

N432 Postpartum Care Plan

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N432: Maternal-Newborn Care

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Demographics (3 points)

Date & Time of Admission 09/22/23	Patient Initials GN	Age 24 years old	Gender Female
Race/Ethnicity White/Caucasian, Non-Hispanic	Occupation Housewife	Marital Status Married	Allergies Citalopram, Iodine, Tramadol, Celexa
Code Status Full Code	Height 165.1 cm	Weight 117 kg	Father of Baby Involved Present at the bedside

Medical History (5 Points)

Prenatal History: G3 T1 P1 A1 L2, Preeclampsia

Past Medical History: Anxiety, depression, obesity, cholestasis, undiagnosed hypertension, LGSIL, Low vitamin B12 level, vitamin D deficient, patellofemoral instability, PCOS, SAB, Strabismus

Past Surgical History:

Dilation and curettage on 12/02/22

Family History:

Hypertension on Mother, Father, and Sister.

Social History (tobacco/alcohol/drugs):

Denies the use of alcohol and drugs. Reported secondhand smoke exposure from childhood but not during pregnancy.

Living Situation: The client lives at home with husband, four stepchildren, and one biological child.

Education Level: High school graduate

Admission Assessment

Chief Complaint (2 points): Increased abdominal pain and cramping

Presentation to Labor & Delivery (10 points):

A 24-year-old G3 P1 client at 36 weeks and four days gestation presented in the emergency room with decreased fetal movement. Past medical history includes pre-eclampsia and elevated blood pressure from the previous pregnancy. The client is scheduled for induction of labor on 09/26 at 37 weeks and one day, per Maternal Fetal Medicine. The client reported feeling more pain with increased cramping and pelvic discomfort. She reported five kicks in two hours. Upon assessment, contractions are sporadic, 1-2 times per hour with 4-5 intensity. No leakage of fluid and vaginal bleeding was noted.

Diagnosis

Primary Diagnosis on Admission (2 points): Rule out pre-eclampsia

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	3.5-5.2	4.17	4.21	3.60	N/A
Hgb	11-16.8	11.2	11.6	9.5	A low Hgb value can indicate blood loss or hypovolemia. (Pagana et al., 2019). A low Hgb level is normal in pregnancy (Pagana et al., 2019).
Hct	34%-47%	34.35%	35.4%	29.3%	A low Hct value is a significant finding to blood loss and anemia (Pagana et al., 2019). A low Hct level is normal in pregnancy (Pagana et al., 2019).

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Platelets		303	279	249	N/A
WBC	4.00-11.00	13.37	12.55	15.65	An elevated WBC level can indicate an infection (Pagana et al., 2019). The client's immune system is suppressed during pregnancy.
Neutrophils	1.60-7.70	9.35	No value	12.49	A high Neutrophil level can indicate trauma and acute bacterial infections (Pagana et al., 2019). The client's immune system is suppressed during pregnancy.
Lymphocytes	20-40	20.3	No value	12.1	A low level of Lymphocytes indicated that T or B cells that fight chronic infections are low.
Monocytes	2-8	7.0	No value	6.7	N/A
Eosinophils	1-4	0.4	No value	0.1	A low Eosinophil level indicates that there is an allergic reaction. The client is likely to have a diminished allergic response that leads to decreased eosinophil.
Bands	0%-10%	No value	No value	No value	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, B, AB, O	A	A	A	N/A
Rh Factor	(+) or (-)	+	+	+	N/A
Serology (RPR/VDRL)	Reactive or Nonreactive	Nonreactive	Nonreactive	Nonreactive	N/A
Rubella Titer	Immune or Nonimmune	Immune	Immune	Immune	N/A
HIV	Reactive or Nonreactive	Nonreactive	Nonreactive	Nonreactive	N/A
HbSAG	Reactive or Nonreactive	Nonreactive	Nonreactive	Nonreactive	N/A
Group Beta	(+) or (-)	Positive	Positive	Positive	The client's GBS

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Strep Swab					status is likely latent.
Glucose at 28 Weeks	>140	117 mg/dL	No value	No value	N/A
MSAFP (If Applicable)	N/A	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
Magnesium	1.6-2.6	1.6	No value	No value	N/A
D-dimer	<0.50	0.59	No value	No value	N/A
LDH	117-278	129	No value	No value	N/A
Uric Acid	2.6-6.0	4.2	No value	No value	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)	47.00-110.00 mg/dL	122.25	41.89	87.49	Obtaining urine creatinine is indicated for suspected preeclampsia (Pagana et al., 2019). The urine creatinine test is indicated for the client because of the history of pre-eclampsia.

Lab Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2020). *Mosby's® diagnostic and*

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laboratory test reference. (15th ed.). Mosby.

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>Total hours in labor: 11 hours and 3 minutes</p> <p>Induced Labor by Oxytocin.</p> <p>1st stage: 10 hours and 39 minutes 2nd stage: 0 hours and 19 minutes 3rd stage: 0h and 5 minutes</p>
<p>Current stage of labor</p>	<p>The client is in the fourth stage of labor. The fourth stage of labor begins with the completion of the placental expulsion and membranes (Ricci et al., 2021). After one to four hours after the birth of the newborn, stabilization and the body’s initial adjustment occurs. The mother experiences feelings of excitement and peace. After the inspection of her newborn, the newborn is then placed skin-to-skin with the mother. Breastfeeding is initiated. The normal finding of fundus should be firm and contracted. In circumstances of a boggy uterus, massaging it to keep the uterus firm is the intervention. The local or vaginal discharge is red in color, with moderate flow, and a mix of small clots is seen. The client did not have an episiotomy during the second labor stage.</p>

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	<p>Post-delivery intervention includes frequent monitoring for hemorrhage, DVT, and bladder distention. After the delivery, hunger and thirst are experienced by the mother. Hypotonic bladder and limited sensation to assess her ability to use the bladder fully. Additional assessment includes vital signs, amount, and consistency of vaginal discharge; fundal assessment is done, and laboratory values including coagulation tests, vaginal lacerations, incomplete removal of the placenta (Hutchison et al. 2023). Due to contracting the uterus, cramp-like discomfort is present at this stage. Pain assessment and pharmacological and nonpharmacological interventions are vital</p>
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Stage of Labor References (2) (APA):

Hutchison J., Mahdy H., & Hutchison J. (2023). *Stages of labor*. National Library of Medicine, National Center for Biotechnology Information.

<https://www.ncbi.nlm.nih.gov/books/NBK544290/>

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	Sertraline (Zoloft)	Aspirin			
Dose	100 mg tablets	81 mg tablets			
Frequency	Every day	Every day			
Route	PO	PO			
Classification	Therapeutic class: Antidepressants Pharmacologic class: SSRIs	Therapeutic class: NSAIDs Pharmacologic class: Salicylates			
Mechanism of Action	Thought to be linked to drug's inhibition of CNS neuronal reuptake of Serotonin <i>(Nursing 2022 Drug Handbook, 2022).</i>	Thought to produce analgesia and exert its anti-inflammatory effect by inhibiting prostaglandin and other substances that sensitize pain receptors. Drug may relieve fever through central action in the hypothalamic heat regulating center. In low doses, drug also appears to interfere with clotting by keeping a platelet-aggregating			

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		substance from forming (<i>Nursing 2022 Drug Handbook, 2022</i>).			
Reason Client Taking	The client is taking this medication to treat depression and anxiety.	The client is taking this medication at 12 weeks of pregnancy due to history of severe preeclampsia			
Contraindications (2)	1. Clients with angle-closure glaucoma (<i>Nursing 2022 Drug Handbook, 2022</i>). 2. Clients with bipolar disorder (<i>Nursing 2022 Drug Handbook, 2022</i>).	1. Clients with bleeding disorders (<i>Nursing 2022 Drug Handbook, 2022</i>). 2. Client with history of active peptic ulcer disease (<i>Nursing 2022 Drug Handbook, 2022</i>).			
Side Effects/Adverse Reactions (2)	1. Suicidal behavior 2. Seizure (<i>Nursing 2022 Drug Handbook, 2022</i>).	1. GI bleeding 2. Tinnitus (<i>Nursing 2022 Drug Handbook, 2022</i>).			
Nursing Considerations (2)	1. Record the client's mood changes (<i>Nursing 2022 Drug Handbook, 2022</i>). 2. Monitor the client for suicidal thinking and tendency (<i>Nursing 2022</i>	1. Stop the use of drug 5-7 days before elective surgery (<i>Nursing 2022 Drug Handbook, 2022</i>). 2. Monitor closely for signs of			

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	<i>Drug Handbook, 2022).</i>	bleeding (<i>Nursing 2022 Drug Handbook, 2022).</i>			
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Assess for serotonin toxicity such as muscle twitching, loss of coordination, shaking and shivering (<i>Nursing 2022 Drug Handbook, 2022).</i>	Monitor salicylate level (<i>Nursing 2022 Drug Handbook, 2022).</i>			
Client Teaching needs (2)	<p>1. Tell the client that this medication may take 2 weeks to fully working (<i>Nursing 2022 Drug Handbook, 2022).</i></p> <p>2. Instruct the client not to stop the drug abruptly (<i>Nursing 2022 Drug Handbook, 2022).</i></p>	<p>1. Enteric Coated aspirin should not be crushed to prevent GI discomfort (<i>Nursing 2022 Drug Handbook, 2022).</i></p> <p>2. Advise client to take the drug with, antacid, milk, food, or large glass of water to reduce GI upset (<i>Nursing 2022 Drug Handbook, 2022).</i></p>			

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Hospital Medications (5 required)

Brand/Generic	Ibuprofen (Advil)	Prenatal Vitamin/ Calcium-Iron/Folic Acid	Hydrocodone-Acetaminophen (Norco)	Ondansetron hydrochloride (Zofran)	Oxytocin (Pitocin)
Dose	600 mg	25 mg/1mg	5-325 mg	4 mg	9.96 u/hr
Frequency	Every 6 hours, PRN	Every day	Every 4 hours, PRN	Every 6 hours, PRN	Once
Route	PO	PO	PO	Injection	IV
Classification	Therapeutic class: NSAIDs Pharmacological Class: NSAIDs	Therapeutic class: Vitamins, Minerals Pharmacological Class: Organic Molecules	Therapeutic class: Opioid analgesic Pharmacological Class: Opioid analgesics–para-aminophenol derivatives	Therapeutic class: Antiemetic Pharmacological Class: SSRA	Therapeutic class: Uterine stimulant Pharmacological Class: Oxytocic
Mechanism of Action	May inhibit prostaglandin synthesis, to produce anti-inflammatory, analgesic, and antipyretic effects <i>(Nursing 2022 Drug Handbook, 2022).</i>	This drug is used to improve nutritional status prior to pregnancy <i>(Drugs.com, 2023).</i>	Inhibits synthesis of prostaglandins and binds to opiate receptors in CNS and peripherally blocks pain impulse generation; produces antipyresis by direct action on hypothalamic heat-regulating center; causes cough suppression	May block 5-HT3 in the CNS in the chemoreceptor trigger zone and in the peripheral nervous system on nerve terminals of the vagus nerve <i>(Nursing 2022 Drug Handbook, 2022).</i>	Oxytocin stimulate uterine contractions in the myometrium by causing G-protein coupled receptors to stimulate a rise in intracellular calcium in uterine myofibrils <i>(Osilla & Sharma, 2023).</i>

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			by direct central action in medulla; may produce generalized CNS depression (<i>Nursing 2022 Drug Handbook, 2022</i>).		
Reason Client Taking	To treat mild to moderate pain.	This medication is to supplement nutrition.	To treat moderate to severe pain.	To treat nausea and/or vomiting.	To stimulate uterine contraction.
Contraindications (2)	<p>1. NSAIDs puts the client on higher risk of stroke and heart attack with or without heart disease or risk factors for heart disease (<i>Nursing 2022 Drug Handbook, 2022</i>).</p> <p>2. This drug is contraindicated in clients after CABG surgery (<i>Nursing 2022 Drug Handbook, 2022</i>).</p>	<p>1. Clients with history of alcohol abuse and liver problems (<i>Drugs.com, 2023</i>).</p> <p>1. Clients with iron overload disorder (<i>Drugs.com, 2023</i>).</p>	<p>1. Clients with history of respiratory depression (<i>Nursing 2022 Drug Handbook, 2022</i>).</p> <p>2. Contraindicated in clients with acute liver failure (<i>Nursing 2022 Drug Handbook, 2022</i>).</p>	<p>1. Clients with serotonin syndrome (<i>Nursing 2022 Drug Handbook, 2022</i>).</p> <p>2. Clients with hypersensitivity to glucocorticoids (<i>Nursing 2022 Drug Handbook, 2022</i>).</p>	<p>1. Clients with active genital herpes (<i>Osilla & Sharma, 2023</i>).</p> <p>2. Contraindicated when the fetus is in an abnormal presentation (<i>Osilla & Sharma, 2023</i>).</p>

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<p>Side Effects/Adverse Reactions (2)</p>	<p>1. Indigestion 2. Nausea and vomiting <i>Nursing 2022 Drug Handbook, 2022).</i></p>	<p>1. Upset stomach 2. Constipation (Drugs.com, 2023).</p>	<p>1. Constipation 2. Sedation (Nursing 2022 Drug Handbook, 2022).</p>	<p>1. Bronchospasm 2. Hypoglycemia (Nursing 2022 Drug Handbook, 2022).</p>	<p>1. Intensified contraction (Osilla & Sharma, 2023).. 2. Abdominal and stomach pain (Osilla & Sharma, 2023).</p>
<p>Nursing Considerations (2)</p>	<p>1. This drug may mask signs and symptoms of infection (<i>Nursing 2022 Drug Handbook, 2022).</i> 2. May alter the antiplatelet effect of low-dose aspirin therapy (<i>Nursing 2022 Drug Handbook, 2022).</i></p>	<p>1. To avoid stomach upset take prenatal vitamins with food (Drugs.com, 2023). 2. Avoid giving the medication with dairy products, antacids, and calcium supplements (Drugs.com, 2023).</p>	<p>1. Monitor client's sedation level, vital signs, pain score and respiratory status (<i>Nursing 2022 Drug Handbook, 2022).</i> 2. Assess for drug misuse and overdose (<i>Nursing 2022 Drug Handbook, 2022).</i></p>	<p>1. Monitor electrocardiogram, as ordered. This drug can prolong the Q-T interval (<i>Nursing 2022 Drug Handbook, 2022).</i> 2. Monitor the client closely for signs and symptoms of serotonin syndrome (<i>Nursing 2022 Drug Handbook, 2022).</i></p>	<p>1. Monitor fluid intake and output (Osilla & Sharma, 2023). 2. Monitor frequency and duration of contraction (Osilla & Sharma, 2023).</p>
<p>Key Nursing Assessment(s)/ Lab(s) Prior to Administration</p>	<p>Monitor platelet count (<i>Nursing 2022 Drug Handbook, 2022).</i></p>	<p>Assess the use of other vitamins and OTC medication (Drugs.com, 2023).</p>	<p>Monitor for increased LFT values (<i>Nursing 2022 Drug Handbook, 2022).</i></p>	<p>AST and ALT level may increase with the use of this drug (<i>Nursing 2022 Drug Handbook, 2022).</i></p>	<p>Assess for possible contraindications such as cardiac arrhythmias (Osilla & Sharma, 2023).</p>
<p>Client Teaching needs (2)</p>	<p>1. Teach the client to take this</p>	<p>1. Teach the client to not take more</p>	<p>1. Teach the client to not operate</p>	<p>1. Advise the client to report signs of</p>	<p>1. Teach the client that oxytocin</p>

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	<p>drug with milk or antacids, and/or with meals (<i>Nursing 2022 Drug Handbook</i>, 2022).</p> <p>2. Tell the client not to take other OTC NSAIDs, such as Aleve and naproxen. (<i>Nursing 2022 Drug Handbook</i>, 2022).</p>	<p>than the recommended dose (<i>Drugs.com</i>, 2023).</p> <p>2. Teach the client that vitamins that contain iron may make the stool black (<i>Drugs.com</i>, 2023).</p>	<p>heavy machinery or drive when on this medication (<i>Nursing 2022 Drug Handbook</i>, 2022).</p> <p>2. Teach the client the use of stool softener or laxative, drink plenty of fluid, and high fiber diet to prevent constipation (<i>Nursing 2022 Drug Handbook</i>, 2022).</p>	<p>hypersensitivity such as a rash (<i>Nursing 2022 Drug Handbook</i>, 2022).</p> <p>2. Caution the client to report palpitations, dizziness or dyspnea (<i>Nursing 2022 Drug Handbook</i>, 2022).</p>	<p>will also be given after giving birth in cases of persistent uterine bleeding (Osilla & Sharma, 2023).</p> <p>2. Teach the client to report signs and symptoms such as blurred vision, confusion, and hallucination (Osilla & Sharma, 2023).</p>
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Medications Reference (1) (APA):

Drugs.com. (2023). *Prenatal multivitamins uses, side effects & warnings*. Drugs.com.
<https://www.drugs.com/mtm/prenatal-multivitamins.html>

Nursing 2022 Drug Handbook (42nd ed.). (2022). Wolters Kluwer.

Osilla E. V., & Sharma S. (2023). *Oxytocin*. National Library of Medicine, National Center for Biotechnology Information. <https://www.ncbi.nlm.nih.gov/books/NBK507848/>

Assessment

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Physical Exam (18 points)

<p>GENERAL (1 point): Alertness: Orientation: Distress: Overall appearance:</p>	<p>Alert and oriented to person, place, time, and situation. In no acute distress Awake and well-groomed</p>
<p>INTEGUMENTARY (1 points): Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds/Incision: . Braden Score : 22 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: N/A</p>	<p>White Appropriate to ethnicity Warm and dry Less than two seconds No rashes No bruises 2nd degree vaginal laceration</p>
<p>HEENT (1 point): Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Head and neck symmetrical No visible deformity of the ear. No hearing deficit Strabismus present. PERRLA, EOM intact. No use of glasses No deviated septum. No drainage. Septum is midline. Oral mucosa pink and moist. Teeth intact. No use of dentures.</p>
<p>CARDIOVASCULAR (2 point): Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Less than 2 secs Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema:</p>	<p>S1 and S2 noted, PMI palpable No murmur and gallops Sinus Rhythm Brachial-2+ bilat, radial-2+ bilat, popliteal-2+ bilat, dorsal pedid-2+ bilat, pos tibial- 2+ bilat No edema noted on the upper and lower extremities.</p>
<p>RESPIRATORY (1 points): Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>RUL- clear posterior and anterior RML- clear posterior and anterior RUL- clear posterior and anterior LUL- clear posterior and anterior LLL- clear posterior and anterior</p>
<p>GASTROINTESTINAL (2 points): Diet at Home: Current Diet:</p>	<p>Regular Regular</p>

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<p>Height: Weight: Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds:</p>	<p>165.1 cm 117 kgs Hypoactive bowel sound in RLQ and LLQ Evening of September 27th Mild pain on the lower abdomen, no mass noted. Round and Non-distended No incision No scars No drains No wounds</p>
<p>GENITOURINARY (2 Points): Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: N/A Size: N/A</p>	<p>Unable to measure the quality of urine. The client had two occurrences. Reported that the urine is dark in color. Denies pain, hesitancy, urgency in urination.</p>
<p>MUSCULOSKELETAL (1 points): ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Score: 21 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>The client is independent, does not need assistance with ambulation, does not need assistive devices. Full range of motion observed.</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: Mental Status: Speech: Sensory: LOC: DTRs:</p>	<p>Oriented to person, place, time and situation A+Ox4 Articulate clearly, no speech impediment. Sensory intact. No sensory abnormality Conscious, awake, and alert Patellar: Reactive</p>
<p>PSYCHOSOCIAL/CULTURAL (2 points): Coping method(s): Developmental level: Religion & what it means to pt.:</p>	<p>The client states that the children help her cope. Intimacy vs. Isolation The client does not practice Religion</p>

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Personal/Family Data (Think about home environment, family structure, and available family support):	The client lives at home with husband, four stepchildren, and one biological child. She states that she have family support available.
Reproductive: (2 points) Fundal Height & Position: Bleeding amount: Lochia Color: Character: Episiotomy/Lacerations:	Fundus is firm and 1 cm below the umbilicus. Light Rubra Red, dark 2 nd degree vaginal laceration
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:	AROM Approximately 1215 per client Clear Medium per client; no quantity documented No odor 09/28 1252 Vaginal 497 mL Male 8 & 9 3000 g (6lbs. and 9.8 oz) Breastfeed

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	102	120/72	No Value	No value	No value
Labor/Delivery	99	131/72	20	98.3 (oral)	97 Room Air
Postpartum	90	122/83	16	97.9 (oral)	99 Room Air

Vital Sign Trends:

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Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
8000	Numerical	Lower abdomen	4/10	Cramping	Pain medication administered
1100	Numerical	Lower abdomen	2/10	Cramping	Pain medication planned

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:	18 G Right anterior lower forearm 09/27/23 Patent No signs of erythema, drainage, infiltration Clean, dry, intact

Intake and Output (2 points)

Intake	Output (in mL)
2 cups Apple juice 1 cup water 0.9% NaCl 500 mL (Oxytocin infusion) Total intake: 1205 mL	Two occurrences. Unable to measure quantity. The client does not have drains/tubes.

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.
The nurse answers the client’s question as they immerge. “N”	As needed	This intervention is to help alleviate client’s anxiety about the information she does not know.

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The client receives Sertraline to help with anxiety. "M"	Every day	This intervention is to help the to decrease the client's anxiety by enhancing serotonin in the brain (NHS, 2022).
The nurse fixed and replaced the IV dressing as it was coming off. "N"	As needed	This intervention is to promote IV patency and prevent complications.
The nurse offers nonpharmacological pain intervention such as heat pack. "N"	As needed	This intervention is offered to the client to reduce medication intake as much as possible.

Phases of Maternal Adaptation to Parenthood (3 point)

What phase is the mother in? The client is in the Taking-Hold phase.

What evidence supports this? The client is concerned about the wellbeing of the newborn. She is actively involved in education that is provided by the nurse. Additionally, the client initiate her care as evidenced by requesting for shower and need for self-care.

Discharge Planning (3 points)

Discharge location: Home

Equipment needs (if applicable): N/A

Follow up plan (include plan for mother AND newborn): The client will be seen in two weeks, followed by six weeks. Following the well child visit schedules, the newborn will be scheduled for 1, 2,4, 6, 9, 12 months well-child visits for the first year of life.

Education needs: Breastfeeding and newborn education

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>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</p>	<p>Rational (1 pt each) Explain why the nursing diagnosis was chosen</p>	<p>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.</p>	<p>Evaluation (2 pt each) How did the patient/family respond to the nurse’s actions? <ul style="list-style-type: none"> Client response, status of goals and outcomes, modifications to plan. </p>
<p>1. Knowledge deficient related to newborn’s hunger cues as evidenced by verbalization of concerns</p>	<p>The client is learning about breastfeeding in terms of frequency and time spent breastfeeding.</p>	<p>1. Educate the client on breastfeeding techniques. Rationale: Utilizing the breastfeeding technique can promote adequate nutrition for the newborn (Ricci et al., 2021). 2. Have the client demonstrate the skills taught. Rationale: Evaluation of the learned skills promotes readiness and feedback that can help with the intervention (Phelps, 2020).</p>	<p>The client will verbalize the understanding of the teaching and will demonstrate or teach back the learned information.</p>
<p>2. Knowledge deficit related to the newborn’s cues as evidenced by verbalization of concerns</p>	<p>The client is learning about the newborn’s cues such as facial expressions, crying, and other body movements.</p>	<p>1. Discuss newborn cues and what they mean with the new parents. Rationale: This intervention can alleviate stress and anxiety (Phelps, 2020). 2. Teach the client techniques to calm an infant, such as swaddling and swinging. Rationale: This intervention can help soothe a fussy infant (Ricci et al.,</p>	<p>The parents will understand the newborn cues and know the interventions to calm an infant.</p>

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		2021).	
3. Anxiety related to the care of the newborn as evidenced by vocalization of concern	The client asks multiple questions about the normal expectations for the newborn's development.	1. Teach the client about expected normal findings on a newborn. Rationale: Presenting accurate information can reduce symptoms of anxiety (Phelps, 2020). 2. Provide psychological and social support and use empathy. Rationale: The way a nurse-client interaction can influence the overall care (Phelp, 2020).	The client will verbalize a decrease in anxiety after the implemented interventions.
4. Risk for bleeding related to blood loss	The client is at risk for postpartum hemorrhage due to vaginal birth.	1. Assess the fundus. Rationale: Uterine atony can lead to hemorrhage (Ricci et al., 2021). 2. Monitor coagulation laboratory values such as PT/INR and aPTT. Rationale: The coagulation studies will show the efficiency of blood clotting factors (Phelp, 2020).	There will be an absence of excessive bleeding and uterine atony.

Other References (APA)

Ackley, B., Ladwig, G., Makic, M., Kratz, M., Zanoliti, M. (2021). *Nursing diagnosis handbook: An evidence-based guide to planning care* (12th ed.) Elsevier.

NHS. (2022). About sertraline. National Health Service.

<https://www.nhs.uk/medicines/sertraline/about-sertraline/#:~:text=Sertraline%20works%20by%20increasing%20the,side%20effects%20than%20older%20antidepressants>

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

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