N432 Postpartum Care Plan

Zachary Lensink

Lakeview College of Nursing

N432: Maternal-Newborn Care

Professor Due

June 25th, 2023

Demographics (3 points)

Date & Time of Admission 6/19/2023	**Patient Initials** A.K.	**Age** 28	**Gender** female
Race/Ethnicity White	**Occupation** Case manager for local nursing home	**Marital Status** Married	**Allergies** Ibuprofen (Due to history of thrombocytopenia)
Code Status Full code	**Height** 160 cm	**Weight** 78.1 kg	**Father of Baby Involved** J.K., yes

Medical History (5 Points)

Prenatal History: Concern for Idiopathic thrombocytopenia purpura, but the patient has had sufficient platelet counts throughout pregnancy.

Past Medical History: Idiopathic thrombocytopenia purpura and asthma

Past Surgical History: None

Family History: Father**:** Spina bifida, Mother: Deceased from a pulmonary embolism

Social History (tobacco/alcohol/drugs): None

Living Situation: The patient lives at home with her husband and her 2-year-old daughter.

Education Level: The patient has a college degree.

Admission Assessment

Chief Complaint (2 points): Patient arrived at Carle at 39 weeks and 2 days for elective IOL.

Presentation to Labor & Delivery (10 points): The patient did not show signs of Labor upon arriving the facility at 0735. It was recommended by her provider to have the elective induction of labor due to her history of thrombocytopenia. She was comfortable ad ready to have her baby on that day (06/19/2023). No rupture of membranes occurred before arriving at the facility; an artificial rupture of membranes will occur.

Diagnosis

Primary Diagnosis on Admission (2 points): Elective induction of 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	3.9 – 4.96	5.65	3.93	3.68	During pregnancy, the blood volume in the mother increase. This is a positive sign during pregnancy (Ricci et al., 2021).
Hgb	10.6 – 13.2	9.7	11.1	10.4	Hemaglobin might be low to insufficient iron administration during the prenatal phase. The mother might have needed more iron to keep her hemoglobin higher. However, the patient's Hgb is very close the normal reference range (Ricci et al., 2021).
Hct	32.4 – 39.5	31.0	34.4	32.3	Hematocrit is tied to hemoglobin and the rationale is used for both (Ricci et al., 2021).
Platelets	150 – 450	210	174	156	N/A
WBC	4.27 – 11.40	11.02	11.22	11.64	WBCs are expected to be high during pregnancy due to the inflammatory effect pregnancy has on the body (Ricci et al., 2021).
Neutrophils	40 – 80	N/A	N/A	N/A	N/A (This student nurse is unsure as to why neutrophils were not included in the CBC w/diff results.
Lymphocytes	20 – 40	16.8	11.7	9.9	During pregnancy, neutrophil percentage is often much

					higher than the normal range, and there for the lymphocytes will likely be lower (Ricci et al., 2021).
Monocytes	2 – 10	9.3	6.1	6.6	N/A
Eosinophils	1 – 7	2.4	1.2	0.3	N/A
Bands	0 - 10	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
Blood Type	Based on individual	O	O	N/A	N/A
Rh Factor	Based on individual	+	+	N/A	N/A
Serology (RPR/VDRL)	Nonreactive	N/A	N/A	N/A	N/A
Rubella Titer	>10 IU/mL is pos	1236.0 IU/mL	N/A	N/A	N/A
HIV	Non-reactive	Non-reactive	N/A	N/A	N/A
HbSAG	Nonreactive	N/A	N/A	N/A	N/A
Group Beta Strep Swab	Negative	Negative	N/A	N/A	N/A
Glucose at 28 Weeks	<140	123	N/A	N/A	N/A
MSAFP (If Applicable)	10 – 150 ng/mL	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
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A

N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	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)	0-750	N/A	N/A	N/A	N/A

Lab Reference (1) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis Company.

Carle Foundation Hospital. (2023). *Lab values*. Carle Foundation Hospital.

Haldeman-Englert, C., Foley, M., & Turley, R. (2023). *Alpha-fetoprotein (maternal blood)*. University of Rochester Medical Center. Retrieved June 18, 2023, from https://www.urmc.rochester.edu/encyclopedia/content.aspx?contenttypeid=167&contentid=alpha_fetoprotein_maternal_blood

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

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

	Your Assessment
History of labor: **Length of labor** **Induced /spontaneous** **Time in each stage**	Labor for this patient lasted nearly 16 hours. The patient came to the facility at 0735 on 06/19/2023 for elective induction and began receiving oxytocin to induce labor. Oxytocin was administered throughout the day. The patient stated, "my doctor told me that if I would have had my baby later than 39 weeks, I would have been at higher risk for bleeding because of my condition." The patient began feeling contractions 3 weeks prior to 06/19/2023. The patient did not experience spontaneous rupture of membranes and was scheduled to artificially rupture membranes that occurred at 1416. The large amount of fluid was clear and odorless. The patient received an epidural at 1530. The patient was in the first stage of labor for about 15 hours. The second stage lasted 52 minutes. The newborn delivered in the occiput anterior position, with a nuchal cord x1. Three vessels were present in the umbilical cord. The umbilical cord was clamped and cut after 1 minute. The third stage lasted 8 minutes, and the placenta was intact.
Current stage of labor	The patient is currently in postpartum, meaning she is in the fourth and final stage of labor. This is the time when the mother should bond with the newborn through holding, feeding and

	talking. At this time, the uterus will begin to contract and harden into the globular shape. The uterus will sit below the umbilicus at this time (Ricci et al., 2021). This patient's fundus is firm, globular, and 1 cm below the umbilicus. Her lochia has turned brown with small amounts of flow. The mother lost a total of 100mL of blood during the delivery, and her lochia continued to improve, showing signs of good placental detachment. The mother did receive a 2nd degree laceration while giving birth, requiring 4 sutures. These sutures are absorbable, so the mother will just need to visit her PCP after 3 weeks to follow up.

Stage of Labor References (2) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis Company.

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 <u>different</u> medications must be completed

Home Medications (2 required)

Brand/Generic	Albuterol sulfate	Prenatal vitamin (fumarate, folic acid, and			

		ferrous sufltate)			
Dose	90 mg inhaler	1 tablet			
Frequency	PRN	Daily			
Route	Inhalant	PO			
Classification	Adrenergic; Bronchodilator	Prenatal vitamin			
Mechanism of Action	This medication "attaches to $beta_2$ receptors on bronchial cell membranes, which stimulates the intracellular enzyme adenylate cyclase to convert [ATP] to [cAMP]. This reaction decreases intracellular calcium levels. It also increases intracellular levels of cAMP.Together, these efffects relax bronchial smooth-muscle cells and inhibit histamine release" (Jones & Bartlett Learning, 2023).	This medication increases the supply of folic acid and iron within the body to prevent dysfunctions related to the deficiency of these. (Jones & Bartlett Learning, 2023).			
Reason Client Taking	History of asthma	To increase the availability of vitamins and nutrients needed to grow a healthy baby.			

Contraindications (2)	Tachycardia, Concurrent administration of beta-blockers (Jones & Bartlett Learning, 2023)	Liver dysfunction and breastfeeding another infant (Jones & Bartlett Learning, 2023)			
Side Effects/Adverse Reactions (2)	Tachycardia, Dizziness	Jaundice and renal impairment (Jones & Bartlett Learning, 2023).			
Nursing Considerations (2)	Clean the inhaler after each use and instruct the client to rinse her mouth out after each use.	Educate on the benefits of prenatal vitamin supplementation and monitor lab values.			
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Assess vital signs, specifically pulse, and assess lung sounds.	Liver labs and kidney labs			
Client Teaching needs (2)	Education on how to use the inhaler and the educate on the signs and symptoms of candidiasis.	Education on the benefits and when to start and stop taking the vitamins.			

Hospital Medications (5 required)

Brand/Generic	Pitocin/Oxytocin	Acetaminophen	Benadryl/ Diphenhydramine hydrochloride	Zofran/ Ondansetron	Prochlorperazine/ Compazine
Dose	6 units/hour	650 mg	25 mg	4 mg	10 mg
Frequency	continuous	PRN Q6H	PRN Q6H	PRN	PRN Q4

Route	IV infusion	PO	PO	PO	IM
Classification	Oligopeptide hormone	Antipyretic, Nonopioid analgesic	Antihistamine	Selective serotonin (5-HT_3) receptor antagonist; Antiemetic	antiemetics
Mechanism of Action	Medication "causes many signals that stimulate uterine contraction by increasing intracellular calcium levels. These uterine contractions, in turn, cause more oxytocin to be released; this is what causes the increase in both the intensity and frequency of contractions" (Osilla & Sharma, 2022, para. 7).	Medication "inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation" (Jones & Bartlett Learning, 2023).	This medication "binds to central and peripheral H_1 receptors, competing with histamine for these sites and preventing it from reaching its site of action. By blocking histamine, diphenhydramine produces antihistamine effects, inhibiting GI, respiratory, and vascular smooth-muscle contraction; decreasing capillary permeability, which reduces flares, itching, and wheals; and decreasing lacrimal and salivary gland secretions. … Its sedative effects are related to its CNS depressant action" (Jones & Bartlett Learning, 2023, p. 391).	This medication "blocks serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at vagal nerve terminals in the intestine. This action reduces nausea and vomiting by preventing serotonin release in the small intestine … and by blocking signals to the CNS" (Jones & Bartlett Learning, 2023).	The medication "Alters the effects of dopamine in the CNS. Possesses significant anticholinergic and alpha-adrenergic blocking activity. Depresses the chemoreceptor trigger zone (CTZ) in the CNS" (Jones & Bartlett Learning, 2023).
Reason Client Taking	The client was taking this	Taken for pain	Prescribed for itching	This is prescribed for nausea	The client has this to help with

	medication to induce labor				N/V
Contraindications (2)	Fetus in transverse lie and Fetal distress are contraindications (Osilla & Sharma, 2022).	Liver dysfunction, Breastfeeding (Jones & Bartlett Learning, 2023).	Breastfeeding, hypersensitivity to diphenhydramine or its components, and use in infants (Jones & Bartlett Learning, 2023).	Apomorphine therapy, Hypomagnesemia (Jones & Bartlett Learning, 2023).	Severe liver or cardiovascular disease and Hypersensitivity to bisulfates (Jones & Bartlett Learning, 2023).
Side Effects/ Adverse Reactions (2)	Confusion, Hypertension (Osilla & Sharma, 2022).	Hypotension, Hepatotoxicity (Jones & Bartlett Learning, 2023).	Drowsiness and Arrythmias (Jones & Bartlett Learning, 2023).	Hypotension and Serotonin syndrome (Jones & Bartlett Learning, 2023).	Dry eyes and sedation (Jones & Bartlett Learning, 2023).
Nursing Considerations (2)	Monitor frequency of contractions and consider administering an antiemetic (Osilla & Sharma, 2022).	Use cautiously in presence of jaundice, monitor renal output (Jones & Bartlett Learning, 2023)	Only give parenteral form if oral ingestion is not possible, monitor for improvement of itching sensation (Jones & Bartlett Learning, 2023).	Monitor n/v symptoms and monitor cardiac rhythms (Jones & Bartlett Learning, 2023).	Monitor blood pressure for signs of decreasing blood pressure and assess fluid intake (Jones & Bartlett Learning, 2023).
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Blood pressure and contraction timing (Jones & Bartlett Learning, 2023).	Signs of jaundice, Bilirubin levels (if available) (Jones & Bartlett Learning, 2023).	Level of consciousness, whether patient is breastfeeding (Jones & Bartlett Learning, 2023).	Assess EKG strips and s/s of n/v after administration (Jones & Bartlett Learning, 2023).	Assess hypotension and fal risk (Jones & Bartlett Learning, 2023).
Client Teaching needs (2)	Report new/worsened headache and teach the reason for giving the medication	Educate the client on signs and symptoms of hepatotoxicity. Tell the client not to take more than 4,000 mg in a day.	Do not use more than the prescribed dose if taking as a sedative and take with food if using other PO medications (Jones & Bartlett Learning, 2023)	Teach the client that will take about 30 minutes for the medication to begin working. The patient should know that there are other medications that can be used to relieve N/V.	Teach the client that this can lower blood pressure and that her blood pressure is already slightly low. Teach the client that this can lower anxiety and make her feel s little

					drowsy too.

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2023). *2022 Nurse's drug handbook* (21st ed.). Jones & Bartlett Learning.

Osilla, E. V., & Sharma, S. (2022). *Oxytocin*. National Library of Medicine. Retrieved June 18, 2023, from https://www.ncbi.nlm.nih.gov/books/NBK507848/

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Alertness and Orientation:** Patient was alert and oriented x4 (name/DOB, location, situation, and current date). **Distress:** Patient was in no acute distress. Patient reported no concerns to the student nurse. **Overall appearance**: Patient wore a clean hospital gown and maintained hygiene.
INTEGUMENTARY (1 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds/Incision:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	**Skin color:** Olive/pink, evenly toned **Character:** Smooth, dry, overall intact **Temperature:** Warm **Turgor:** Elastic; No tenting present, skin on clavicle returns to form upon release **Rashes:** None **Bruises:** None **Wounds:** None to face, torso, extremities. The patient has a second-degree laceration that was repaired with 4 sutures. no risk for pressure ulcers
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head/Neck: Symmetrical; Trachea midline with no deviations; Thyroid nonpalpable with no nodules; Bilateral carotid pulses 2+ with a regular rate/rhythm; Assessed the following lymph nodes: Preauricular, posterior auricular, tonsillar, submandibular, submental, anterior cervical, posterior cervical, occipital, supraclavicular; All lymph nodes nonpalpable and nontender bilaterally **Ears:** No wounds, lumps, or lesions; unable to

	assess canal for cerumen per patient request **Eyes**: Bilateral PERRLA, bilateral EOMs intact; Eyelids pink and moist, free of lumps or lesions; Sclerae white and shiny with no excessive vascularity; Bilateral lashes and eyebrows thick, even; Conjunctivae pink and moist; No evidence of drainage or inflammation; 14/14 visual acuity with Rosenbaum chart. **Nose**: Septum midline; Turbinates pink and moist; No polyps; Frontal sinuses bilaterally nonpalpable and nontender; Maxillary sinuses bilaterally nonpalpable and nontender **Throat/Teeth:** Good dentition with 28 teeth present; Oral and pharyngeal mucosae pink and moist with no lesions; Hard palate intact, soft palate intact and rises evenly, uvula midline; Tonsils absent (tonsillectomy)
CARDIOVASCULAR (2 point): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema: None present**	**Heart sounds:** S1 and S2 auscultated at APETM (Aortic, Pulmonic, Erb's Point, Tricuspid, Mitral) locations; No murmurs, gallops, or rubs **Cardiac rhythm:** Normal rate/rhythm with auscultation at each location; Normal sinus rhythm on cardiac monitor **Peripheral pulses:** Bilateral 2+ brachial, radial, ulnar, posterior tibial, and dorsalis pedis pulses; Regular rate/rhythm **Capillary refill:** 2 seconds fingers and toes, bilaterally
RESPIRATORY (1 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Location and Character: All lung sounds clear on auscultation posteriorly and anteriorly. No adventitious sounds. Regular rate (16 respirations/minute), equal rise and fall of left and right chest.
GASTROINTESTINAL (2 points): **Diet at Home:** **Current Diet:** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:**	Diet at home: Regular diet **Current Diet:** Regular diet **Height:** 160 cm **Weight:** 78.1kg **Bowel Sounds:** Normoactive bowel sounds in all four quadrants **Last BM:** 06/19/2023 @ approx. 0930 **Palpation:** Abdomen soft, tender (see **Reproductive**), no masses or organomegaly **Distention:** None **Incisions:** None **Scars:** None **Drains:** None

Wounds:	**Wounds:** None
GENITOURINARY (2 Points): **Quantity of urine:** **Pain with urination: Y ☒ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**Color:** Yellow **Character:** Clear **Quantity:** 200 mL **Pain:** Presence of laceration causes genitourinary pain; Pain is worsened by urination, stating "It burns more when I pee" **Inspection of genitals:** Generalized edema to the perineal area, second-degree laceration repaired with 4 sutures.
MUSCULOSKELETAL (1 points): **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score: 20** **Activity/Mobility Status:** **Independent (up ad lib) ☒** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	Neurovascular status: pink nail beds with 2 seconds capillary refill, sensation intact in all bilateral distal extremities, 2+ pulses [brachial, radial, ulnar, posterior tibialis, dorsalis pedis] **ROM:** Active **Supportive devices:** None **Strength:** 5/5 in UE and LE **Fall Score:** 20, low risk (IV access) The patient is getting up to go to the bathroom on her own.
NEUROLOGICAL (2 points): **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:** **DTRs:**	Orientation: A&Ox4 (name/DOB, location, situation, and current date) **Mental Status:** Unimpaired **Speech:** Clear, loud **Sensory:** Intact **LOC:** Alert **DTRs:** Patellar 2+
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):**	**Coping method(s):** The patient stated that she lies to talk to her husband when she is struggling. **Developmental level:** Appropriate for age **Religion:** Did not specify **Personal/Family Data:** Married; Lives with husband and 2-year-old daughter paternal and maternal grandparents were present in the room throughout the day, so extended family seems present and active in their lives.
Reproductive: (2 points) **Fundal Height & Position:** **Bleeding amount:** **Lochia Color:** **Character:** **Episiotomy/Lacerations:**	**Fundus:** 1 cm below umbilicus, midline **Bleeding:** Little to none **Lochia:** Rubia, free of odor **Episiotomy/Lacerations:** Second-degree laceration with suture repair

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:**	**Rupture:** Artificial rupture of membranes **Time:** 06/19/2023 @ 1816 **Color:** Clear **Amount:** Large amount **Odor:** No odor **Delivery Date:** 06/19/2023 @ 2330 **Type:** Vaginal **QBL:** 100 mL delivery **Sex of Newborn:** Male **APGAR at 1 minute:** 6 **APGAR at 5 minutes:** 8 **Weight:** 3580g, 7 lb., 14.3 oz. **Feeding:** Breastfeeding for now

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	**82**	**94/52**	**16**	**36.9** ºC	**100%**
Labor/Delivery	**89**	**102/41**	**18**	**37.0** ºC	**100%**
Postpartum	**79**	**109/73**	**16**	**36.8** ºC	**100%**

Vital Sign Trends: Pressures were soft but have stabilized.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0900	Numeric	Perineal area	4	Throbbing and burning with movement	Acetaminophen given for pain
1300	numeric	Perineal area	4	throbbing	Ice pack given to the patient to reduce swelling and inflammation.

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:** **Date on IV:**	**Size**: 18g **Location**: Left forearm, **Date**: 06/19/2023

Patency of IV: **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	**Patency**: Patent, flush without difficulty **Signs of erythema, drainage, etc.**: N/A **Dressing**: clear dressing, clean, dry, intact **Fluid Type/Rate or Saline Lock:** Saline lock

Intake and Output (2 points)

Intake	**Output (in mL)**
50% of her breakfast **1200 mL water**	**200 mL x3** **2 Void unmeasured**

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.**
Water given to the patient (N)	3 times	This was provided to keep the patient hydrated to promote hydration and breastfeeding.
Therapeutic communication (N)	Throughout the day	The mother has just been through a very painful and life-changing experience. Communication must be therapeutic in order to make the patient feel as comfortable as possible.

Phases of Maternal Adaptation to Parenthood (3 point)

What phase is the mother in? Phase 2, the taking-Hold Phase

What evidence supports this? The mother is getting up to see her baby and go to the bathroom on her own, showing signs of increased autonomy. The mother has been holding her baby for most of the morning. The mother wanting to do these things on her own shows that she is in the second phase of maternal adaptation (Ricci et al., 2021)**.**

Discharge Planning (3 points)

Discharge location: The patient will be discharged home with her newborn.

Equipment needs (if applicable): The patient has a breast pump at home when she transitions to bottle feeding with breast milk. Otherwise, N/A

Follow up plan (include plan for mother AND newborn): The mother should follow-up with here PCP 3 weeks after discharge to have her laceration checked and to assess how she is recovering. The newborn will need to see a pediatrician within a day of discharge.

Education needs: Keep the laceration clean and dry if possible, no baths. The mother and father are on top of caring for their newborn.

Nursing Diagnosis (30 points)
Must be NANDA approved nursing diagnosis and listed in order of priority
Two of the Nursing Diagnoses must be education related i.e. the interventions must be education for the client."

2 points for correct priority

Nursing Diagnosis (2 pt each) Identify problems that are specific to this patient. Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational (1 pt each)** Explain why the nursing diagnosis was chosen	**Intervention/Rational (2 per dx) (1 pt each)** Interventions should be specific and individualized for his patient. Be sure to include a time interval such as Assess vital signs q 12 hours." List a rationale for each intervention and using APA format, cite the source for each of the rationales.	**Evaluation (2 pt each)** How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Risk for bleeding related to postpartum	This diagnosis was chosen because the	1.Assess wound healing at least once per shift (Phelps, 2020)	The patient agreed with the risk because of her health history.

complication as evidenced by the second-degree laceration from delivery.	patient has a history of thrombocytopenia, increasing her risk for abnormal bleeding.	Rationale: this will provide the nurse with regular inspections to determine changes in bleeding status (Phelps, 2020). 2.Continouosly monitor vital signs (Phelps, 2020) Rationale: specifically, blood pressure. The patient has had soft blood pressures, and increased bleeding could lower them even more (Phelps, 2020).	She will assess on her own even after discharge to ensure no major changes in bleeding.
1. Impaired skin integrity related to labor complication as evidenced by second-degree laceration in her perineal area.	This diagnosis was chosen because this is an area where the laceration can be easily stretched, putting her as risk for impaired skin integrity.	1. Educate patient to avoid scratching the area, as this may dislodge stitches and introduce pathogenic organisms to the wound site (Phelps, 2020) Rationale: Newly closed lacerations can become itchy, causing the client to touch and scratch the area (Phelps, 2020). This should be avoided. 2.Monitor pain level with different actions to determine if pain relief is needed (Phelps, 2020) Rationale: pain in the area with movement is a sign of stretching and should be avoided if possible (Phelps, 2020).	The patient agreed. She would like this laceration to heal as quickly as possible, so that she does not have to worry about it anymore. The patient is willing to listen to education in order to accomplish her goal.
2. Risk for ineffective breastfeeding related to lack of guidance as evidenced by patient stating “no one has come in to help me breastfeed my baby” 3.	This diagnosis was chosen because mom should have talked with a breastfeeding consultant at this point in postpartum. The mother said she did not know how much the baby	1. Educate the mother in breastfeeding techniques (Phelps, 2020) Rationale: if a lactation consultant has not talked with the patient yet, then the nurse can provide some tips and tricks to help the mother feel more comfortable with feeding (Phelps, 2020). 2. Assess the neonate’s	The mother is thankful for the education and the assessment. She feels more comfortable with her baby and his breastfeeding. She would like to speak with a lactation consultant, mentioning that “it helped me so much last time.”

	was getting and talking to someone would benefit her. The baby needs milk to be healthy and grow.	mouth to determine normal anatomy of tongue and palate (Phelps, 2020). Rationale: Assessing the newborn will ensure the newborn has adequate anatomy for breastfeeding, and it will make the mother feel more comfortable (Phelps, 2020).	
4. Risk for shock related to hypotension as evidenced by her soft blood pressures and history of bleeding disorder.	This diagnosis was chosen to make the patient more aware of what her condition could lead to. It also makes the nurses more aware of complications related to hypotension and bleeding risk.	1. Assess level of consciousness with each vital sign check (Phelps, 2020). Rationale: assessing LOC can help determine if the patient is experiencing signs and symptoms of shock (Phelps, 2020). 2. Monitor hemodynamic status frequently, including blood pressure, heart rate, oxygen saturation (Phelps, 2020). Rationale: trending vital signs will give insight into the direction the patient is headed in terms of shock risk (Phelps, 2020).	The patient agreed with these interventions and rationales. Her goal is for her and her newborn to be as healthy as possible.

Other References (APA)