

**N432 Postpartum Care Plan**

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N432: Maternal-Newborn Care

Professor Kamradt

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**Demographics (3 points)**

<b>Date &amp; Time of Admission</b> 5/30/23 0545	<b>Patient Initials</b> HL	<b>Age</b> 28	<b>Gender</b> Female
<b>Race/Ethnicity</b> White/ non hispanic	<b>Occupation</b> Works from home	<b>Marital Status</b> Single	<b>Allergies</b> No known allergies
<b>Code Status</b> Full code	<b>Height</b> 5'4	<b>Weight</b> 148	<b>Father of Baby Involved</b> Devin

**Medical History (5 Points)**

**Prenatal History:**

-preterm labor

-preterm delivery

-prior pregnancy with short cervix

-preterm premature rupture of membranes

-supervision of high-risk pregnancy in the first trimester

-G4T0P2A1L2

**Past Medical History:**

-Abnormal pap smear of cervix

**Past Surgical History:**

-Leep

**Family History:**

-No pertinent history

**Social History (tobacco/alcohol/drugs):**

Patient denies tobacco, alcohol, or drug use.

**Living Situation:**

The patient lives at home with her two other children and the father of her children.

**Education Level:**

No learning barriers

**Admission Assessment**

**Chief Complaint (2 points):**

Spontaneous rupture of membranes

**Presentation to Labor & Delivery (10 points):**

The patient was a 28-year-old female that presents to labor and delivery as a G4T0P2A1L2. The patient came in on 5/30/2023 due to her water breaking at 36 weeks and 6 days. The duration of labor was roughly three hours long. Patient denies any pain, or abnormal discharge. The vitals today were BP 103/71, Pulse 66, Temp 98 F, O2 98%, and pain 0/10.

**Diagnosis**

**Primary Diagnosis on Admission (2 points):**

Pregnancy, preterm labor.

**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
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<b>RBC</b>	3.8- 5.3	N/A	4.45	4.18	Within normal range
<b>Hgb</b>	12.0-15.8	N/A	12.8	11.6	Low hemoglobin levels are typical during pregnancy because the blood volume expands, causing anemia and increasing the need for iron consumption (Capriotti, 2020).
<b>Hct</b>	36.0-47.0%	N/A	39.1	35.9	The patient's hematocrit levels were low, which is typical of pregnant patients (Capriotti, 2020).
<b>Platelets</b>	140-440	N/A	221	209	Within normal range
<b>WBC</b>	4.00-12.00	N/A	10.27	15.76	WBC are high, which is normal in pregnancy because the immune system is supporting the mom and the unborn child (Capriotti, 2020).

<b>Neutrophils</b>	47.0-73.0%	N/A	7.07	10.95	A low neutrophil can be indicative of an infection (Capriotti, 2020).
<b>Lymphocytes</b>	18.0-42.0%	N/A	2.48	3.24	The patient's monocytes were lower than normal which is usually seen in the first and second trimesters of pregnancy (Capriotti, 2020).
<b>Monocytes</b>	4.0-12.0%	N/A	0.49	1.12	The patient's monocytes were lower than normal which is usually seen in the first and second trimesters of pregnancy (Capriotti, 2020). It could also indicate poor nutrition.
<b>Eosinophils</b>	0-5.0%	N/A	0.16	0.31	Were within normal limits
<b>Bands</b>	N/A	N/A	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
<b>Blood Type</b>	A, AB, B, O	O Positive	O Positive	O Positive	Within normal range
<b>Rh Factor</b>	Positive is "normal" so the patient does not have to worry about getting Rhogam.	Positive	Positive	Positive	Within normal range
<b>Serology (RPR/VDRL)</b>	Non-reactive	N/A	N/A	N/A	Was not tested
<b>Rubella Titer</b>	Immune	Immune	N/A	N/A	Within normal range
<b>HIV</b>	Non-detected	Non-detected	Non-detected	Non-detected	Within normal range
<b>HbSAG</b>	Non-detected	Non-detected	Non-detected	Non-detected	Within normal range

<b>Group Beta Strep Swab</b>	Non-detected	Non-detected	Non-detected	Non-detected	Within normal range
<b>Glucose at 28 Weeks</b>	70- 99	82	N/A	N/A	Within normal range
<b>MSAFP (If Applicable)</b>	N/A	N/A	N/A	N/A	Was not tested

**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>
Amphetamine	Negative	Negative	N/A	N/A	N/A
Barbiturate	Negative	Negative	N/A	N/A	N/A
Benzodiazepine	Negative	Negative	N/A	N/A	N/A
Methadone	Negative	Negative	N/A	N/A	N/A

Opiate	Negative	Negative	N/A	N/A	N/A
Cocaine metabolite	Negative	Negative	N/A	N/A	N/A
Cannabinoids	Negative	Negative	N/A	N/A	N/A

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

Test	Normal Range	Prenatal Value	Value on Admission	Today's Value	Explanation of Findings
Urine Creatinine (if applicable)	0.59-1.04	N/A	N/A	N/A	N/A

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

Capriotti, T. M. (2020). *Davis Advantage for Pathophysiology Introductory Concepts and*

*Clinical Perspectives*. [FADavis].

Phelps, L. L. (2021). *Sparks & Taylor's nursing diagnosis pocket guide*. Wolters Kluwer.

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

This patient is a 28-year-old white female. This patient has a history of preterm labor, preterm delivery, short cervix, and preterm premature rupture of membranes. She is a G4T0P2A1L2. The patient came to the hospital on 5/30/2023 because her water had broken. Her water had broken when she was 36 weeks gestation which considers this preterm labor. The first stage of labor started at 12:41. She was fully dilated at 1602, which is the second stage of labor. She delivered on 5/31/2023 at 16:15, weighing 4lbs 12oz, considered the third labor stage. The last final stage of labor was at 16:21, with the delivery of the placenta. Delivering the placenta after giving birth is essential because it can cause many significant health concerns for the mother. "Delivery of the entire placenta is vital to your health after giving birth. Retained placenta can cause bleeding and other unwanted side effect" (*Placenta delivery*, 2021).

The patient is now in the postpartum stage of labor. Her abnormal lab values were WBC, neutrophils, hct, hgb, and monocytes. The hct and hgb were normal for pregnant women because the blood volume expands, causing anemia and increasing the need for iron consumption (Capriotti, 2020). The patient is doing well but was admitted an extra day to keep an eye on the baby because she was preterm. The mother is aware of postpartum complications such as hemorrhaging, infection, and postpartum mood disorder. The patient was informed of the signs and symptoms of infection to look for which include fever, burning sensation, cloudy urine, and frequent urination. She has the baby's father helping her, who will also be looking for postpartum complications.

**References:**

Capriotti, T. M. (2020). *Davis Advantage for Pathophysiology Introductory Concepts and Clinical Perspectives*. [FADavis].

Nall, R. (2021, November 9). *Placenta delivery*. Healthline.

<https://www.healthline.com/health/pregnancy/placenta-delivery>

	<b>Your Assessment</b>
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<p><b>History of labor:</b></p> <p><b>Length of labor</b></p> <p><b>Induced /spontaneous</b></p> <p><b>Time in each stage</b></p>	<p>Vaginal</p> <p>3 hours</p> <p>Spontaneous</p> <p>Stage 1: 1241 to 1602 on 5/31/23</p> <p>Stage 2: 1602 to 1615 on 5/31/23</p> <p>Stage 3: 1615 to 1621 on 5/31/23</p> <p>Stage 4: 1621 on 5/31/23</p>
<p><b>Current stage of labor</b></p>	<p>4<sup>th</sup> Stage (Postpartum)</p>

**Stage of Labor References (2) (APA):**

Capriotti, T. M. (2020). *Davis Advantage for Pathophysiology Introductory Concepts and Clinical Perspectives*. [FADavis]. Retrieved from

<https://fadavisreader.vitalsource.com/#/books/9781719641470/>

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). *Mosby's Diagnostic and Laboratory Test Reference* (14th ed.). Elsevier.

**Current Medications (7 points, 1 point per completed med)**

**\*7 different medications must be completed\***

**Home Medications (2 required)**

<b>Brand/Generic</b>	Acetaminophen (Tylenol)	Prenatal plus	Bisacodyl (Dulcolax)		
<b>Dose</b>	1000 mg	29 mg	5 mg		
<b>Frequency</b>	Every 6 hours (PRN)	Daily	Daily (PRN)		
<b>Route</b>	Orally	Orally	Orally		
<b>Classification</b>	Analgesic	Multivitamin	Laxative		

<b>Mechanism of Action</b>	Acetaminophen is metabolized to p-aminophenol, which easily crosses the blood-brain barrier and is converted to AM404 by FAAH (Jones & Bartlett Learning, 2022).	Prevents vitamin deficiency during pregnancy due to poor diet or lack of nutrients (Jones & Bartlett Learning, 2022)..	Increasing the movement of the intestines, helping the stool to come out (Jones & Bartlett Learning, 2022).		
<b>Reason Client Taking</b>	Relieve mild to moderate pain	Vitamin supplement	Constipation		
<b>Contraindications (2)</b>	hypersensitivity to acetaminophen, severe hepatic impairment	Do not take it if pt has allergy to soy or peanuts. Do not take with other multivitamins.	Vomiting and rectal bleeding		
<b>Side Effects/Adverse Reactions (2)</b>	Hives and difficulty breathing/ swallowing	Constipation and upset GI system	Diarrhea and stomach pain		

<p><b>Nursing Considerations (2)</b></p>	<p>Assess pain level and assess alcohol usage</p>	<p>Monitor liver enzymes and have frequent mom/baby checkups.</p>	<p>Can lead to hypokalemia and may cause cramping</p>		
<p><b>Key Nursing Assessment(s)/Lab(s) Prior to Administration</b></p>	<p>Assess for pain and monitor liver function</p>	<p>Monitor electrolyte levels and liver labs.</p>	<p>Monitor sodium and potassium. Monitor renal function</p>		
<p><b>Client Teaching needs (2)</b></p>	<p>Don't take more than 4 g in 24 hours. Severe liver toxicity (Jones &amp; Bartlett Learning, 2022).</p>	<p>Maintain a good balanced diet when on this supplement. Do not take it twice in one day (Jones &amp; Bartlett Learning, 2022).</p>	<p>Swallow the tablets whole with a glass of water; do not split, chew, or crush them.</p> <p>Do not take bisacodyl within 1 hour after drinking or eating dairy products (Jones &amp; Bartlett Learning, 2022).</p>		

**Hospital Medications (5 required)**

<b>Brand/Generic</b>	Oxytocin (Pitocin)	Ketorolac (TORADOL)			
<b>Dose</b>	334 ml/ hr	15 mg			
<b>Frequency</b>	PRN x1 dose	One time			
<b>Route</b>	IV	IV push			
<b>Classification</b>	Uterotonic agents	analgesic, anti- inflammatory			
<b>Mechanism of Action</b>	Activation of oxytocin receptors on the myometrium triggers a	Blocks cyclooxygenase, an enzyme needed to synthesize prostaglandins. Prostaglandin			

	<p>downstream cascade that leads to increased intracellular calcium in uterine myofibrils which strengthens and increases the frequency of uterine contractions.(Jones &amp; Bartlett Learning, 2022).</p>	<p>mediates inflammatory response and cause local vasodilation, pain, and swelling (Jones &amp; Bartlett Learning, 2022).</p>			
<b>Reason Client Taking</b>	<p>Increase the frequency of contractions and postpartum hemorrhage.</p>	<p>Pain management</p>			
<b>Contraindications (2)</b>	<p>Contraindications</p>	<p>Contraindications</p>			

	cated with patients who have cervical cancer or hypertension	cated with patients with peptic ulcers and GI bleeding.			
<b>Side Effects/Adverse Reactions (2)</b>	Heart palpitations and severe headaches	Heart palpitations and constipation			
<b>Nursing Considerations (2)</b>	Monitor fetus's heart rate because it can cause fetal distress, restrict fluid before receiving this medication.	Monitor kidney function and do not use it for longer than 5 days.			
<b>Key Nursing Assessment(s)/Lab(s) Prior to Administration</b>	You should do a complete CBC and coagulation panel	Monitor liver and kidney labs.  AST, ALT,			

	before administering this medication.	Creatinine etc..			
<b>Client Teaching needs (2)</b>	Tell your doctor right away if you are experiencing severe stomach pain or a severe headache (Jones & Bartlett Learning, 2022).	Do not overuse this product and monitor for signs of dizziness or numbness (Jones & Bartlett Learning, 2022).			

**Medications Reference (1) (APA):**

Jones & Bartlett Learning. (2022). *2022 Nurse's Drug Handbook*. Houston, B. T., & Chowdhury, Y.

**Assessment**

**Physical Exam (18 points)**

<p><b>GENERAL (1 point):</b></p> <p><b>Alertness:</b></p> <p><b>Orientation:</b></p> <p><b>Distress:</b></p> <p><b>Overall appearance:</b></p>	<p>The patient is alert and oriented x 4.</p> <p>The patient seems to be in no apparent distress or discomfort and is overall well-groomed.</p>
<p><b>INTEGUMENTARY (1 points):</b></p> <p><b>Skin color:</b></p> <p><b>Character:</b></p> <p><b>Temperature:</b></p> <p><b>Turgor:</b></p> <p><b>Rashes:</b></p> <p><b>Bruises:</b></p> <p><b>Wounds/Incision: .</b></p> <p><b>Braden Score: 19</b></p> <p><b>Drains present: Y <input type="checkbox"/>      N <input checked="" type="checkbox"/></b></p> <p><b>Type:</b></p>	<p>The patient's skin is warm (temperature is 98 F) and pale, no discoloration is noted. The patient's skin turgor was quick to return with no bruises or rashes noted. Braden score of a 19.</p>

<p><b>HEENT (1 point):</b></p> <p><b>Head/Neck:</b></p> <p><b>Ears:</b></p> <p><b>Eyes:</b></p> <p><b>Nose:</b></p> <p><b>Teeth:</b></p>	<p>The patient's head and neck are symmetrical with the body. The head is normal cephalic with no discoloration or scarring. The patient reports no dizziness, headache, or pain upon assessment. The patient's detention is good with moist pink mucosa.</p>
<p><b>CARDIOVASCULAR (2 point):</b></p> <p><b>Heart sounds:</b></p> <p><b>S1, S2, S3, S4, murmur etc.</b></p> <p><b>Cardiac rhythm (if applicable):</b></p> <p><b>Peripheral Pulses:</b></p> <p><b>Capillary refill:</b></p> <p><b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Edema</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Location of Edema:</b></p>	<p>The patient has a regular rate and rhythm on assessment. S1 and S2 were heard with no murmur, S3 or S4 present. The patient is negative for nail clubbing or cyanosis of all extremities. Capillary refill was less than 3 seconds. All peripheral pulses were palpable bilaterally. There is no evidence of DVT. The patient reports no shortness of breath or chest pain.</p>
<p><b>RESPIRATORY (1 points):</b></p> <p><b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Breath Sounds: Location, character</b></p>	<p>The patient's lung sounds were heard clearly bilaterally with no wheezing or crackles. No accessory muscles were being used and the</p>

	patient reports no shortness of breath on ambulation.
<b>GASTROINTESTINAL (2 points):</b>  <b>Diet at Home:</b>  <b>Current Diet:</b>  <b>Height: 5'4</b>  <b>Weight: 148 lbs</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>	.  The patient's abdomen is soft and non-tender upon palpation. Bowel sounds are heard in all four quadrants. The patient eats a normal diet and reports no dizziness or nausea. The patient has had normal bowel function and last BM was 5/30/23.

<p><b>GENITOURINARY (2 Points):</b></p> <p><b>Quantity of urine:</b></p> <p><b>Pain with urination:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Inspection of genitals:</b></p> <p><b>Catheter:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Type:</b></p> <p><b>Size:</b></p>	<p>WDL. Patient denies any pain with urination.</p>
<p><b>MUSCULOSKELETAL (1 points):</b></p> <p><b>ADL Assistance:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Fall Risk:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Fall Score: 0</b></p> <p><b>Activity/Mobility Status:</b></p> <p><b>Independent (up ad lib)</b></p> <p><b>Needs assistance with equipment</b></p> <p><b>Needs support to stand and walk</b></p>	<p>.</p> <p>Patient does not need any assistance with ADLs. Fall score is 0. She ambulates independently.</p>

<p><b>NEUROLOGICAL (2 points):</b></p> <p><b>MAEW:</b> Y <input type="checkbox"/> N <input type="checkbox"/></p> <p><b>PERLA:</b> Y <input type="checkbox"/> N <input type="checkbox"/></p> <p><b>Strength Equal:</b> Y <input type="checkbox"/> N <input type="checkbox"/> <b>if no -</b>  <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/></p> <p><b>Orientation:</b></p> <p><b>Mental Status:</b></p> <p><b>Speech:</b></p> <p><b>Sensory:</b></p> <p><b>LOC:</b></p> <p><b>DTRs:</b></p>	<p>.</p> <p>Did not assess ROM, MAEW, or PERLA</p>
<p><b>PSYCHOSOCIAL/CULTURAL (2 points):</b></p> <p><b>Coping method(s):</b></p> <p><b>Developmental level:</b></p> <p><b>Religion &amp; what it means to pt.:</b></p> <p><b>Personal/Family Data (Think about home environment, family structure, and available family support):</b></p>	<p>The patient has two younger kids who came to visit today. The father of the kids was at the bedside during my assessment. They are not married.</p>

<p><b>Reproductive: (2 points)</b></p> <p><b>Fundal Height &amp; Position:</b> U</p> <p><b>Bleeding amount:</b> not in chart</p> <p><b>Lochia Color:</b> rubra</p> <p><b>Character:</b> N/A</p> <p><b>Episiotomy/Lacerations:</b> N/A</p>	
<p><b>DELIVERY INFO: (1 point)</b></p> <p><b>Rupture of Membranes:</b> AROM</p> <p><b>Time:</b> not charted</p> <p><b>Color:</b> clear</p> <p><b>Amount:</b> not charted</p> <p><b>Odor:</b> no odor</p> <p><b>Delivery Date:</b> 5/31/23</p> <p><b>Time:</b> 1421</p> <p><b>Type (vaginal/cesarean):</b> Vaginal</p> <p><b>Quantitative Blood Loss:</b> Not charted.</p> <p><b>Male or Female:</b> Female</p> <p><b>Apgars:</b> 8/9</p> <p><b>Weight:</b> 4lbs 12oz</p> <p><b>Feeding Method:</b> Breast feeding</p>	

**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>	62	99/62	18	98.2	98%
<b>Labor/Delivery</b>	78	100/62	18	97.9	99%
<b>Postpartum</b>	66	103/71	16	98	98%

**Vital Sign Trends:** The vital signs were all within normal limits for a mother prenatally, during labor/delivery, and postpartum.

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

<b>Time</b>	<b>Scale</b>	<b>Location</b>	<b>Severity</b>	<b>Characteristics</b>	<b>Interventions</b>
0400	Numeric scale	None	0	Denies pain	None needed
0800	Numeric scale	none	0	Denies pain	None needed

**IV Assessment (2 Points)**

<b>IV Assessment</b>	<b>Fluid Type/Rate or Saline Lock</b>
<p><b>Size of IV:</b> 18G</p> <p><b>Location of IV:</b> Right forearm</p> <p><b>Date on IV:</b> 5/30/23</p> <p><b>Patency of IV:</b></p> <p><b>Signs of erythema, drainage, etc.:</b></p> <p>Negative for drainage or erythema.</p> <p><b>IV dressing assessment:</b></p> <p>Clean, dry and intact.</p>	Saline lock

**Intake and Output (2 points)**

<b>Intake</b>	<b>Output (in mL)</b>
N/A	100 ml

**Nursing Interventions and Medical Treatments During Postpartum (6 points)**

<p><b>Nursing Interventions and Medical Treatments (Identify nursing interventions with “N” after you list them, identify medical treatments with “M” after you list them.)</b></p>	<p><b>Frequency</b></p>	<p><b>Why was this intervention/ treatment provided to this patient? Please give a short rationale.</b></p>
<p>Assess mental status N</p>	<p>Before the patient goes home</p>	<p>The mother has two smaller children already at home and having a newborn can cause extra stress on one's mental health.</p>
<p>Monitor for infection N and M</p>	<p>Every 4 hours</p>	<p>It is important to constantly be checking for an infection. The patient was aware of the signs and symptoms of infection.</p>
<p>Monitor the patient for hemorrhage N and M</p>	<p>Every 4 hours</p>	<p>It is important to monitor for hemorrhaging and understand what is considered an excessive amount of blood.</p>

Educate on safe sleeping and how often the newborn needs fed.  N	At least once before the patient is discharged	Knowing safe sleeping is important to prevent SIDS. Her baby was premature so it is even more important for the newborn to be eating every two hours.

**Reference:**

Capriotti, T. M. (2020). *Davis Advantage for Pathophysiology Introductory Concepts and Clinical Perspectives*. [FADavis]. Retrieved from <https://fadavisreader.vitalsource.com/#/books/9781719641470/>

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

**What phase is the mother in?**

Dependent Taking-In Phase going into the Taking-hold phase.

**What evidence supports this?**

The mother was primarily focused on her own recovery. The patient had her husband and mother come and care for her child while she was resting and in between breast feeding.

### Discharge Planning (3 points)

**Discharge location:**

The patient will go home with the father of the baby and their two other children.

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

**Follow up plan (include plan for mother AND newborn):** The newborn should come to all scheduled follow-up appointments and keep vaccinations on schedule.

**Education needs:** Remind parents on vaccines, breastfeeding, infant temperature and proper sleeping positions.

### 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**

<b>Nursing Diagnosis (2 pt each)</b>	<b>Rational (1 pt each)</b>	<b>Intervention/Rational (2 per dx) (1 pt each)</b>	<b>Evaluation (2 pt each)</b>
Identify problems that are specific to this patient. Include full nursing diagnosis with "related to" and "as evidenced by" components	Explain why the nursing diagnosis was chosen	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.	How did the patient/family respond to the nurse's actions?  Client response, status of goals and outcomes,

			modifications to plan.
1. Risk for infection related to vaginal birth as evidenced by elevated WBC.	The patients WBC were elevated.	<ol style="list-style-type: none"> <li>1. Monitor CBC values for WBC levels (Phelps, 2021).</li> <li>2. Inform the importance of good perineum hygiene (Phelps, 2021).</li> </ol>	The patient understands risk factors for infection control and the patient's lab values will come back normal.
2. Risk for altered sleep patterns related to newborn as evidenced by frequent feeding every two hours.	Newborns do not sleep throughout the night and need to be taken care of hourly.	<ol style="list-style-type: none"> <li>1. Assist the mom with developing schedules (Phelps, 2021).</li> <li>2. Assist the patient with developing a support system (Phelps, 2021).</li> </ol>	The patient understands that she will have help from her husband and mother.
3. Risk of pain related to breastfeeding as evidenced by tenderness and redness.	Breastfeeding can cause breast tenderness.	<ol style="list-style-type: none"> <li>1. Give the patient nipple cream to help her breast discomfort (Phelps, 2021).</li> <li>2. Apply cold compresses between feedings (Phelps, 2021).</li> </ol>	The patient will recognize the right comfort measures and experience less pain while breastfeeding.

<p>4. Risk for altered mood related to newborn as evidenced by providing total care to a newborn.</p>	<p>Newborn are woken up every two hours to feed which does not allow the mother to get a full night of rest.</p>	<ol style="list-style-type: none"><li>1. Advise the patient to make time for herself everyday so she can stay mentally healthy (Phelps, 2021).</li><li>2. Assist the mom with planning daily activities (Phelps, 2021).</li></ol>	<p>The mother should have a support system to help her out. The patient recognizes the importance of keeping a support system close.</p>
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**Other References (APA)**