

N432 Postpartum Care Plan
Lakeview College of Nursing
Angy Alvarado

Demographics (3 points)

Date & Time of Admission 2/22/23 6:30 am	Patient Initials A D-L	Age 25 years-old	Gender Female
Race/Ethnicity Hispanic	Occupation Unemployed	Marital Status Married	Allergies
Code Status Full code	Height 154.9 cm	Weight 87.2 kg	Father of Baby Involved Yes

Medical History (5 Points)

Prenatal History: Received prenatal care at 31 weeks. G2T2P0A0L2.

Past Medical History: Migraines, chronic hypertension, facial paresis, ovarian cyst, possible TIA at 36 weeks.

Past Surgical History: No surgical history.

Family History: Mom is deceased, and father is relatively healthy.

Social History (tobacco/alcohol/drugs): Nonsmoker, no use of alcohol currently, and no use of drugs.

Living Situation: Lives with husband, daughter, and sister-in-law.

Education Level: High school level.

Admission Assessment

Chief Complaint (2 points): Induction

Presentation to Labor & Delivery (10 points):

The patient was presented to the hospital for a scheduled induction at 0630. The patient was then transferred to the labor and delivery floor to start her induction. A vaginal exam was done on the patient, who presented with two-centimeter dilation. An infusion of oxytocin was then started to

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induce the patients labor. An induction was scheduled at the 38 week mark because of the patients chronic hypertension.

Diagnosis

Primary Diagnosis on Admission (2 points): Induction

Secondary Diagnosis (if applicable):Chronic hypertension

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	3.50-5.20	4.13	4.20	3.62	
Hgb	11-16	10.8	11.1	9.4	Due to blood loss during the delivery (Carle, 2023).
Hct	34-47%	34	34.3	29.3	Due to blood loss during the delivery (Carle, 2023).
Platelets	140-400	301	303	269	
WBC	4-11	10.21	10.51	14.31	Potential infection due to labial laceration (Carle, 2023).
Neutrophils	1.6-7.7	6.64	Not drawn	10.37	Potential infection due to labial laceration (Carle, 2023).
Lymphocytes	1-4.90	2.67	Not drawn	2.53	
Monocytes	0-1.10	0.46	Not drawn	1.24	
Eosinophils	0-.5	0.18	Not drawn	0.06	
Bands	0	N/A	N/A	N/A	

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
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Blood Type	A, B,AB,O	O	O	O	
Rh Factor	Positive	Positive	Positive	Positive	
Serology (RPR/VDRL)	Nonreactive	Nonreactive	Nonreactive	Nonreactive	
Rubella Titer	Greater than 10	19	Not drawn	Not drawn	
HIV	Negative	Negative	Negative	Negative	
HbSAG	Nonreactive	Nonreactive	Nonreactive	Nonreactive	
Group Beta Strep Swab	Negative	Negative	Not drawn	Not drawn	
Glucose 1 hour test	Less than 140	152	Not drawn	Not drawn	Due to late prenatal care, a 28 week glucose test could not be done (Carle, 2023)
MSAFP (If Applicable)	N/A	N/A	N/A	N/A	

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
LDH	117-278	168	145	Not drawn	
Uric Acid	2.6-6	5.0	5.5	Not drawn	

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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)	0.021-0.127	It can't be calculated	Not redrawn	Not redrawn	Per Carle epic results (Carle Database, 2023).

Lab Reference (1) (APA):

Carle Database. (2023)

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

	Your Assessment
<p>History of labor:</p> <p>Length of labor</p> <p>Induced /spontaneous</p> <p>Time in each stage</p>	<p>4 Hours</p> <p>Induced</p> <p>Stage 1: 4 hours</p> <p>Stage 2: 5 minutes</p> <p>Stage 3: 2 minutes</p>
<p>Current stage of labor</p>	<p>Early postpartum hours, also known as the fourth stage of labor, denote the start of the healing process. Depending on the mother's birth experience, during this stage, the mother's body is adapting to no longer having a fetus.</p> <p>The monitoring of blood pressure, respiration, blood loss, and</p>

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	<p>temperature for the remainder of the patient's hospital stay. A nurse may massage the patient's abdomen to promote contractions and halt bleeding while controlling pain (Ricci, 2021). In the postpartum period, the mother's heart rate is often expected to go down, with minimal bleeding for a couple of days and being tired after experiencing long labor (Racci, 2021). In the postpartum period, mothers risk undergoing infection, hemorrhaging, or depression and anxiety (Anderson, 2020). These risks are considered abnormal findings during the postpartum period. It is not unusual to have cases where patients experience postpartum complications. This client is at risk for infection due to a labial laceration. The signs and symptoms of infection include fever, fatigue, and chills. The mother is currently in the taking-holding stage, concerned about her bleeding and making too much force for her to have a bowel movement.</p>

Stage of Labor References (2) (APA):

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

Wolters Kluwer.

Anderson, L. (2020, August). *Be aware of these post partum complications*. Edward-Elmhurth

Health.

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

Home Medications (2 required)

Brand/Generic	Prenatal	Amitriptyline/ Elavil			
Dose	1 mg	10 mg			
Frequency	Daily	Daily			
Route	Oral	Oral			
Classification	Pharmacologic class: Iron product	Pharmacologic class: Tricyclic antidepressant			
Mechanism of Action	<u>A variety of vitamins and minerals that helps get babies the nutrients that are needed during development</u>	Inhibits norepinephrine and serotonin reuptake at presynaptic neuron, increasing levels of these neurotransmitters in brain. Also has sedative, anticholinergic, and mild peripheral vasodilating effects.			
Reason Client Taking	To get a sufficient amount of vitamins during pregnancy.	Depression			
Contraindications (2)	1.Hypersensitivity 2. Vitamin B12 deficiency	1.Hypersensitivity 2.Recovery phase after MI			
Side Effects/Adverse Reactions (2)	1. Dry skin 2. Puritis	1.Miyocardial infarction			

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		2.Suicidal ideations			
Nursing Considerations (2)	<p>1. Take your prenatal multivitamin with a full glass of water.</p> <p>2. Many multivitamin products also contain minerals such as calcium, iron, magnesium, potassium and zinc. Minerals (especially taken in large doses) can cause side effect.</p>	<p>1.Avoid breastfeeding</p> <p>2.Withdrawk symptoms in neonate</p>			
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Monitor metabolic panel labs	Suicidal ideations			
Client Teaching needs (2)	<p>1. Prenatal vitamins should be stored out of reach of children and in child resistant bottles.</p> <p>2. Sever iron toxicity many occur in overdose.</p>	<p>1.Avoid driving</p> <p>2.Avoid alcohol use</p>			

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Hospital Medications (5 required)

Brand/ Generic	Dermaplas t/ benzocaine	Witch hazel/ tucks	Vitamin B- 12/ cyanocobal amin	Oxytocin/ Pitocin	Acetaminophen/ Tylenol
Dose	1 spray	Pad	1000 mcg	500 mL	1000 mg
Frequency	PRN	PRN	Daily	Continuous	PRN
Route	Topical	Topical	Intramuscul ar	Intravenous	Oral
Classification	Pharmacol ogical class: Topical anesthetic	Pharmacolo gical class: Topical anesthetic	Pharmacolo gical class: Vitamin	Pharmacolo gical class: Uterine- active agent	Pharmacological class: Nonsalicylate, para- aminophenol
Mechanism of Action	Blocks nerve signals in your body	Relives swelling, bleeding, and itching.	Attache sitself to plasma protein to allow itself be absorbed.	Directly stimulate smooth muscle contractions in uterus and cervix	Pain relief may result from inhibition of prostaglandin synthesis in CNS, with subsequent blockage of pain impulses. Fever reduction may result from vasodilation and increased peripheral blood flow in hypothalamus, which dissipates heat and lowers body temperature.
Reason Client Taking	Labial laceration	Labial laceration	Deficiency	To induce labor.	When experiencing any pain.
Contraindicati ons (2)	1.Do not use if you have an allergic reaction to numbing	1.Do not use if you have an allergic reaction 2.Hypersens itivity	1.Low potassium levels. 2.Patients who have gastritis.	-Hypertonic or hyperactive uterine pattern -	1. Use of drug at any time during pregnancy may increase risk attention

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	spray before. 2. If you have a large open wound.			Unfavorable fetal position or presentation that's undeliverable without conversion	deficit hyperactivity disorder (ADHD) after birth 2. Drug may reduce fertility in females and males.
Side Effects/Adverse Reactions (2)	1.Skin tenderness 2.Mild stinging	1.Rash 2.Dizziness	1.headache 2.puritis	1.arrhythmia 2.Neonatal bradycardia	1.Thrombocytopenia 2.Hepatotoxicity
Nursing Considerations (2)	1.Nursing moms should not use it around nipples. 2.Should not be used on large open wounds.	1.Let provider know if conditions worsen 2.Should not use for extended periods of time.	1.protect vitamin b12 solution from exposure to light. 2.Subcutaneous administration should be injected deeply.	1. May cause painful contractions 2. May cause coma and seizures in mother.	1.Should be given for at most 4 or 5 days without reassessment by doctor. 2.Calculate total intake daily.
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Skin integrity around the wound	Skin integrity around the wound	CMP BMP	Monitor fetal heart rate. Monitor moms blood pressure.	Renal function labs
Client Teaching needs (2)	1.Use as directed 2.Keep out of reach of children	1.Use as directed 2.Keep out of reach of children	1. Advise patient to report dizziness or pain at injection site 2.Advise patient the importance of having strong levels of vitamin B	1.Advise patient to report headache, dizziness, palpitations, or intense pain. 2. Advise patient that Pitocin can cause her contractions to start off	1. Advise patient not to exceed 4gram per day 2. Let patient know tablets can be crushed

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			12.	stronger and faster than those that would have begun naturally.	
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Medications Reference (1) (APA):

Osmosis from Elsevier. (n.d.). *Neonatal eye prophylaxis: Nursing pharmacology*.

Dermoplast: Side Effects, Uses, and Dosage. (n.d.). Drugs.com.

<https://www.drugs.com/dermoplast.html>

Tucks Topical: Uses, Side Effects, Interactions, Pictures, Warnings & Dosing - WebMD. (n.d.).

<https://www.webmd.com/drugs/2/drug-7075/tucks-topical/details>

Jones & Bartlett Learning. (2020). *2021 Nurse’s Drug Handbook (19 th ed.)*. Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

<p>GENERAL (1 point): Alertness: Orientation: Distress: Overall appearance:</p>	<p>Alert and responsive. Oriented to person, place, time, and situation. In no apparent stress. Overall good appearance, well-groomed.</p>
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<p>INTEGUMENTARY (1 points): Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds/Incision: . Braden Score: 20 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>Skin color is usual for ethnicity. Moist and intact. Warm to the touch. Elastic turgor. Minimal rash on face, look-alike to petechiae. No bruising. Left labial laceration.</p>
<p>HEENT (1 point): Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Head and neck symmetrical, trachea midline without deviation. Bilateral auricles no visible or palpable lesions or deformities. EOMs intact. Bilateral lids without lesions, bilateral sclera white, bilateral cornea clear, bilateral conjunctiva pink. Septum is midline, no drainage or bleeding noted. Good dentation noted.</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 type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema:</p>	<p>Clear S1 and S2 sounds with no gallops or murmurs noted. Normal Sinus rhythm. 3+ Pulses bilaterally on upper extremities and lower extremities. Less than 3 seconds capillary refill bilaterally fingers and toes.</p>
<p>RESPIRATORY (1 points): Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Normal rate and pattern of respirations, symmetrical breathing with clear breath sounds bilateral.</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>Regular diet at home. Current regular diet. Height is 154.9 cm. Weight is 87.2 kg. Bowel sounds are normoactive. Last bowel movement was on 2/21/23. No pain or mass was noted when palpated. No incisions were noted. No scars were noted. No drains were noted. No wounds were noted.</p>

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<p>GENITOURINARY (2 Points): Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	<p>Void of 450 ml. Labial laceration noted during inspection of genitals.</p>
<p>MUSCULOSKELETAL (1 points): ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Score: 0 Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	<p>No obvious deficit. All extremities have an active range of motion. No supportive devices. 5/5 bilaterally, Active motion against full resistance. Patients need minimal assistance ambulating.</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 checked="" type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC: DTRs:</p>	<p>Person, Place, Time, Location Normal Cognition Clear speech, and language barrier, pt only speaks Spanish. Normal Alert 2 bilaterally-normal</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>Social Support, Religious Coping Intimacy vs. Isolation Catholic Family supportive, home environment safe.</p>
<p>Reproductive: (2 points) Fundal Height & Position: Bleeding amount: Lochia Color: Character: Episiotomy/Lacerations:</p>	<p>2 below umbilicus Moderate Red Normal Left labial laceration</p>

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<p>DELIVERY INFO: (1 point) Rupture of Membranes: Time: Color: Amount: Odor: Delivery Date: Time: Type (vaginal/cesarean): Quantitative Blood Loss: Male or Female Apgars: Weight: Feeding Method:</p>	<p>The patient had an artificial rupture of membranes at 1846. Amniotic fluid was clear with no distinct odor. Delivery date was 2/22 at 2254, with a vaginal delivery. The patient had a total blood loss of 313 mls. The patient birthed a baby boy weight of 8 lbs 2.9 oz, with an Apgar score of 9. The current feeding method is breastfeeding.</p>
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Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	Not documented	120/72	Not documented	Not documented	Not documented
Labor/Delivery	89	135/78	18	98	99
Postpartum	84	114/63	18	97.5	98

Vital Sign Trends: The patient’s blood pressure was high during the labor and delivery process but was able to come down during the postpartum transition. The patient’s heart rate was also high during labor and delivery and was able to come down at postpartum.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0810	0	N/A	N/A	N/A	Continue monitoring

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1130	0	N/A	N/A	N/A	Continue monitoring
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IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: Location of IV: Date on IV: Patency of IV: Signs of erythema, drainage, etc.: IV dressing assessment:	22 gauge Left hand. 02/22/23. No signs were noted. Dry, clean, and intact.

Intake and Output (2 points)

Intake	Output (in mL)
200 mL	450 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.
Pain assessment (N)	Every 4 hours	Pain assessment was provided to treat pain or discomfort.
Peri Bottle Importance (N)	Every occurrence of using the restroom	To knowledge patient of a remedy that can help with her discomfort after having birth.
Translating for keeping feeding and void log, reminding them to order lunch, and newborns’ hearing test results. (N)	As necessary	Translating was provided to the patient because of a language barrier. The patient is fluent in Spanish and needs translating to understand what is being communicated.

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Phases of Maternal Adaptation to Parenthood (3 point)

What phase is the mother in? Fourth stage.

What evidence supports this? The patient has delivered the baby and has expelled the placenta completely. The patient’s assessment demonstrates fundus height two below the umbilicus.

Discharge Planning (3 points)

Discharge location: The patient will be discharged home.

Equipment needs (if applicable): N/A

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

The follow-up plan for the mother would be for her to attend her six-week post-partum appointment. Continue monitoring for symptoms of infection and continue only lighting light weight. Have mom schedule appointments to monitor her hypertension as needed.

Follow up plan for the newborn is to follow up with the pediatrician within 24-hours of discharge to discuss the infants health.

Education needs: The patient needs education on co-sleeping, SIDS, heaving bleeding, wound care, and infection signs and symptoms.

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)	Rational (1 pt each)	Intervention/Rational (2 per dx) (1 pt each)	Evaluation (2 pt each) How did the
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<p>Identify problems that are specific to this patient. Include full nursing diagnosis with “related to” and “as evidenced by” components</p>	<p>Explain why the nursing diagnosis was chosen</p>	<p>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.</p>	<p>patient/family respond to the nurse’s actions?</p> <ul style="list-style-type: none"> Client response, status of goals and outcomes, modifications to plan.
<p>1. Risk for unstable blood pressure, related to hormonal change, as evidenced by continuous high blood pressure during pregnancy.</p>	<p>Due to the patient’s hypertension during pregnancy.</p>	<p>1. Assess hemodynamic status, including blood pressure, heart rate, oxygen saturation, and respiratory rate for abnormalities. Rationale: .May be early indicators of high or low blood pressure (Phelps, 2020). 2. Encourage patient and family to share concerns regarding outcomes of tests. Rationale: To reduce anxiety (Phelps, 2020).</p>	<ul style="list-style-type: none"> Patients’ blood pressure is maintained within normal limits. Patient remains hemodynamically stable.
<p>2. Risk for infection related to having an open wound, as evidenced by left labial laceration.</p>	<p>Due to the patient experiencing a labial laceration during delivery.</p>	<p>1. Monitor temperature q 4 hours. Report elevations immediately. Rationale: Sustained temperature elevation can signal infection (Phelps, 2020). 2. Monitor WBC count as ordered. Rationale: Elevated WBC count indicates infection (Phelps, 2020).</p>	<ul style="list-style-type: none"> Patients wound remains clear, pink, and free from purulent drainage. Patient doesn’t experience signs and symptoms of infection
<p>3. Knowledge deficit related to self-care, as evidenced by late prenatal care.</p>	<p>Due to the patient receiving prenatal care at 31 weeks of pregnancy.</p>	<p>1. Consider patients’ life experiences when developing a teaching plan. Rationale: New information is easier to assimilate if built on existing knowledge (Phelps, 2020). 2. Provide patients with names and telephone numbers of resource people</p>	<ul style="list-style-type: none"> Patient expresses motivation to learn. Patient expresses the desire to overcome lack of knowledge.

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		or organizations. Rationale: To provide continuity of care and follow-up after discharge (Phelps, 2020).	
4. Knowledge deficit related to infant care, as evidenced by the last pregnancy being seven years ago.	Due to the patient having her last child seven years ago.	1. Encourage family members to participate in the patient's learning process. Rationale: Help create an encouraging climate after discharge (Phelps, 2020). 2. Communicate openly and honestly with patients. Rationale: Helps create trust with staff and comfort within the hospital environment (Phelps, 2020).	<ul style="list-style-type: none"> • Patient practice skills. • Patient expresses desire to overcome lack of knowledge.

Other References (APA):

Phelps, L. L. (2020). In *Sparks & Taylor's nursing diagnosis reference manual* (11th ed.).
Wolters Kluwer.