

N432 Postpartum Care Plan  
Lakeview College of Nursing  
Sengsavang Carr

**Demographics (3 points)**

<b>Date &amp; Time of Admission</b> 2/22/2023 0430	<b>Patient Initials</b> K.G.	<b>Age</b> 27 years-old	<b>Gender</b> Female
<b>Race/Ethnicity</b> White or Caucasian	<b>Occupation</b> Rantoul cusd	<b>Marital Status</b> Married	<b>Allergies</b> No known allergies
<b>Code Status</b> FULL	<b>Height</b> 162.6 cm (5'4")	<b>Weight</b> 114.9 kg (253 lb 3.2 oz)	<b>Father of Baby Involved</b> Yes

**Medical History (5 Points)**

**Prenatal History:** G 1 T 1 P 0 A 0 L 1, positive for GBS, and obesity.

**Past Medical History:** Acid reflux (2018), acne, endometriosis (11/2015), headache, irritable bowl syndrome (IBS) (2018), Para tubal cyst (11/2015), and varicose veins of vulva, perineum, and antepartum (11/2015).

**Past Surgical History:** Tonsillectomy, wisdom tooth extraction, laparoscopy (11/12/2015), EGD/colonoscopy (11/6/2018), and laparoscopy (4/18/2022).

**Family History:** Half-sister – endometriosis, mother – endometriosis and migraine, and dad – migraine.

**Social History (tobacco/alcohol/drugs):** Never smoked or used tobacco products. Not currently drinking while she was pregnant and never done drugs.

**Living Situation:** Home with her husband

**Education Level:** Bachelor's degree Ag Business from ISU

**Admission Assessment**

**Chief Complaint (2 points):** Possible ROM and abdominal tightening

**Presentation to Labor & Delivery (10 points):** The patient is a 27-year-old female at 39 weeks and three days gestation. The admission of the patient was for PROM. The patient

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reported that a big gush of fluid woke her up around 2 am. She claims to feel her stomach tighten but is unsure if she has contractions. Obesity, GBS positivity, and COVID complicate the patient's pregnancy.

### Diagnosis

Primary Diagnosis on Admission (2 points): Labor

Secondary Diagnosis (if applicable): N/A

### 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	3.50-5.70	3.70	3.86	3.20	RBC is low as a result to becoming anemic during pregnancy because of not having enough iron and other vitamins (Pagana et al., 2018).
Hgb	11.0-16.0	11.3	12.0	9.9	Hgb is low as a result to not having enough iron stores or not getting enough iron during pregnancy (Pagana et al., 2018).
Hct	34.0-47.0	34.1	35.3	28.9	Hct is low as a result to possible anemia due to pregnancy (Pagana et al., 2018).
Platelets	140-400	269	332	251	
WBC	4.00-11.00	8.36	13.12	14.59	WBC would be increased as a result of physiologic stress that is induced by being pregnant (Pagana et al., 2018).

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Neutrophils	1.60-7.70	N/A	8.56	10.67	Increases in response to extra stress that pregnancy can put on a woman's body (Pagana et al., 2018).
Lymphocytes	1.00-4.90	N/A	3.10	2.79	
Monocytes	0.00-1.10	N/A	0.19	0.70	
Eosinophils	0.00-0.50	N/A	0.04	0.12	
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
Blood Type	A, AB, B, and O	O	O	O	
Rh Factor	+/-	+	+	+	
Serology (RPR/VDRL)	Reactive/nonreactive	Nonreactive	Nonreactive	Nonreactive	
Rubella Titer	Immune/nonimmune	Immune	Immune	Immune	
HIV	Reactive/nonreactive	Nonreactive	Nonreactive	Nonreactive	
HbSAG	Reactive/nonreactive	Nonreactive	Nonreactive	Nonreactive	
Group Beta Strep Swab	Positive or negative	Positive	Positive	Positive	Positive means that the bacteria can pass onto the baby during a vaginal delivery (Pagana et al., 2018).
Glucose at 28 Weeks	>140 mg/dL	110 mg/dL	N/A	N/A	

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<b>MSAFP (If Applicable)</b>	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.

<b>Lab Test</b>	<b>Normal Range</b>	<b>Prenatal Value</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Reason for Abnormal</b>
<b>COVID</b>	<b>Positive or negative</b>	<b>Positive</b>	<b>Negative</b>	<b>Negative</b>	<b>The patient had a positive test result for COVID at 12 weeks making it a risk during her pregnancy (Pagana et al., 2018).</b>

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

<b>Test</b>	<b>Normal Range</b>	<b>Prenatal Value</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Explanation of Findings</b>
<b>Urine Creatinine (if applicable)</b>	N/A	N/A	N/A	N/A	

**Lab Reference (1) (APA):**

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2018). *Mosby's diagnostic and*

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*laboratory test reference* (14th ed.). Mosby.

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

	<b>Your Assessment</b>
<b>History of labor:</b>  <b>Length of labor</b>  <b>Induced /spontaneous</b>  <b>Time in each stage</b>	<b>The patient was in labor for 2 hours. The labor was spontaneous. The first stage was not documented but the second stage lasted 2 hours. The third stage occurred within 10 minutes after the delivery of the baby.</b>
<b>Current stage of labor</b>	<b>The patient was in the fourth stage of labor at the time of the clinical evaluation. The fourth stage lasts one to four hours after birth and starts with the placenta and membranes being fully expelled. It also includes the mother's initial physiologic stabilization (Ricci et al., 2021). The postpartum stage begins at this point. The mother usually is calm and excited, is always awake, and is first chatty (Ricci et al., 2021). She examines her newborn and wants to hold and nurse them as the attachment process gets started. A solid and well-contracted mother's fundus is ideal (Ricci et al., 2021). Normally, it lies between the umbilicus and the symphysis in</b>

	<p>the midline, but within the first hour following delivery, it gradually rises to the level of the umbilicus. It is rubbed to maintain firmness if the uterus becomes squishy. The moderately flowing, scarlet lochia is dotted with tiny clots (Ricci et al., 2021). Preventing hemorrhage, bladder distension, and venous thrombosis is the main goal during this stage, which involves continuously monitoring the mother (Ricci et al., 2021). Typically, the mother may ask for food and drink at this time since she is hungry and thirsty. Because of her hypotonic bladder, she has little bladder awareness and cannot easily avoid being full (Ricci et al., 2021). During at least an hour, vital signs, the lochia's degree of consistency, and the uterine fundus are typically checked every 15 minutes. Due to the uterus's contractions, the patient will experience cramp-like discomfort throughout this stage (Ricci et al., 2021). The client's location in the postpartum course was in her room at Carle. Some of the patient's normal findings during her postpartum course are changes after delivery, such as lochia, breast engorgement, discomfort in the perineal area, and constipation.</p>
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**Stage of Labor References (2) (APA):**

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Ricci, S. 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)**

<b>Brand/Generic</b>	<b>Prenatal Plus</b>	<b>acetylsalicylic acid (Aspirin)</b>			
<b>Dose</b>	<b>29 mg Iron 1 mg</b>	<b>81 mg</b>			
<b>Frequency</b>	<b>Daily</b>	<b>Daily</b>			
<b>Route</b>	<b>Oral</b>	<b>Oral</b>			
<b>Classification</b>	<b>Pharmacologic: Prenatal vitamin Therapeutic: Multivitamin</b>	<b>Pharmacologic: Salicylate Therapeutic: NSAID (anti-inflammatory, antiplatelet, antipyretic, nonopioid analgesic)</b>			
<b>Mechanism of Action</b>	<b>Its "unsaturated" linkages in the fatty acid chain are related to its mode of action. Due to its length and ability to twist, thanks to its unsaturated bonds, DHA is a lengthy molecule (Jones &amp; Bartlett, 2020). It aids in maintaining</b>	<b>It inhibits the action of cyclooxygenase, an enzyme required to create prostaglandins (Jones &amp; Bartlett, 2020). Prostaglandins are crucial inflammatory mediators that generate local vasodilation, discomfort, and edema (Jones &amp; Bartlett,</b>			

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	<p><b>the fluidity of the membranes in the neurological system. Numerous studies have shown that this is crucial for developing new neural pathways and the baby's brain development (Jones &amp; Bartlett, 2020).</b></p>	<p><b>2020). Inflammatory symptoms go away when cyclooxygenase is blocked, and prostaglandins are inhibited. Prostaglandins, which transmit pain from the limbs to the spinal cord, also help reduce pain (Jones &amp; Bartlett, 2020) by preventing platelet aggregation aspirin. Aspirin produces peripheral vasodilation, diaphoresis, and heat loss by influencing the hypothalamus's heat-regulating center (Jones &amp; Bartlett, 2020).</b></p>			
<p><b>Reason Client Taking</b></p>	<p><b>Ensure that the patient has all the additional nutrients needed throughout pregnancy for the health of both the patient and the unborn child (Jones &amp; Bartlett, 2020).</b></p>	<p><b>To relieve mild pain or fever (Jones &amp; Bartlett, 2020).</b></p>			
<p><b>Contraindications</b></p>	<p><b>Colitis and</b></p>	<p><b>Active bleeding</b></p>			

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(2)	anemia (Jones & Bartlett, 2020).	or coagulation disorders and breastfeeding (Jones & Bartlett, 2020).			
Side Effects/Adverse Reactions (2)	Constipation and diarrhea (Jones & Bartlett, 2020).	GI bleeding and leukopenia (Jones & Bartlett, 2020).			
Nursing Considerations (2)	Inform the patient that maintaining a proper diet is necessary to avoid future deficiencies and to adhere to the recommended treatment plan (Jones & Bartlett, 2020).	Due to the possibility of severe blood loss during delivery, medication should not be used one week before and during labor and delivery (Jones & Bartlett, 2020). If low-dose aspirin is taken, the infant should be watched for bleeding and bruises (Jones & Bartlett, 2020).			
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Review the patient's CBC results to ensure the patient does not have anemia or any deficiencies.	Review the patient's platelet count prior to administering aspirin.			
Client Teaching needs (2)	Prenatal vitamins could be taken an hour before eating or with food if the patient has an	Encourage pregnant women to consult their doctor before using aspirin during the			

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	<p><b>upset stomach. Only take one serving per day, as advised.</b></p>	<p><b>third trimester (Jones &amp; Bartlett, 2020). Encourage nursing women to consult their doctor before taking aspirin (Jones &amp; Bartlett, 2020).</b></p>			
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**Hospital Medications (5 required)**

<b>Brand/Generic</b>	<b>Ibuprofen</b>	<b>cephalexin (Kelfex)</b>	<b>oxytocin</b>	<b>sertraline (Zoloft)</b>	<b>witch hazel (TUCKS)</b>
<b>Dose</b>	<b>600 mg</b>	<b>500 mg</b>	<b>125 mL/hr over 4 hours</b>	<b>50 mg</b>	<b>50% topical pads</b>
<b>Frequency</b>	<b>Every 6 hours</b>	<b>Every 12 hours</b>	<b>Continuous</b>	<b>Daily</b>	<b>As needed</b>
<b>Route</b>	<b>Oral</b>	<b>Oral</b>	<b>IV</b>	<b>Oral</b>	<b>Topical</b>
<b>Classification</b>	<p><b>Pharmacologic: NSAID Therapeutic: Analgesic, anti-inflammatory, antipyretic (Jones &amp; Bartlett, 2020).</b></p>	<p><b>Pharmacologic: First generation cephalosporin (Jones &amp; Bartlett, 2020) Therapeutic: Antibiotic (Jones &amp; Bartlett, 2020).</b></p>	<p><b>Pharmacologic: Oxytocic hormones (Osilla &amp; Sharma, 2022). Therapeutic: oxytocic agents (Osilla &amp; Sharma, 2022).</b></p>	<p><b>Pharmacologic: Selective serotonin reuptake inhibitor (Jones &amp; Bartlett, 2020) Therapeutic: Antianxiety, antidepressant, antiobsessant, antipanic, antiposttraumatic stress, and</b></p>	<p><b>Pharmacologic: Topical anesthetic (WebMD) Therapeutic: Protectant (WebMD)</b></p>

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				antipremenstrual dysphoric (Jones & Bartlett).	
<b>Mechanism of Action</b>	Blocks the activity of cyclooxygenase, an enzyme required for producing prostaglandins, which mediate the inflammatory response and cause localized discomfort, swelling, and vasodilation (Jones & Bartlett, 2020). This NSAID lowers inflammatory symptoms and alleviates pain by blocking prostaglandins. The hypothalamus is thought to be involved in how ibuprofen works as an antipyretic	Like all cephalosporins, cephalixin prevents the final step in the cross-linking of peptidoglycan strands, affecting bacterial cell wall formation (Jones & Bartlett, 2020). The cell membrane becomes stiff and protective due to peptidoglycan. Bacterial cells will burst and die without it (Jones & Bartlett, 2020). Most gram-positive and gram-negative bacteria, as well as those that divide quickly, are most	Oxytocin, a nonapeptide hormone, is an oligopeptide hormone with nine amino acid residues (Osilla & Sharma, 2022). It is one of the two hormones produced in the hypothalamus but stored and released from the posterior pituitary gland. It is specifically secreted into the posterior pituitary gland for eventual usage by the hypothalamus' paraventricular nucleus (Osilla & Sharma,	Preventing CNS neurons from reabsorbing the neurotransmitter serotonin increases the amount of serotonin available at neuronal synapses (Jones & Bartlett, 2020). Serotonin levels that are higher may lift mood and decrease depression. Other mental conditions with serotonin deficits as a contributing factor might also benefit from this technique (Jones & Bartlett, 2020).	Witch hazel treats mild skin irritations to reduce swelling, bleeding, itching, slight pain, and discomfort (such as cuts, scrapes, and insect bites). Hemorrhoids' itchiness, discomfort, irritation, and burning can also be relieved with its help (WebMD).

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	<p>since it improves peripheral blood flow, causes vasodilation, and promotes heat dissipation (Jones &amp; Bartlett, 2020).</p>	<p>effectively combated by this mechanism of action (Jones &amp; Bartlett, 2020).</p>	<p>2022). The pars nervosa, sometimes called the neural or posterior lobe, is the specific region of the posterior pituitary gland that houses oxytocin receptors (Osilla &amp; Sharma, 2022). Oxytocin is one of the few hormones that display positive feedback loops, meaning that its release causes acts that prompt the release of even more oxytocin (Osilla &amp; Sharma, 2022). Most hormones form negative feedback loops once they are</p>		
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			released.		
<b>Reason Client Taking</b>	<b>To relieve mild to moderate pain.</b>	<b>To treat bone infections caused by Proteus mirabilis or Staphylococcus aureus (Jones &amp; Bartlett, 2020).</b>	<b>To begin or improve contraction during labor (Osilla &amp; Sharma, 2022).</b>	<b>To treat depression (Jones &amp; Bartlett, 2020).</b>	<b>To relieve swelling, minor pain, bleeding, itching, and irritation caused by minor skin irritations or hemorrhoids (WebMD).</b>
<b>Contraindications (2)</b>	<b>Angioedema and asthma (Jones &amp; Bartlett, 2020).</b>	<b>Hypersensitivity to cephalexin, other cephalosporins, or their components (Jones &amp; Bartlett, 2020).</b>	<b>Fetus showing signs of distress when delivery is not imminent, as well as in people with prolapse, complete placenta previa, or genital herpes infection (Osilla &amp; Sharma, 2022).</b>	<b>Concurrent use of disulfiram (oral solution) or pimozide and hypersensitivity to sertraline or its components (Jones &amp; Bartlett, 2020).</b>	
<b>Side Effects/Adverse Reactions (2)</b>	<b>GI bleeding and hypokalemia (Jones &amp; Bartlett, 2020).</b>	<b>Hepatic failure and nephrotoxicity (Jones &amp; Bartlett, 2020).</b>	<b>Cardiac arrhythmia and seizures (Jones &amp; Bartlett, 2020).</b>	<b>Bradycardia and hyponatremia (Jones &amp; Bartlett, 2020).</b>	<b>Severe allergic reactions like severe dizziness or trouble breathing (WebMD).</b>
<b>Nursing Considerations (2)</b>	<b>Inform the patient that pregnant women</b>	<b>Only use if the benefit to the mother</b>	<b>Frequent monitoring of the patient and</b>	<b>Drug exposure raises the likelihood of</b>	

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	<p>should not use ibuprofen at 30 weeks' gestation since the fetus may experience early ductus arteriosus closure (Jones &amp; Bartlett, 2020). Because NSAIDs increase the risk, keep a watchful eye out for thrombotic events like MI and stroke in the patient (Jones &amp; Bartlett, 2020).</p>	<p>outweighs the potential harm to the fetus and the medication is found in breast milk (Jones &amp; Bartlett, 2020).</p>	<p>frequent fetal monitoring (Osilla &amp; Sharma, 2022). Assess for uterine atony (Osilla &amp; Sharma, 2022).</p>	<p>numerous neonatal disorders after birth, such as feeding issues, respiratory challenges, seizures, and persistent pulmonary hypertension of the baby. This is especially true if drug exposure occurs in the late stages of pregnancy (Jones &amp; Bartlett, 2020). Drugs can be found in breast milk (Jones &amp; Bartlett, 2020).</p>	
<p><b>Key Nursing Assessment(s)/ Lab(s) Prior to Administration</b></p>	<p>Assess the patient's heart rate prior to administering ibuprofen.</p>	<p>Review the patient's liver function results or BUN and creatinine results prior to administering cephalixin.</p>	<p>Assess the patient's blood pressure prior to administering oxytocin.</p>	<p>Review the patient's BMP/CMP results prior to administering sertraline.</p>	<p>Assess the patient's perineum prior to administering tucks pads.</p>
<p><b>Client Teaching needs (2)</b></p>	<p>Remind patients expecting not to take</p>	<p>Encourage the patient to finish the recommend</p>	<p>Explain to the patient how oxytocin</p>	<p>Tell the patient to inform the doctor if they</p>	<p>Encourage the patient to gently pat the</p>

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	<p><b>NSAIDs like ibuprofen during the last trimester because doing so could lead to an early closure of the ductus arteriosus (Jones &amp; Bartlett, 2020). Encourage the patient to take the medication with food or after eating to lessen GI upset (Jones &amp; Bartlett, 2020).</b></p>	<p><b>ed course of treatment (Jones &amp; Bartlett, 2020). Inform the patient that yogurt and buttermilk can help maintain healthy gut flora and reduce diarrhea while receiving treatment (Jones &amp; Bartlett, 2020).</b></p>	<p><b>will impact her contractions and ask them to report any headache symptoms (Osilla &amp; Sharma, 2022).</b></p>	<p><b>are pregnant (Jones &amp; Bartlett, 2020). Remind the patient not to stop taking the medication suddenly (Jones &amp; Bartlett, 2020).</b></p>	<p><b>pads onto the sore spot (WebMD). To help with minimal pain, place one or two atop the patient's pad (WebMD).</b></p>
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**Medications Reference (1) (APA):**

Jones & Bartlett Learning. (2020). *2021 Nurse's drug handbook* (19<sup>th</sup> ed.). Jones &

Bartlett Learning

Osilla, E. V., & Sharma, S. (2022). *Oxytocin - Statpearls - NCBI bookshelf*. Retrieved February

28, 2023, from <https://www.ncbi.nlm.nih.gov/books/NBK507848/>

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WebMD. (n.d.). *Tucks topical: Uses, side effects, interactions, pictures, warnings & dosing.*

WebMD. Retrieved February 28, 2023, from

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

**Assessment**

**Physical Exam (18 points)**

<b>GENERAL (1 point):</b> <b>Alertness:</b> <b>Orientation:</b> <b>Distress:</b> <b>Overall appearance:</b>	<b>Alert and kind</b> <b>Oriented to person, place, and time</b> <b>Not in apparent distress</b> <b>Clean and neat</b>
<b>INTEGUMENTARY (1 points):</b> <b>Skin color:</b> <b>Character:</b> <b>Temperature:</b> <b>Turgor:</b> <b>Rashes:</b> <b>Bruises:</b> <b>Wounds/Incision: .</b> <b>Braden Score:</b> <b>Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b> <b>Type:</b>	<b>White, normal for race</b> <b>Dry</b> <b>Warm</b> <b>Normal</b> <b>N/A</b> <b>N/A</b> <b>N/A</b> <b>20</b>
<b>HEENT (1 point):</b> <b>Head/Neck:</b> <b>Ears:</b> <b>Eyes:</b>	<b>Head and neck symmetrical</b> <b>A pink, moist ear with no apparent lesions</b> <b>Sclera was white, cornea was clear,</b>

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<p><b>Nose:</b> <b>Teeth:</b></p>	<p>conjunctiva was pink, with no drainage noted Midline septum, no drainage or bleeding apparent Top and bottom teeth are present .</p>
<p><b>CARDIOVASCULAR (2 point):</b> <b>Heart sounds:</b> S1, S2, S3, S4, murmur etc. <b>Cardiac rhythm (if applicable):</b> <b>Peripheral Pulses:</b> <b>Capillary refill:</b> <b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Edema</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Location of Edema:</b></p>	<p>S1 and S2 heart sounds are present with no murmurs, rubs, or gallops Normal rhythm 1+ symmetric Normal, 3-5 seconds</p>
<p><b>RESPIRATORY (1 points):</b> <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Breath Sounds: Location, character</b></p>	<p>Lung sounds clear with no wheezes or crackles bilaterally</p>
<p><b>GASTROINTESTINAL (2 points):</b> <b>Diet at Home:</b> <b>Current Diet:</b> <b>Height:</b> <b>Weight:</b> <b>Auscultation Bowel sounds:</b> <b>Last BM:</b> <b>Palpation: Pain, Mass etc.:</b> <b>Inspection:</b>     <b>Distention:</b>     <b>Incisions:</b>     <b>Scars:</b>     <b>Drains:</b>     <b>Wounds:</b></p>	<p>Regular Regular 162.6 cm (5'4") 114.9 kg (253 lb 3.2 oz) Normoactive in all four quadrants 2/21/2023 0630 No pain or mass noted No distention noted No incisions noted No scars noted No drains present No wounds noted</p>
<p><b>GENITOURINARY (2 Points):</b> <b>Quantity of urine:</b> <b>Pain with urination:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Inspection of genitals:</b> <b>Catheter:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>     <b>Type:</b>     <b>Size:</b></p>	<p>3646 mL  Slight perineal tear  Foley 16 g</p>
<p><b>MUSCULOSKELETAL (1 points):</b> <b>ADL Assistance:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Fall Risk:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Fall Score:</b> <b>Activity/Mobility Status:</b></p>	<p>2 Normal</p>

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<p><b>Independent (up ad lib)</b> <input checked="" type="checkbox"/></p> <p><b>Needs assistance with equipment</b> <input type="checkbox"/></p> <p><b>Needs support to stand and walk</b> <input type="checkbox"/></p>	
<p><b>NEUROLOGICAL (2 points):</b>  <b>MAEW:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>PERLA:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Strength Equal:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no -  <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/>  <b>Orientation:</b>  <b>Mental Status:</b>  <b>Speech:</b>  <b>Sensory:</b>  <b>LOC:</b>  <b>DTRs:</b></p>	<p><b>Oriented to person, place, and time</b>  <b>Kind, friendly, and alert</b>  <b>Good, clear speech</b>  <b>No obvious deficits</b>  <b>Alert</b>  <b>2+</b></p>
<p><b>PSYCHOSOCIAL/CULTURAL (2 points):</b>  <b>Coping method(s):</b>  <b>Developmental level:</b>  <b>Religion &amp; what it means to pt.:</b>  <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b></p>	<p>Family and friends          No deficits noted          Christian and the patient grew up with the religion          Patient states that she has good family and friend support</p>
<p><b>Reproductive: (2 points)</b>  <b>Fundal Height &amp; Position:</b>  <b>Bleeding amount:</b>  <b>Lochia Color:</b>  <b>Character:</b>  <b>Episiotomy/Lacerations:</b></p>	<p><b>Below umbilicus</b>  <b>Moderate</b>  <b>Rubia</b>  <b>Slightly swollen</b>  <b>Slight perineal tear</b></p>
<p><b>DELIVERY INFO: (1 point)</b>  <b>Rupture of Membranes:</b>  <b>Time:</b>  <b>Color:</b>  <b>Amount:</b>  <b>Odor:</b>  <b>Delivery Date:</b>  <b>Time:</b>  <b>Type (vaginal/cesarean):</b>  <b>Quantitative Blood Loss:</b>  <b>Male or Female</b>  <b>Apgars:</b>  <b>Weight:</b>  <b>Feeding Method:</b></p>	<p><b>Yes 2/21/2023</b>  <b>2215</b>  <b>Not documented</b>  <b>“Large gush”</b>  <b>Not documented</b>  <b>2/22/2023</b>  <b>1453</b>  <b>Vaginal</b>  <b>396 mL</b>  <b>Male</b>  <b>8/9</b>  <b>7 lb 8.3 oz</b>  <b>Breastfeeding</b></p>

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**Vital Signs, 3 sets (5 points)**

<b>Time</b>	<b>Pulse</b>	<b>B/P</b>	<b>Resp Rate</b>	<b>Temp</b>	<b>Oxygen</b>
<b>Prenatal</b>	<b>92</b>	<b>129/87</b>	<b>16</b>	<b>36.6 (97.8 F)</b>	<b>98%</b>
<b>Labor/Delivery</b>	<b>119</b>	<b>140/82</b>	<b>20</b>	<b>36.9 (98.5 F)</b>	<b>98%</b>
<b>Postpartum</b>	<b>100</b>	<b>132/83</b>	<b>16</b>	<b>36.7 (98 F)</b>	<b>99%</b>

**Vital Sign Trends: Most of the vital signs are within normal limits.**

**Pain Assessment, 2 sets (2 points)**

<b>Time</b>	<b>Scale</b>	<b>Location</b>	<b>Severity</b>	<b>Characteristics</b>	<b>Interventions</b>
<b>0310</b>	<b>0-10</b>	<b>Abdomen</b>	<b>3</b>	<b>Cramp/constant</b>	<b>Pain management (Tylenol)</b>
<b>0914</b>	<b>0-10</b>	<b>Abdomen</b>	<b>3</b>	<b>Cramp/constant</b>	<b>Pain management (Ibuprofen)</b>

**IV Assessment (2 Points)**

<b>IV Assessment</b>	<b>Fluid Type/Rate or Saline Lock</b>
<b>Size of IV: 18 g</b> <b>Location of IV: left forearm (anterior)</b> <b>Date on IV: 2/22/2023</b> <b>Patency of IV: flushed without difficulty</b> <b>Signs of erythema, drainage, etc.: None</b> <b>IV dressing assessment: Clean</b>	<b>Saline lock</b>

**Intake and Output (2 points)**

<b>Intake</b>	<b>Output (in mL)</b>
<b>1015.1 mL</b>	<b>3646 mL</b>

**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.
Ambulate (N)	As much as tolerated.	Ambulating as much as possible will help with healing and prevent blood clots.
Ice pack (N)	Whenever mom needs the ice pack to help with pain.	Using an ice pack on and off will help with pain management.
Peri bottle (N)	Every time mom goes to the bathroom to help keep the perineal area clean.	Using a peri bottle to clean after using the bathroom will help keep the perineal area clean and help with soreness.

**Phases of Maternal Adaptation to Parenthood (3 point)**

**What phase is the mother in? The mother is in the taking-in phase of maternal adaptation to parenthood.**

**What evidence supports this? During the first 24 to 48 hours after giving birth, mothers usually take a passive role, focusing on their basic requirements for food, drink, and rest and letting the nurse make judgments regarding activities and care (Ricci et al., 2021).**

**Discharge Planning (3 points)**

**Discharge location: Home**

**Equipment needs (if applicable): N/A**

**Follow up plan (include plan for mother AND newborn): Mother has a follow up appointment in 6 weeks and her son has a 24-hour appointment after discharge.**

**Education needs: Teaching for perineal tear care.**

**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><b>Nursing Diagnosis (2 pt each)</b> Identify problems that are specific to this patient. Include full nursing diagnosis with “related to” and “as evidenced by” components</p>	<p><b>Rational (1 pt each)</b> Explain why the nursing diagnosis was chosen</p>	<p><b>Intervention/Rational (2 per dx) (1 pt each)</b> 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><b>Evaluation (2 pt each)</b> How did the patient/family respond to the nurse’s actions?  <ul style="list-style-type: none"> <li>Client response, status of goals and outcomes, modifications to plan.</li> </ul> </p>
<p>1. <b>Knowledge deficit of breastfeeding related to feeding issue as evidenced by wanting to speak with lactation</b></p>	<p><b>The patient wants to gain knowledge and establish learning goals for breastfeeding.</b></p>	<p>1. <b>Select a peaceful, private setting for instructing the patient and support person. Rationale: This keeps them from being distracted, allowing the patient and support person to learn more successfully (Phelps, 2020).</b>                  2. <b>Provide all equipment needed for self-care measure patient must learn. Rationale: Encouraging self-care lessens</b></p>	<ul style="list-style-type: none"> <li><b>The patient and family gave the nurse’s activities a positive response and were eager to learn.</b></li> <li><b>During their consultation with the lactation consultant, the client reported feeling slightly more confident about nursing.</b></li> </ul>

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		frustration, facilitates learning, and reduces dependence (Phelps, 2020).	
2. Knowledge deficit of perineal care related to labial laceration as evidenced by asking questions	The patient wants to understand what has been taught about perineal care.	<p>1. Communicate openly and honestly with the patient to establish mutual trust. Rationale: This will increase the patient's sense of comfort in the hospital setting and their trust in the nursing staff (Phelps, 2020).</p> <p>2. Provide the patient with written documents outlining the skills they are attempting to acquire and the information they need to retain. Rationale: Words and images will assist the patient in remembering the skills they need to care for themselves (Phelps, 2020).</p>	<ul style="list-style-type: none"> <li>• The patient and her family responded with readiness to learn.</li> <li>• The client's response to the teaching was positive.</li> </ul>
3. Risk for infection related to perineal tear as evidenced by WBC results	The patient will identify signs and symptoms of an infection.	<p>1. Identify risk factors predisposing the patient to infection. Rationale: A thorough nursing assessment enables the creation of a personalized care plan (Phelps, 2020).</p> <p>2. Assist the patient when necessary to ensure the perianal area is clean after elimination. Rationale: Genitourinary infections can be avoided by cleaning the perineal area from the area with the least pollution to the</p>	<ul style="list-style-type: none"> <li>• The patient and her family expressed an understanding to the teaching.</li> <li>• The client was able to identify signs and symptoms of an infection.</li> </ul>

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		area with the most contamination (Phelps, 2020).	
4. Readiness for enhanced communication related to postpartum care as evidenced by asking questions	The patient will express an increased sense of confidence in communicating thoughts and feelings to the nurse.	<p>1. Establish a clear purpose for interaction. Rationale: The patient is given objectives and a timetable for interaction (Phelps, 2020).</p> <p>2. To remove communication barriers like noise and a lack of privacy, create a location that reduces the physical distance between the nurse and the patient. Rationale: Eliminating obstacles to communication shows the patient through nonverbal cues that the nurse wishes to interact with them (Phelps, 2020).</p>	<ul style="list-style-type: none"> <li>• The patient and family responded positively to the nurse's teaching.</li> <li>• The client was able to communicate clearly on her questions.</li> </ul>

**Other References (APA)**

Phelps, L.L. (2020). *Sparks and Taylor's nursing diagnosis reference manual* (11<sup>th</sup> ed.). Wolters Kluwer