

N432 Postpartum Care Plan

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N432: Maternal-Newborn Care

Professor Zoe Due

July 3, 2023

Demographics (3 points)

Date & Time of Admission 6/26/2023 @ 0430	Patient Initials A.C.	Age 30 years	Gender Female
Race/Ethnicity Caucasian	Occupation Administrative assistant	Marital Status Engaged	Allergies No known allergies
Code Status Full code	Height 167.6 cm	Weight 100.7 Kg	Father of Baby Involved Yes

Medical History (5 Points)**Prenatal History:** G5T1P2A2L3

- No stated or diagnosed prenatal complications with current pregnancy.
- Cesarean section (2015) – mother stated no complications with pregnancy.
- Vaginal birth (2013) – mother stated no complications with pregnancy.

Past Medical History: Genital herpes (2019)**Past Surgical History:** Cesarean section (2015); Appendectomy (2011)**Family History:** Breast cancer (mother; grandmother); Diabetes mellitus type 2 (grandmother);

hypertension (mother; father)

Social History (tobacco/alcohol/drugs): Patient denies use of alcohol, tobacco, and other drugs.

Living Situation: Mother lives at home with fiancé (father of baby) and her 2 children.

Education Level:

- Mother – some college & Father of baby – some college

Admission Assessment

Chief Complaint (2 points): Uterine contractions

Presentation to Labor & Delivery (10 points):

Mother presented to labor and delivery due to increased frequency and intensity of uterine contractions. The patient was scheduled for induction on the same day (6/26/2023), but her induction time had been pushed back 12 hours due to limited room availability. The patient awoke around 0230 experiencing uterine contractions and spontaneous rupture of membranes. She called the labor and delivery department and was “told they had no rooms.” The patient stated she “tried sleeping in the recliner to help out my pain” but could not get back to sleep due to the discomfort she was experiencing. The patient stayed at home until 0400 when her contractions continued to increase in frequency and intensity, and she decided to present to labor and delivery. The patient was admitted at 0430 to the labor and delivery unit.

Diagnosis

Primary Diagnosis on Admission (2 points): Induction of labor

Secondary Diagnosis (if applicable): Fetal intolerance

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 (x10 ⁶ /μL)	3.9-4.96	3.92	3.95	3.63	According to Van Leeuwen and Bladh (2021), hemorrhage is related to an overall decrease in RBC count. This patient's recent cesarean section resulted in 482 mL of blood loss, which is the reason for her decreased RBC count.
Hgb (g/dL)	10.6-13.2	11.2	11.1	10.1	According to Van Leeuwen and Bladh (2021), acute blood loss is a causative factor for decreased hemoglobin. This patient lost 482 mL of blood during her cesarean section and this blood loss is the reason for her current decreased hemoglobin levels.
Hct (%)	32.4-39.5	34.5	34.1	31.1	The patient's decreased hematocrit levels are related to her decreased RBC count and decreased hemoglobin and was caused by her blood loss during the cesarean section (Van Leeuwen & Bladh, 2021).
Platelets (x10 ³ /μL)	140-400	197	192	145	*Value is not abnormal
WBC (x10 ³ /μL)	4.27-11.4	7.35	11.18	12.56	According to Van Leeuwen and Bladh (2021), during pregnancy it is normal for a patient's white blood cell (WBC) count to be elevated, especially during the third trimester and labor. This patient's increase in WBC count is due to a natural increase during pregnancy.

Neutrophils (%)	40-80	72.5	60.7	78.1	*Value is not abnormal
Lymphocytes (%)	20-40	19.2	30.7	14.9	*Value is not abnormal
Monocytes (%)	2-10	7.2	7.1	6.4	*Value is not abnormal
Eosinophils (%)	1-7	0.7	0.6	0.2	*Value is not abnormal
Bands (%)	0-10	0.1	0.2	0.4	*Value is not abnormal

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	N/A	A	A	A	*Value is not abnormal
Rh Factor	N/A	Pos.	Pos.	Pos.	*Value is not abnormal
Serology (RPR/VDRL)	Negative	Negative	N/A	N/A	*Value is not abnormal
Rubella Titer	Immune	Immune	N/A	N/A	*Value is not abnormal
HIV	Negative	Negative	N/A	N/A	*Value is not abnormal
HbSAG	Negative	Negative	N/A	N/A	*Value is not abnormal
Group Beta Strep Swab	Negative	Negative	N/A	N/A	*Value is not abnormal
Glucose at 28 Weeks	<140 mg/dL	75 mg/dL	N/A	N/A	*Value is not abnormal
MSAFP (If Applicable)	10-150 ng/dL	N/A	N/A	N/A	*Value is not abnormal

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 – no additional lab tests completed	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 – test was not completed

Lab Reference (1) (APA):

Carle Foundation Hospital. (2023). *Normal lab values*. Carle Foundation Hospital.

Van Leeuwen, A. M., & Bladh, M. L. (2021). *Davis's comprehensive handbook of laboratory & diagnostic tests with nursing implication* (9th ed.). F. A. Davis Company

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>The patient stated that on 06/26/23 at approximately 0230 she was awoken feeling strong contractions. The patient was 40 weeks 6 days gestation and was scheduled for labor induction later that same day, but the induction time had been pushed back due to lack of beds on the unit. Between 0230 and 0400, the patient's contractions continued to increase in intensity and frequency (around every 2-3 minutes), and the patient experienced a spontaneous rupture of membranes. The patient stated the amount of fluid was moderate and was clear with no odor. The patient presented to the labor and delivery unit and was admitted for labor induction around 0430. At time of presentation, the patient was scheduled for a vaginal birth after cesarean (VBAC). Ricci et al. (2021) explains that while some women who have had cesarean births undergo cesarean births in their later pregnancies, some women can also deliver vaginally in subsequent pregnancies. At the time of admittance, the baseline fetal heart rate (FHR) was 155 with good variability. After labor was induced with oxytocin, FHR monitoring began to show signs of fetal distress or intolerance, and indicated the baby was experiencing variable decelerations. Ricci et al. (2021)</p>

explains that variable decelerations are one of the most common decelerations and are typically correctable. Variable decelerations are also associated with fetal cord compression, but there was no documentation indicating that cord compression was causing this child's decelerations (Ricci et al., 2021). Normal methods of variable deceleration correction such as repositioning did not help the fetal distress, and it was decided the patient would need a cesarean birth after the decelerations continued to increase in severity. At 0930, the patient delivered a male baby by cesarean section.

According to Mayo Clinic (2022a), the first stage of labor is characterized by persistent contractions and ends at full cervical dilation of 10 cm. This patient was in the first stage of labor for approximately 7 hours - from the time she awoke with contraction pain to the time she was prepared for a cesarean section. The second stage of labor is full cervical dilation to the birth of the child (Mayo Clinic, 2022a). This patient was in the second stage of labor for approx. 30 minutes, and this was during the time of the cesarean section. The third stage of labor is characterized by the delivery of the placenta (Mayo Clinic, 2022a). The patient was in the third stage for approx. 5 minutes, and this was during the cesarean section after the delivery of the

	child.
Current stage of labor	<p>The mother, father, and baby were on the postpartum unit, and the mother was currently in the fourth stage of labor, or the recovery phase (Ricci et al., 2021). Ricci et al. (2021) explains that the fourth stage of labor is concerned with frequent monitoring of the mother and child for complications and fostering familial bonds. Common findings during the fourth stage of labor include a firm fundus, small to moderate amount of vaginal discharge, and changes in baseline vital signs (Ricci et al., 2021). Mayo Clinic (2022b) explains that there are various complications associated with cesarean sections, including infection, blood loss, and blood clotting. The patient currently did not have any signs and symptoms of infections, like fever, redness around the incision, or purulent drainage around the incision (Capriotti & Frizzell, 2020). Additionally, the patient was using sequential compression devices to decrease blood clot risk. The patient did experience 482 ml of blood loss during the cesarean section, but bleeding was currently under control. One complication to monitor is postpartum mood disorder, which is characterized by anxiety, irritability, mood swings, and fatigue (Ricci et al., 2021). According to Ricci et al. (2021), the symptoms of postpartum mood disorder occur most often around</p>

	<p>postpartum day 4-5 and usually resolve around postpartum day 10. Overall, the mother and father were adapting well to their new child and were spending time introducing the new baby to the child's siblings during clinical time.</p>
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Stage of Labor References (2) (APA):

Capriotti, T. & Frizzell, J. P. (2020). *Pathophysiology: Introductory concepts and clinical perspectives*. (2nd ed.). F.A. Davis Company.

Mayo Clinic. (2022a). *Labor and delivery, postpartum care*. Retrieved on July 3, 2023, from <https://www.mayoclinic.org/healthy-lifestyle/labor-and-delivery/in-depth/stages-of-labor/art-20046545>

Mayo Clinic. (2022b). C-section. Retrieved on July 3, 2023, from

<https://www.mayoclinic.org/tests-procedures/c-section/about/pac-20393655>

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)

Brand/Generic	One-a-Day/ Generic Prenatal vitamin	Zovirax/ Acyclovir	N/A - patient only
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			had 2 home medications
Dose	27 mg	800 mg	N/A
Frequency	Daily	BID	N/A
Route	PO	PO	N/A
Classification (Thera. And Pharma.)	T: Vitamin P: None (Vallerand & Sanoski, 2023)	T: Antiviral P: Purine analogue (Vallerand & Sanoski, 2023)	N/A
Mechanism of Action	Medication contains various vitamins necessary for normal fetal growth and development, including iron, folic acid, fat-soluble vitamins, and water-soluble vitamins (Vallerand & Sanoski, 2023).	Medication inhibits the synthesis and replication of viral DNA (Vallerand & Sanoski, 2023).	N/A
Reason Client Taking	Supplemental vitamins for fetal growth and development	Genital herpes management	N/A
Contraindications (2)	1. Anemia of undetermined cause 2. Sensitivity to colorants (Vallerand & Sanoski, 2023)	1. Pregnancy – continue use if benefits outweigh risks 2. Breastfeeding – continue using if benefits outweigh risks (Vallerand & Sanoski, 2023).	N/A
Side Effects/Adverse Reactions (2)	1. Urine discoloration 2. Allergic reaction(s) to preservatives or colorants (Vallerand & Sanoski, 2023)	1. Nausea 2. Diarrhea (Vallerand & Sanoski, 2023).	N/A
Nursing Considerations (2)	1. Medication can be administered IV if patient is having difficulty swallowing. 2. For patients using chewable forms, the medication should be fully chewed before swallowing (Vallerand & Sanoski, 2023).	1. Medication therapy should be initiated as soon as possible after the first signs and symptoms of genital herpes. 2. Medication should be taken with a full glass of water	N/A

		(Vallerand & Sanoski, 2023).	
Key Nursing Assessment(s)/Lab(s) Prior to Administration	1. Assess patient for vitamin deficiencies prior to initiating medication therapy. 2. Assess patient for known allergies to colorants and/or preservatives before administration. (Vallerand & Sanoski, 2023).	1. BUN and creatinine levels should be evaluated prior to medication initiation and during therapy. 2. Inspect and assess areas with lesions prior to administration and during therapy (Vallerand & Sanoski, 2023).	N/A
Client Teaching needs (2)	1. Educate patient on the need to maintain a balanced diet for optimal vitamin intake. 2. Educate client that chewable forms can look like candy to children and to keep the medication out of reach (Vallerand & Sanoski, 2023).	1. Educate patient on the importance of taking the full course of medication. 2. Educate patient that the medication is not a cure and will not prevent spread to others (Vallerand & Sanoski, 2023).	N/A

Hospital Medications (5 required)

Brand/Generic	Toradol/ Ketorolac	Norco/ Hydrocodone	Colace/ Docusate sodium	Gas-X/ Simethicone	Tylenol/ acetaminophen
Dose	15 mg	650 mg	50 mg	160 mg	1000 mg
Frequency	Q6H	Q4H PRN	BID	Q4H PRN	Q6H
Route	IV	PO	PO	PO	PO
Classification (Thera. & Pharma.)	T: Nonopioid analgesic P: Nonsteroidal anti-inflammatory drug (Vallerand & Sanoski, 2023).	T: Opioid analgesic P: Opioid agonist (Vallerand & Sanoski, 2023).	T: Laxative P: Stool softener (Vallerand & Sanoski, 2023).	T: Anti-flatulent (Vallerand & Sanoski, 2023).	TL Nonopioid analgesic (Vallerand & Sanoski, 2023).
Mechanism of	Medication	Medication	Medication	Medication	Medication

Action	“Inhibits prostaglandin synthesis, producing peripherally mediated analgesia (Vallerand & Sanoski, 2023, p. 753).”	“binds to opiate receptors in the CNS, altering the perception of and the response to painful stimuli (Vallerand & Sanoski, 2023, p. 675).”	“promotes incorporation of water into stool, resulting in softer fecal mass (Vallerand & Sanoski, 2023, p. 468).”	allows for the merging of gas bubbles but does not inhibit gas formation (Vallerand & Sanoski, 2023).	“inhibits synthesis of prostaglandins that may serve as mediators of pain and fever, primarily in the CNS (Vallerand & Sanoski, 2023, p. 96).”
Reason Client Taking	Pain management	Pain management	Constipation treatment	Gas management	Pain management
Contraindications (2)	1. Gastrointestinal (GI) bleeding 2. Renal impairment (Vallerand & Sanoski, 2023).	1. Lactation – avoid chronic use 2. Respiratory depression (Vallerand & Sanoski, 2023).	1. Abdominal pain of unknown cause 2. Prolonged use (Vallerand & Sanoski, 2023).	1. Abdominal pain of unknown cause 2. Fever (Vallerand & Sanoski, 2023).	1. Alcohol use 2. Liver impairment (Vallerand & Sanoski, 2023).
Side Effects/Adverse Reactions (2)	1. Stroke 2. GI bleeding (Vallerand & Sanoski, 2023).	1. Hypotension 2. Constipation (Vallerand & Sanoski, 2023).	1. Abdominal cramping 2. Diarrhea (Vallerand & Sanoski, 2023).	1. No significant adverse effects (Vallerand & Sanoski, 2023).	1. Steven-Johnson Syndrome 2. Hepatotoxicity (Vallerand & Sanoski, 2023).
Nursing Considerations (2)	1. Medication should always be administered IM or IV during early medication therapy. 2. Medication should be delivered at a moderate pace and at least over 15 seconds (Vallerand & Sanoski, 2023).	1. Medication can cause opioid overdose – have naloxone ready to administer as the medication’s antidote. 2. Medication can be addictive – discontinue gradually to prevent withdrawal	1. Medication should be administered with a full glass of water or juice. 2. Medication can be administered on empty stomach (Vallerand & Sanoski, 2023).	1. Medication should be administered after meals for ideal results 2. Medication should have a dose scheduled for bedtime (Vallerand & Sanoski, 2023).	1. Medication has a risk of overdose – have N-acetylcysteine ready to administer as the medication’s antidote. 2. Medication should be administered with a full glass of water (Vallerand & Sanoski, 2023).

		symptoms (Vallerand & Sanoski, 2023).			
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	1. Assess patient's pain levels and characteristics prior to administration and periodically after administration (Vallerand & Sanoski, 2023).	1. Assess patient's respiratory rate and status prior to administration. 2. Assess patient's pain levels and characteristics prior to administration and periodically after administration (Vallerand & Sanoski, 2023).	1. Assess patient's stool color, consistency, and amount prior to administration and after administration. 2. Assess patient's bowel sounds and usual bowel patterns prior to administration. (Vallerand & Sanoski, 2023).	1. Assess patient's abdomen and bowel sounds prior to medication administration. 2. Assess patient's frequency of belching or flatus prior to administration (Vallerand & Sanoski, 2023).	1. Assess patient's liver and renal function tests prior to administration and periodically throughout use. 2. Assess patient's pain levels and characteristics prior to administration and periodically after (Vallerand & Sanoski, 2023).
Client Teaching needs (2)	1. Educate patient that the medication may cause drowsiness or dizziness. 2. Educate the patient to avoid concurrent use of the medication with alcohol, aspirin, or other NSAIDs (Vallerand & Sanoski, 2023).	1. Educate client to take the medication as prescribed and to not take more than the recommended amount. 2. Educate patient's family on the signs and symptoms of opioid overdose (Vallerand & Sanoski, 2023).	1. Educate patient that the medication should not be taken within two hours of other laxatives. 2. Educate patient that the medication should not be used for long-term treatment of constipation (Vallerand & Sanoski, 2023).	1. Educate patient on the use of physical activity to decrease gas pain. 2. Educate patient to notify their provider if symptoms continue after medication use (Vallerand & Sanoski, 2023).	1. Educate patient to not exceed 4 grams/day of medication. 2. Educate patient to not use alcohol while using the medication (Vallerand & Sanoski, 2023).

Medications Reference (1) (APA):

Revised 5/18/23

Vallerand, A. H. & Sanoski, C. A. (2023). *Davis's drug guide*. F.A. Davis Company.

<https://www.drugguide.com/ddo>

Assessment

Physical Exam (18 points)

<p>GENERAL (1 point): Alertness: Orientation: Distress: Overall appearance:</p>	<p>Alertness: Patient is alert. Orientation: Patient is oriented x4 - to person, time, place, and situation. Distress: Patient is in no acute distress, but states that are in some pain. Overall appearance: Patient is newly showered, well-groomed, and appears calm and happy.</p>
<p>INTEGUMENTARY (1 points): Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds/Incision: . Braden Score: Drains present: Y <input type="checkbox"/> N <input type="checkbox"/> Type:</p>	<p>Skin color: Skin color white and appropriate for ethnicity. Character: Overall skin intact. Patient has an abdominal incision from recent cesarean section. Patient also has 1+ edema in feet and ankles. Temperature: Warm. Turgor: Returns to place in <3 seconds. No tenting. Rashes: None. Bruises: None. Wounds/Incision: Patient has a transverse abdominal incision on her lower abdomen that is currently covered by a gauze dressing. Braden Score: <u>21</u> - low risk for skin breakdown Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: N/A</p>
<p>HEENT (1 point): Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Head/Neck: Head and neck symmetrical. Trachea midline without deviation. No lymphadenopathy noted or palpated in head or neck. Lymph nodes assessed: tonsillar, submandibular, submental, preauricular, posterior auricular, anterior cervical, posterior cervical, occipital, and supraclavicular. Carotid pulses 2+ bilaterally. Ears: Bilateral auricles symmetrical with no pain, lumps, lesions, or drainage. Ear canals clear bilaterally.</p>

	<p>Eyes: PERRLA present and EOMs intact bilaterally. Sclera white bilaterally, Conjunctiva and eyelids pink and moist bilaterally with no lesions or drainage inspected. No noted drainage from eyes.</p> <p>Nose: Septum midline. Bilateral turbinates pink and moist with no visible bleeding or drainage.</p> <p>Teeth: Uvula midline. Tonsils present, pink and moist and 1+ bilaterally with no noted exudate. Overall dentition good. Overall oral mucosa pink and moist with no noted exudate or lesions.</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 type="checkbox"/> Edema Y <input type="checkbox"/> N <input type="checkbox"/> Location of Edema:</p>	<p>Heart sounds: S1 and S2 heart sounds present with no murmurs, gallops, or rubs.</p> <p>Cardiac rhythm (if applicable): Regular cardiac rate and rhythm.</p> <p>Peripheral Pulses: Carotid, radial, and posterior tibial pulses regular and 2+.</p> <p>Capillary refill: <3 seconds in fingers and toes bilaterally.</p> <p>Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Edema Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Location of Edema: 1+ edema in feet and ankles.</p>
<p>RESPIRATORY (1 points): Accessory muscle use: Y <input type="checkbox"/> N <input type="checkbox"/> Breath Sounds: Location, character</p>	<p>Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Breath Sounds: Breath sounds clear and present anteriorly and posteriorly bilaterally. Right middle lobe auscultated and clear. No adventitious breath sounds noted. Respirations non-labored. Respirations symmetrical. Normal respiratory rate and rhythm.</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:</p>	<p>Diet at Home: Regular</p> <p>Current Diet: Regular</p> <p>Height: 167.6 cm</p> <p>Weight: 100.7 Kg</p> <p>Auscultation Bowel sounds: Bowel sounds auscultated and active at 5-34 per minute in all four quadrants.</p> <p>Last BM: 6/25/23</p> <p>Palpation: Pain, Mass etc.: Abdomen soft and nontender to palpation with no palpated masses. Incision present in lower abdomen with pain near incision site.</p> <p>Distention: None.</p>

<p>Wounds:</p>	<p>Incisions: Incision present in lower abdomen. Scars: Transverse abdominal scarring from last cesarean section. Drains: None. Wounds: No other wounds present.</p>
<p>GENITOURINARY (2 Points): Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input type="checkbox"/> Type: Size:</p>	<p>Quantity of urine: Patient voided twice. Urine quantity was not being collected. Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Genitals not inspected. Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: N/A Size: N/A</p>
<p>MUSCULOSKELETAL (1 points): ADL Assistance: Y <input type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input type="checkbox"/> Fall Score: 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>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 – low risk for falls Activity/Mobility Status: Independent (up ad lib) <input checked="" type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>
<p>NEUROLOGICAL (2 points): MAEW: Y <input type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC: DTRs:</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 type="checkbox"/> Orientation: Patient is A&Ox4. Mental Status: Appropriate for age and development. Speech: Clear. Sensory: Intact. LOC: Patient is A&Ox4. DTRs: Patellar reflex present at 2+.</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>Coping method(s): Patient lives at home with her fiancé and two other children. Patient also stated she lives close to her mother and father and sees them frequently. Developmental level: Appropriate for age and development. Religion & what it means to pt.: Patient stated she is Christian and goes to church semi-regularly. Personal/Family Data (Think about home environment, family structure, and available</p>

	family support): Patient has strong family and personal support. She lives with her current fiancé and two other children who were visiting their new sibling during clinical time.
Reproductive: (2 points) Fundal Height & Position: Bleeding amount: Lochia Color: Character: Episiotomy/Lacerations:	Fundal Height & Position: Fundus 2 cm below umbilicus and midline. Bleeding amount: Minimal. Lochia Color: Dark red with minimal discharge. Character: Odorless. Episiotomy/Lacerations: No episiotomy or lacerations due to cesarean delivery.
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 of Membranes: Spontaneous Time: 6/26/2023 @ 0230 Color: Clear Amount: Moderate amount Odor: Odorless Delivery Date: 6/26/2023 Time: 0930 Type (vaginal/cesarean): Cesarean Quantitative Blood Loss: 482 ml Male or Female: Male APGAR at 1 minute: 8 APGAR at 5 minutes: 8 Weight: 8 lbs 2.5 oz (3700 g) Feeding Method: Breastfeeding

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	89 bpm	128/65	18 rpm	37.2 C	100% room air
Labor/Delivery	71 bpm	123/60	20 rpm	36.3 C	100% room air
Postpartum	88 bpm	117/79	18 rpm	37.1 C	98% room air

Vital Sign Trends: Vital signs stable throughout prenatal period and delivery process.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0920	Numerical	Abdomen/ Back	6	Sore, incisional pain	Pain medication
1615	Numerical	Lower back	2	Sore, dull ache	Rest; heat pack; pain medication

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:	Size of IV: 18 g Location of IV: Left forearm – IV was removed after medication administration. Date on IV: 6/26/2023 Patency of IV: Open and flushes easily. Signs of erythema, drainage, etc.: None. IV dressing assessment: Clean and dry before removal.

Intake and Output (2 points)

Intake	Output (in mL)
100% of breakfast 960 ml water 240 ml orange juice	Patient voided 2x

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 management (M)	As needed	After the cesarean section, the patient

		was in pain due to the surgical nature of the procedure. Pain management allowed the patient to be comfortable while recovering.
Breastfeeding education (N)	Daily or as needed	The patient was having difficulty with the child remaining latched to the nipple while breastfeeding - the education provided the patient was techniques to enhance the child's feeding.
Wound care (N)	Q6H	After the cesarean section, the patient has a healing surgical incision on the lower abdomen. It is important to maintain a clean dressing and assess the incision for any signs of infection.

Phases of Maternal Adaptation to Parenthood (3 point)

What phase is the mother in?

The mother is in the taking-hold phase (Ricci et al., 2021)

What evidence supports this?

According to Ricci et al. (2021), the taking-hold phase is characterized by increasingly independent behavior by the mother. This patient was becoming increasingly independent and was caring for the child with the help of her partner and little help from the nursing staff. The mother was also performing self-care activities, including showering, and wearing clothes brought from home.

Discharge Planning (3 points)

Discharge location: Home with family

Equipment needs (if applicable): N/A

Follow up plan (include plan for mother AND newborn): The patient should follow-up with her primary care provider or personal OB-GYN for monitoring of her incision from the C-section.

The newborn will be following-up with the family's primary care provider or pediatrician for well-child checks.

Education needs:

1. Breastfeeding education – the mother needs to follow-up on the breastfeeding education received earlier in the day to determine the effectiveness of the education.
2. Wound care and monitoring – the mother and family need educated on proper wound care techniques and signs and symptoms that would indicate a complication.

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)
1. Acute pain <u>related to</u> cesarean section and incision <u>as evidenced by</u> transverse incision on patient's abdomen and pain rating of 6/10. (Phelps, 2020).	This nursing diagnosis was chosen due to the current pain the surgical incision is causing the mother and the impacts of pain on quality of life.	1. Assess patient's level of pain every 2 hours and administer medications as ordered (Phelps, 2020). Rationale: This intervention will allow for the nurse to continuously monitor the patient's pain and modify care as needed (Phelps, 2020). 2. Provide other pain interventions every 2 hours to the patient, including massage and repositioning	The patient responded well to the pain interventions. While the patient was vocal that she was trying to use as little pain medication as possible, it was also apparent she was in pain. The patient was thankful that pain management was being made a priority in her care.

		(Phelps, 2020). Rationale: This intervention will help the patient reduce muscle tension and transfer pressure to different body parts (Phelps, 2020).	
2. Ineffective breastfeeding <u>related to</u> mother's knowledge on breastfeeding techniques <u>as evidenced by</u> mother stating, "why can't I get him to stay on there?" (Phelps, 2020).	This nursing diagnosis was chosen due to the impact that poor feeding may have on the infant's nutritional status.	1. Educate the mother once a shift on breast care and breastfeeding techniques (Phelps, 2020). Rationale: This intervention will help provide personal education to the mother and enhance the infant's nutrition (Phelps, 2020). 2. Educate the mother once a shift on the importance of fluid intake and nutrition for proper breastfeeding (Phelps, 2020). Rationale: This nursing intervention will provide the mother with a rationale that caring for her own body will help care for her baby's body (Phelps, 2020).	The mother was generally frustrated that the child would not breastfeed properly but was open and committed to nursing interventions to help the child feed better. The patient was grateful for the help.
3. Risk for bleeding <u>related to</u> postpartum complication <u>as evidenced by</u> transverse incision on patient's abdomen after cesarean section. (Phelps, 2020).	This nursing diagnosis was chosen due to the potential complication of bleeding that is associated with cesarean delivery.	1. Inspect and evaluate patient's surgical wound every 2 hours (Phelps, 2020). Rationale: This intervention allows the nurse to compare current bleeding trends with expected bleeding trends (Phelps, 2020). 2. Monitor clinical laboratory tests related to bleeding once a shift (Phelps, 2020). Rationale: This intervention will allow the care team to identify any changes in	The patient responded to these nursing interventions well. The patient understood that bleeding was a potential complication post-surgery and was open to interventions to decrease bleeding risk.

		laboratory values that may be early indications of bleeding (Phelps, 2020).	
4. Risk for infection <u>related to</u> alteration in skin integrity and <u>invasive procedure</u> <u>as evidenced by</u> transverse incision on patient's abdomen (Phelps, 2020).	This nursing diagnoses was chosen because while the patient's incision is not currently infected, infection is a known complication of a cesarean section.	1. Educate patient once a shift on proper handwashing technique and the importance of hand hygiene (Phelps, 2020). Rationale: This intervention allows the patient to be an active participant in their care and prevention of surgical complications (Phelps, 2020). 2. Educate patient twice a shift on signs and symptoms of infection and instruct them to alert the nurse at any sign of infection (Phelps, 2020). Rationale: This intervention allows the patient to take part in their care plan and be vigilant about their health (Phelps, 2020).	The patient was understanding of these interventions. The patient appreciated that the nursing staff was taking preventative measures and including the patient in her own care.

Other References (APA)

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