Dermoplast spray at the bedside for perineal discomfort	- Pain control	- Pain is controlled
Ice to perineum/hemorrhoids x 24 hours	- Pain control	- pain is controlled
Call for temp greater than 100.4 F/38 C	- infection	- no temp
Give rubella vaccine if needed before discharge	- rubella prevention	- no rubella
Give Rhogam before discharge if the baby's blood type is Rh positive.	- Prevent ag:inst future attacks on the future fetuses	- no adverse reaction

Collaborative Care: Nursing

What body system(s) will you assess most thoroughly based on the primary/priority concern?
(Reduction of Risk Potential/Physiologic Adaptation)

PRIORITY Body System:	PRIORITY Nursing Assessments:
Reproductive	-uterus Assessment

3. What nursing priority (ies) will guide your plan of care? (Management of Care)

Nursing PRIORITY:	baggy uterus	
PRIORITY Nursing Interventions:	Rationale:	Expected Outcome:
- empty bladder	- see location and firmness of uterus	- firm uterus under umbilicus midline

4. What psychosocial/holistic care PRIORITYES need to be addressed for this patient?
(Psychosocial Integrity/Basic Care and Comfort)

Psychosocial PRIORITYES:	Assess Anne's feelings	
PRIORITY Nursing Interventions:	Rationale:	Expected Outcome:
CARE/COMFORT: Caring/compassion as a nurse Physical comfort measures Interaction with baby	- emotional support	- Anne feels supported
EMOTIONAL (How to develop a therapeutic relationship): Discuss the following principles needed as conditions essential for a therapeutic relationship: <ul style="list-style-type: none"> • Rapport • Trust • Respect • Genuineness • Empathy Adaption to the role of mother	- Active listening, care, trust and respecting Anne helps to build emotional support	- Anne feels supported

1200: Assessment and Rounding...

Anne has just finished breastfeeding, but she expresses concern that she isn't doing it correctly. She states her "bottom is feeling better." Her mom is with her.

Current VS:	P-Q-R-S-T Pain Assessment:	
T: 98.6 F/37.0 C (oral)	Provoking/Palliative:	Breastfeeding
P: 70 (regular)	Quality:	Cramping and tenderness of perineum
R: 18 (regular)	Region/Radiation:	Uterus and perineum
BP: 125/80	Severity:	2/10
O2 sat: 98% room air	Timing:	When breastfeeding and continuous pain around the perineum

What VS data are RELEVANT and must be interpreted as clinically significant by the nurse?
(Reduction of Risk Potential/Health Promotion and Maintenance)

RELEVANT VS Data:	Clinical Significance:
- Pain 2/10	- Pain is decreasing

Current Assessment:	
BUBBLE³	
BREAST:	Lactating; soft, non-tender with evidence of colostrum
UTERUS:	Fundus firm 1 cm below umbilicus and midline
BLADDER:	Voiding without difficulty. Denies any burning with urination.
BOWELS:	Abdomen soft/non-distended, bowel sounds audible per auscultation in all four quadrants, positive flatus, no BM since delivery
LOCHIA:	Moderate amount of rubra, no clots noted
EPISIOTOMY:	Perineum slightly bruised and swollen, small hemorrhoids noted
EXTREMITIES:	Calves cool to touch, no tenderness bilaterally
EMOTIONAL:	Quiet appears fatigued, currently interacting with baby

1. What data is RELEVANT and must be interpreted as clinically significant by the nurse?
(Reduction of Risk Potential/Health Promotion and Maintenance)

RELEVANT VS Data:	Clinical Significance:
- fundus is firm and 1 cm below umbilicus midline	- fundus is WNL
RELEVANT Assessment Data:	Clinical Significance:
WNL	WNL

Has the status improved or not as expected to this point? Does your nursing priority or plan of care need to be modified in any way after this evaluation assessment? (Management of Care, Physiological Adaptation)

Evaluation of Current Status: education needed, VS WNL	Modifications to Current Plan of Care: -give education about newborn care
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3. Based on your current evaluation, what are your CURRENT nursing priorities and plan of care? (Management of Care)

CURRENT Nursing PRIORITY:	education	
PRIORITY Nursing Interventions:	Rationale:	Expected Outcome:
education an newborn care Care	- Teen mom, 1st baby.	mother will demonstrate or teach back education.

1600: Assessment and Rounding...

Anne is worried about how she will manage when she goes home with the new baby. "I never even babysat when I was younger or helped take care of younger siblings." She also asks you about getting the baby circumcised, "Will it hurt the baby and how do I take care of it?"

Anne also expresses concern about what will happen when she goes back to work in six weeks. She wants to know when "she'll be back to normal." You teach her infant care and what to expect as far as her own recovery is expected.

Education Priorities

What educational priorities will be needed to develop a teaching plan for this patient and/or family? (Health Promotion and Maintenance)

Education PRIORITY:	breastfeeding education	
PRIORITY Topics to Teach:	Rationale:	
- breast feeding frequency - wet diapers - breast feeding while working - breast feeding positions - mastitis education	Adequate newborn nutrition is important	

Forty-eight hours After Delivery...

Anne is stable and at 48 hours, her doctor discharges her. Rhogam was given as ordered. Baby has been cleared for discharge as well. Her assessment is as follows:

Current Assessment:	
GENERAL APPEARANCE:	Calm and quiet appears tired. Baby in a crib next to the bed
RESP:	Breath sounds clear with equal aeration bilaterally ant/post, non-labored respiratory effort
CARDIAC:	Pink, warm & dry, heart sounds regular with no abnormal beats, pulses strong, equal with palpation at radial/pedal/post-tibial landmarks, brisk cap refill, 1+ edema in lower extremities bilaterally
NEURO:	Alert and oriented to person, place, time, and situation (x4)
BUBBLE ³	
BREAST:	Lactating; filling, non-tender with evidence of colostrum
UTERUS:	Fundus firm, three finger breadths below umbilicus and midline
BLADDER:	Voiding without difficulty. Denies any burning with urination.
BOWELS:	Abdomen soft/non-distended, bowel sounds audible per auscultation in all four quadrants, positive flatus; no BM since delivery.
LOCHIA:	Moderate amount of rubra, no clots noted.
EPISIOTOMY:	Perineum slightly bruised and minimal swelling, small hemorrhoids noted.
EXTREMITIES:	Calves cool to touch, no tenderness bilaterally
EMOTIONAL:	Quiet appears fatigued, currently interacting with the baby, EPDS 8.

RELEVANT Data:	Clinical Significance:
Discharge	- New motherhood and support outside of hospital!

Caring and the "Art" of Nursing

What is the patient likely experiencing/feeling right now in this situation? What can you do to engage yourself with this patient's experience, and show that he/she matters to you as a person? (Psychosocial Integrity)

What Patient is Experiencing:	How to Engage:
-nervousness	- take time to answer any questions and give information to mother. A number to call for questions should be given.

Case Reflection to THINK Like a Nurse

What did you learn that you can apply to future patients you care for? Reflect on your current strengths and weaknesses of this case study identified. What is your plan to make any weakness a future strength?

What Did You Learn?	What did you do well in this case study?
Rhogam shot given before discharge	education is important
What could have been done better?	What is your plan to make any weakness a future strength?
given more education about new motherhood	always stress the importance of education to new mothers.