

N432 Postpartum Care Plan

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Lakeview College of Nursing

N432: Maternal-Newborn Care

Professor Bohlen

2/8/2024

Demographics (3 points)

Date & Time of Admission 2-7-2024	Patient Initials KG	Age 19	Gender Female
Race/Ethnicity Caucasian	Occupation Unemployed	Marital Status Single	Allergies Amoxicillin, Bactrim
Code Status Full	Height 5' 3" (160cm)	Weight 170lbs (77.1kg)	Father of Baby Involved Yes

Medical History (5 Points)

Prenatal History: G1T1P0A0L1. The patient experienced high blood pressure that was related to her pre-eclampsia. She delivered the female baby successfully.

Past Medical History: The patient did not have a prior medical history until she was diagnosed with pre-eclampsia during her pregnancy.

Past Surgical History: The patient had no past surgical history.

Family History: The mother of the patient did not have hypertension during her pregnancy. She had two successful pregnancies. Grandma had no complications in her pregnancies. The patient did not know about her paternal side. It was not in the chart.

Social History (tobacco/alcohol/drugs): The patient denies any drug, tobacco, or alcohol use. Her drug test came back negative.

Living Situation: The patient lives with her mother.

Education Level: High School

Admission Assessment

Chief Complaint (2 points): The patient came in for her induction.

Presentation to Labor & Delivery (10 points): The patient was a 19-year-old female. She came into the hospital to be induced at 37 weeks' gestation due to her high blood pressure. The high blood pressure was related to her preeclampsia. This was her first pregnancy and baby. Her total time of labor was about 7.5 hours.

Diagnosis

Primary Diagnosis on Admission (2 points): The patient was getting induced

Secondary Diagnosis (if applicable): She was diagnosed with preeclampsia.

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	3.8-5.3 10(6)mcL	3.54	3.28	2.57	The patient is anemic and, as a result, has decreased RBCs (Martin, 2023). The patient hemorrhaged also decreasing her count (Martin, 2023)

Hgb	12.0-15.8 g/dL	9.9	9.5	6.9	The patient has a low hgb due to her being anemic pre-delivery (Martin, 2023). She had a decrease in Hgb after giving birth due to a hemorrhage (Martin, 2023).
Hct	36.0- 47.0%	30.8	28.6	21.3	The decreased levels are from her anemia (Martin, 2023). Her decrease may also be related to pregnancy (Martin, 2023).
Platelets	140-440 10(3)mcL	264	251	204	N/A
WBC	4-12 10(3)mcL	7.00	6.9	10.6	N/A
Neutrophils	47-73%	N/A	79.2	N/A	Her increase in neutrophils could be related to the stress pregnancy puts on a women's body (Martin,

					2023).
Lymphocytes	18-42%	N/A	12.4	N/A	When a women conceives her lymphocyte number decrease and remains at that level until the pregnancy ends (Sainana, 2023).
Monocytes	4-12%	N/A	7.8	N/A	N/A
Eosinophils	0.0-1.0%	N/A	0.2	N/A	N/A
Bands	N/A	N/A	N/A	N/A	N/A

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

Lab Test	Normal Range	Prenatal Value	Value on Admission	Today's Value	Reason for Abnormal
Blood Type	O-, O+, A-, A+, B-, B+, AB-, and AB+	O+	O+	O+	N/A
Rh Factor	Pos/Neg	Pos	Pos	Pos	N/A
Serology (RPR/VDRL)	Pos/Neg	Neg	Neg	Neg	N/A
Rubella Titer	Immune,	Nonimmune	Nonimmune	Nonimmune	N/A

	nonimmune				
HIV	Pos/Neg	Neg	Neg	Neg	N/A
HbSAG	Pos/Neg	Neg	Neg	Neg	N/A
Group Beta	Pos/Neg	Pos	Pos	Pos	N/A
Strep Swab					
Glucose at 28 Weeks	Less than 140	94	N/A	N/A	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
Drug Screening	Neg	Neg	Neg	Neg	Neg
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)	0.021-0.127	Per chart, unable to calculate	0.560	N/A	Her increase in urine creatine is related to her preeclampsia (Martin, 2023).

Lab Reference (1) (APA):

Martin, P. (2023). *Complete normal lab values reference guide cheat sheet*. Nurselabs.

<https://nurseslabs.com/normal-lab-values-nclex-nursing/#h-total-calcium-ca-ionized-calcium>

Sainani, S. (2023, June 7). *Low lymphocytes during pregnancy*. Firstcry Parenting.

www.parenting.firstcry.com

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

	Your Assessment
History of labor:	<p>Total length of labor was 7.5 hours The patient was induced but had a spontaneous ROM. First Stage: 5 hours and 40 minutes Second Stage: 1 hour and 17 minutes Third Stage: 6 minutes</p>

Current stage of labor	4th stage (Ricci et al., 2021).

The mother was induced. The first stage of labor lasted about 6 hours. In this stage, the mother's body prepares for delivery (Ricci et al., 2021). The cervix starts dilating and is fully ready at 10 centimeters, and the effacement is 100% (Ricci et al., 2021). This stage is where her membranes rupture. The second stage of labor lasted 1 hour and 17 minutes. The second stage is where the mother is pushing, and the baby is crowning (Ricci et al., 2021). The third and final stage of the delivery process is the placenta delivery (Ricci et al., 2021). The third stage lasted 6 minutes. The mother is in the 4th stage of her current stage of labor (Ricci et al., 2021). The fourth stage is after labor and delivery and is 1-4 hours after the birth of the baby and the placenta (Ricci et al., 2021). It is after the initial stabilization and the physiologic adjustment from the mother (Ricci et al., 2021). This is where I started caring for this patient. There are many risk factors for this mother in this current stage. She is at risk for postpartum hemorrhage, mood disorder, and infection. She is at risk for hemorrhaging because magnesium is a CNS suppressant and relaxes the muscle (Jones & Bartlett, 2023). This includes relaxing her uterus, which is supposed to be contracting after birth, to stop bleeding. The mother did hemorrhage, as evidenced by blood clots, high pulse rate, and low blood pressure. She had a blood pressure of 60/40. She had a decrease in her hemoglobin. It was at 6.9 after her labs were drawn after her hemorrhaging. The patient had 2010ml of blood loss, and the doctor inserted a jada to help her uterus contract to

1/2/2024

help stop the unseen bleeding. She received 2 units of blood. She is at risk of infection like a UTI. The patient received a catheter and that puts her at a higher risk for a UTI. The signs and symptoms are pain/burning while urinating, a high WBC, or pain in the lower quadrants (Mayo Clinic Staff, 2022). She had a blood pressure of 60/40. She had a decrease in her hemoglobin. It was at 6.9 after her labs were drawn after her hemorrhaging. The client is in the “taking-in” phase of her postpartum journey (Ricci et al., 2021). During the first day or two, the mother will allow the nurse and medical team to help her with her basic needs and follow their lead (Ricci et al., 2021). The mother wants to talk about her delivery experience as she waited months to get to this point. She is also entering into the maternal psychological adaptation stage (Ricci et al., 2021). This is where the mother might become irritable, withdrawn, depressed, or tearful (Ricci et al., 2021). My patient was excited to tell me about her birth. She couldn’t enjoy the hours after her baby was born because she did not feel good. This is abnormal because, at this stage, she should be in the “taking in” phase, but because she did not feel well, she could not accomplish this. After she received her needed medical care, she finally felt good enough to enjoy holding and feeding her baby and started entering the correct stage. She let the nurse and I guide her to what she would be doing with the baby. She also let the nurse plan her schedule for the day. This included what times she would feed and bathe the baby.

References

Jones & Bartlett Learning. (2023). *Nurse’s drug handbook* (22nd ed., pp 823-824). Jones & Bartlett Learning

Mayo Clinic Staff. (2022, September 14). *Urinary tract infection*. Mayo Clinic.

<https://www.mayoclinic.org/diseases-conditions/urinary-tract-infection/symptoms-causes/syc-20353447>

Ricci, S. S., Kyle, T., & Carman, S. (2021). *Maternity and pediatric nursing* (4th ed., pp. 527-544). Wolters Kluwer

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

7 different medications must be completed

Home Medications (2 required)

Brand/Generic	Labetalol (normuDYNe)	Iron (ferrous sulfate)
Dose	200mg	325mg
Frequency	2x Daily	Once Daily
Route	Oral	Oral
Classification	Pharmacological: Noncardiac selective beta-blocker (Jones & Bartlett, 2023). Therapeutic class: Antihypertensive (Jones & Bartlett,	Pharmacological: Hematinic (Jones & Bartlett, 2023) Therapeutic class: Antianemia (Jones & Bartlett, 2023)

	2023)	
Mechanism of Action	Blocks beta and alpha receptors in vascular smooth muscle in heart to lower blood pressure (Jones & Bartlett, 2023).	Acts to normalize RBC production by binding with hemoglobin (Jones & Bartlett, 2023)
Reason Client Taking	To lower blood pressure	Anemic
Contraindications (2)	<ol style="list-style-type: none"> 1. Prolong hypotension (Jones & Bartlett, 2023) 2. Cardiogenic shock (Jones & Bartlett, 2023) 	<ol style="list-style-type: none"> 1. Blood transfusions (Jones & Bartlett, 2023) 2. Iron overload (Jones & Bartlett, 2023)
Side Effects/Adverse Reactions (2)	<ol style="list-style-type: none"> 1. Anxiety (Jones & Bartlett, 2023) 2. Fatigue (Jones & Bartlett, 2023) 	<ol style="list-style-type: none"> 1. Headache (Jones & Bartlett, 2023) 2. Nausea (Jones & Bartlett, 2023)
Nursing Considerations (2)	<ol style="list-style-type: none"> 1. Present in breast milk (Jones & Bartlett, 2023) 2. Monitor patient's blood glucose level (Jones & Bartlett, 2023) 	<ol style="list-style-type: none"> 1. Unabsorbed iron may turn the stool green or black (Jones & Bartlett, 2023) 2. Hemoglobin levels

		might normalize after 2-3 months (Jones & Bartlett, 2023)
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Assess patient's blood pressure before administering (Jones & Bartlett, 2023)	<ol style="list-style-type: none"> 1. Make sure the patient has not eaten and takes the iron first thing in the morning (Jones & Bartlett, 2023) 2. Check the CBC before iron is giving especially since the patient received a blood transfusion (Jones & Bartlett, 2023)
Client Teaching needs (2)	<ol style="list-style-type: none"> 1. A meal needs to be eaten before the drug is given (Jones & Bartlett, 2023) 2. Inform patient to lie down while receiving the medication intravenously (Jones & Bartlett, 2023) 	<ol style="list-style-type: none"> 1. Instruct client to eat foods that are high in vitamin C to help with the iron absorption (Jones & Bartlett, 2023) 2. Instruct patient to not take antacids after 1

		hour after administering iron (Jones & Bartlett, 2023)
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Hospital Medications (5 required)

Brand/Generic	Tranexamic acid (cyklokapron)	Prenatal Vitamin	Magnesium Sulfate	Lactated Ringers	Pitocin (Oxytocin)
Dose	1000mg	1 tab	40g/1000ml	75ml/hr	1,000mcg
Frequency	1	Nightly	Continuous	Continuous	once
Route	IV	Oral	IV	IV	Rectal
Classification	Pharmacological: Antifibrinolytic (Jones & Bartlett, 2023) Therapeutic class: Antifibrinolytic	Pharmacological: Vitamin (Mayo Clinic Staff, 2022). Therapeutic class:	Pharmacological: Mineral (Jones & Bartlett, 2023) Therapeutic	Pharmacological: Isotonic Fluids (Jones & Bartlett, 2023) Therapeutic	Pharmacological: oxytocic (Osilla & Sharma, 2022) Therapeutic class:

	(Jones & Bartlett, 2023)	Vitamin (Mayo Clinic Staff, 2022).	class: Electrolyte replacement (Jones & Bartlett, 2023)	class: Isotonic Fluids (Jones & Bartlett, 2023)	oxytocic (Osilla & Sharma, 2022)
Mechanism of Action	Hindering the breakdown of blood clots by binding to locations on molecules, stopping the contact of plasminogen (Jones & Bartlett, 2023)	A mother will take prenatal to help fill in any vitamins that she may be lacking (Mayo Clinic Staff, 2022)	It assists enzymes that are involved in phosphate transfer reactions the use ATP (Jones & Bartlett, 2023)	There is an increase of production of lactate and that acts a buffer as it takes up hydrogen forming lactic acid (Signh et al., 2023)	Causes the protein that is with receptors to stimulate an increase in calcium in the uterine myofibrils (Osilla & Sharma, 2022)
Reason Client Taking	To treat cyclic heavy menstrual	To get added minerals and	The magnesium sulfate is to	Fluid replacement from the	To help control post-

	bleeding (Jones & Bartlett, 2023) The patient hemorrhaged	vitamins for her and the baby (Mayo Clinic Staff, 2022)	help lower her blood pressure (Jones & Bartlett, 2023)	amount blood loss and fluid the patient loss from hemorrhaging (Singh et al., 2023)	partum hemorrhage (Osilla & Sharma, 2022)
Contraindications (2)	If there is a blood clot in a vein (Jones & Bartlett, 2023) Patients that are breast feeding (Jones & Bartlett, 2023)	If the mother is already taking other vitamins and minerals (Mayo Clinic Staff, 2022) If the patient has any allergies to the	2 hours or less before a delivery from a mother who has preeclampsia (Jones & Bartlett, 2023) Heart block (Jones & Bartlett, 2023)	Patients with over hydration (Singh et al., 2023) Hepatic dysfunction (Singh et al., 2023)	When the fetus is in a breech position (Osilla & Sharma, 2022) Hypersensitive to the synthetic version (Osilla & Sharma, 2022)

		ingredients (Mayo Clinic Staff, 2022)			
Side Effects/Adverse Reactions (2)	Headaches (Jones & Bartlett, 2023) Vomiting (Jones & Bartlett, 2023)	Nausea (Mayo Clinic Staff, 2022) Constipation (Mayo Clinic Staff, 2022)	Confusion (Jones & Bartlett, 2023) Dizziness (Jones & Bartlett, 2023)	Edema (Singh et al., 2023) Liver cirrhosis (Singh et al., 2023)	Stomach pain (Osilla & Sharma, 2022) Intensified contraction (Osilla & Sharma, 2022)
Nursing Considerations (2)	Monitor the patient for vision changes (Jones & Bartlett, 2023) Increases the risk of a thrombosis for	Some patients get sick to their stomachs after taking prenatal (Mayo Clinic Staff, 2022)	Drug is present in breastmilk (Jones & Bartlett, 2023) Monitor electrolyte	Liver dysfunction (Singh et al., 2023) Cerebral edema (Singh et al., 2023)	Monitor the blood pressure closely (Osilla & Sharma, 2022) Monitor the

	your patient. (Jones & Bartlett, 2023)	Different brands of parentals have differed doses of the vitamins and minerals (Mayo Clinic Staff, 2022)	levels in the patient (Jones & Bartlett, 2023)		patient's fluids (Osilla & Sharma, 2022)
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Monitor the patient's hemodynamics, hgb and hct. Blood pressure that has a systolic lower than 90. (Jones & Bartlett, 2023)	Look at the patient's levels of the 14 different vitamins (Mayo Clinic Staff, 2022)	Check the patients vitals signs like blood pressure and pulse. Look at magnesium and potassium	Assess for fluid overload in the patient and look at sodium and potassium (Singh et al., 2023)	Assess input and output while administering the drug (Osilla & Sharma, 2022). Take vital signs

			levels (Jones & Bartlett, 2023)		regularly
Client Teaching needs (2)	<p>Tell your provider if you notice a blood clot (Jones & Bartlett, 2023)</p> <p>Do not use this drug if you do not have your menstruation (Jones & Bartlett, 2023)</p>	<p>Take after you eat something small to avoid an upset stomach (Mayo Clinic Staff, 2022)</p> <p>The chewable are lower in vitamin, but might be a good option if the pill</p>	<p>Increase fluid intake and dietary intake of fiber to help prevent constipation (Jones & Bartlett, 2023)</p> <p>Inform patients if they are taking a supplement meant for magnesium,</p>	<p>Explain to the patient that the medicine will be going through their IV access (Singh et al., 2023)</p> <p>Swelling might occur (Singh et al., 2023)</p>	<p>Your contractions will get stronger as the drug kicks in (Osilla & Sharma, 2022)</p> <p>Oxytocin is a natural hormone in the female body (Osilla & Sharma, 2022)</p>

		makes the patients nauseated (Mayo Clinic Staff, 2022)	it can cause diarrhea (Jones & Bartlett, 2023)		
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Medications Reference (1) (APA):

Jones & Bartlett Learning. (2023). *Nurse’s drug handbook* (22nd ed., 421-1464). Jones & Bartlett Learning

Osilla, E., & Sharma, S. (2022, July 24). *Oxytocin*. National Library of Medicine. <https://www.ncbi.nlm.nih.gov/books/NBK507848/>

Mayo Clinic Staff. (2022, April 19) *Pregnancy week by week*. Mayo Clinic. <https://www.mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/in-depth/prenatal-vitamins/art-20046945>

Singh, S., Kerndt, C., & Davis, D. (2023, August 14). *Ringer’s lactate*. National Library of Medicine. <https://www.ncbi.nlm.nih.gov/books/NBK500033/#:~:text=Mechanism%20of%20Actio,-Understanding%20the%20metabolism&text=Administering%20a%20liter%20of%20Ringer's,increasing%20preload%20and%20thus%2C%20perfusion>

Assessment

Physical Exam (18 points)

GENERAL (1 point):	
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<p>Alertness: Alert and Orientated x 4</p> <p>Orientation: Alert and Orientated x 4</p> <p>Distress: In no acute distress</p> <p>Overall appearance: Well-groomed</p>	
<p>INTEGUMENTARY (1 points):</p> <p>Skin color: Pale</p> <p>Character: Dry</p> <p>Temperature: 98.8</p> <p>Turgor: Normal</p> <p>Rashes: No rashes</p> <p>Bruises: No bruises</p> <p>Wounds/Incision: 1st degree tear</p> <p>Braden Score: 22</p> <p>Drains present: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Type: Jada</p>	
<p>HEENT (1 point):</p> <p>Head/Neck: Symmetrical with no deviation. Trachea is midline. No nodules. Thyroid nonpalpable. Carotid was palpable 3+.</p> <p>Ears: No injury or drainage</p> <p>Eyes: PERRLA and EOMs were intact bilaterally.</p>	

<p>Nose: Septum was midline with the turbinate's moist and pink</p> <p>Teeth: All teeth were intact</p>	
<p>CARDIOVASCULAR (2 point):</p> <p>Heart sounds: S1 and S2 noted. Normal rate and rhythm.</p> <p>S1, S2, S3, S4, murmur etc.</p> <p>Cardiac rhythm (if applicable):</p> <p>Peripheral Pulses: 3+ Bilaterally</p> <p>Capillary refill: < 3 seconds</p> <p>Neck Vein Distention: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Edema Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Location of Edema: In lower extremities.</p> <p>+3</p>	
<p>RESPIRATORY (1 points):</p> <p>Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Breath Sounds: Location, character</p> <p>Patient had clear lung sounds with slight crackles</p>	

<p>GASTROINTESTINAL (2 points):</p> <p>Diet at Home: Regular</p> <p>Current Diet: Regular</p> <p>Height: 160cm</p> <p>Weight: 77.1 kg</p> <p>Auscultation Bowel sounds: Present in all four quadrants</p> <p>Last BM: 2/9/24</p> <p>Palpation: Pain, Mass etc: Uncomfortable and tender</p> <p>Distention: Yes (related to pregnancy/postpartum)</p> <p>Incisions: No</p> <p>Scars: No</p> <p>Drains: No</p> <p>Wounds: No</p>	.
<p>GENITOURINARY (2 Points):</p> <p>Quantity of urine: 400ml</p> <p>Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Inspection of genitals: Red and swollen</p> <p>Catheter: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p>	

<p>Type: French</p> <p>Size: 14g</p>	
<p>MUSCULOSKELETAL (1 points):</p> <p>ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Fall Score: 25</p> <p>Activity/Mobility Status: Full</p> <p>Independent (up ad lib) Yes, but needs help standing until weakness wears off</p> <p>Needs assistance with equipment No</p> <p>Needs support to stand and walk Yes</p>	.
<p>NEUROLOGICAL (2 points):</p> <p>MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no -</p> <p>Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input checked="" type="checkbox"/></p> <p>Orientation: AxO x4</p> <p>Mental Status: Adult</p> <p>Speech: Clear</p> <p>Sensory: Felt light touch</p> <p>LOC: Full</p> <p>DTRs: 1+</p>	.

<p>PSYCHOSOCIAL/CULTURAL (2 points):</p> <p>Coping method(s): Showers</p> <p>Developmental level: Adult</p> <p>Religion & what it means to pt.: Christianity. She's not religion driven</p> <p>Personal/Family Data (Think about home environment, family structure, and available family support): Patient lives with mother. She does not have a good relationship with her father. Her support is her mom, grandmother, friends, and her boyfriend.</p>	
<p>Reproductive: (2 points)</p> <p>Fundal Height & Position: Fundal height was at umbilicus</p> <p>Bleeding amount: 2010 mls</p> <p>Lochia Color: Rubra</p> <p>Character: blood clots</p> <p>Episiotomy/Lacerations: 1st degree tear with repair</p>	
<p>DELIVERY INFO: (1 point)</p> <p>Rupture of Membranes: Spontaneous</p>	

<p>Time: 0012</p> <p>Color: Clear</p> <p>Amount: moderate</p> <p>Odor: odorless</p> <p>Delivery Date: 2/8/2024</p> <p>Time: 0157</p> <p>Type (vaginal/cesarean): Vaginal</p> <p>Quantitative Blood Loss: 2010 ml</p> <p>Male or Female: Female</p> <p>Apgars:</p> <p>1 minute: 7</p> <p>5 minutes: 8</p> <p>Weight: 5lb 6 oz</p> <p>Feeding Method: Breastfeeding</p>	
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Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	82	145/93	N/A	N/A	N/A
Labor/Delivery	95	139/66	22	98.6	98
Postpartum	87	119/80	14	98.8	98

Vital Sign Trends:

1/2/2024

Vitals were consistently high during pregnancy. They were in the range you would be suspicious of preeclampsia. The blood pressure was normal during my initial assessment. We saw a decline in blood pressure and an increase in pulse before discovering the hemorrhage. They steadied in the normal range when the patient received blood and medication like labetalol.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1115	1	Pelvic area	Moderate	throbbing	Elevated head of head
1201	0	0	0	0	0

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
<p>Size of IV: 20G</p> <p>Location of IV: Right forearm</p> <p>Date on IV: 2/8/2024</p> <p>Patency of IV: Open with LR running</p> <p>Signs of erythema, drainage, etc: No erythema, drainage, swelling, or signs of infection</p> <p>IV dressing assessment: Dry and intact</p>	

Intake and Output (2 points)

Intake	Output (in mL)
684 Fluids	2010ml blood
60mls of ice chips	400ml of urine

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.
Weighing the peri pads to see how much blood loss (N)	Every 3 hours or PRN	My mother was hemorrhaging, and to document her output, we had to weigh the peri pad to see what the blood loss was.
Skin to Skin between mother and baby (N)	When the babies temperature was low, when the	A baby cannot regulate their

	mother was breastfeeding, or when the mother wanted skin to skin	temperature, so skin-to-skin was a nursing intervention that was used to help. It also helped initiate the mother with breastfeeding.
Monitoring vital signs (N)	Every hour	The intervention was put in place because the mother was preeclamptic and had hypertension.
Administering the medication (M)	When they are ordered or PRN	The medication was administered to help the mom stop hemorrhaging.

Phases of Maternal Adaptation to Parenthood (3 point)

What phase is the mother in? “Taking in” (Ricci et al., 2021)

What evidence supports this? The mother wanted to tell me about her experience of giving birth and how she had waited nine months for the delivery of her baby.

Reference

Ricci, S. S., Kyle, T., & Carman, S. (2021). *Maternity and pediatric nursing* (4th ed., pp. 527-544). Wolters Kluwer

Discharge Planning (3 points)

Discharge location: The mother and baby will be going home to live the grandmother.

Equipment needs (if applicable): No equipment needed

Follow up plan (include plan for mother AND newborn): Baby will be seen in 24-48 hours.

Mother will be seen 6 weeks after discharge unless her doctor decides to see her earlier due to complications during post-partum

Education needs: Car seat safety, breastfeeding tips, how to change baby

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. Hemorrhage related to her birth as evidence by quantitative blood loss of 2010 mls.	About 8 hours after a successful vaginal birth, the total amount of blood loss of 2010mls.	1. The patient was given two units of blood. Rationale: The patient lost 2L of blood and needed to replace the blood that was lost (“Blood transfusion, 2024).	The mother's family was very concerned but was reassured that she was doing better with the interventions. The client’s expected outcomes were successful, and the

		<p>2. There was a Jada inserted to help stop the bleeding</p> <p>Rationale: The bleeding was severe enough that the Jada provided a suction to collect blood and to help her uterus contract (Clark & MacDougall, 2022).</p>	<p>bedding was more controlled after the jada was placed. There were no modifications to the plan.</p>
<p>2. Hypertension related to her preeclampsia as evidence by her being put on magnesium and high blood pressure readings.</p>	<p>The patient was diagnosed with preeclampsia and had high blood pressure during her last trimester. and after delivery.</p>	<p>1. The patient's blood pressure was checked every 15 minutes.</p> <p>Rationale: This intervention used was to determine the type of action to take to treat episodes of high or low pressure (Phelps, 2021)</p> <p>2. Magnesium and labetalol was administered by the nurse.</p> <p>Rationale: The nurse</p>	<p>The patient and family responded well to the interventions. The patient was willing for her vitals to be checked regularly and responded emotionally well to her medication being administered.</p>

		administered labetalol and magnesium sulfate. It assists with medication administration (Phelps, 2021). MAG was given to help calm the CNS and labetalol was given to lower blood pressure (Jones & Bartlett Learning, 2023).	
3. Risk of knowledge deficit related to breastfeeding as evidence by the patient asking question about tips and how do it.	The mother was a first-time mother attempting to breastfeed, but she needed some help with baby latching.	<p>1. Knowledge was provided, and questions was asked to determine what the patient needed help with and what she wanted to achieve.</p> <p>Rationale: This information assisted the nurse in planning the care of the patient (Phelps, 2021)</p> <p>2.To be available for the patient at any given time to help assist with</p>	Mother responded well and answered honestly to the questions that was asked. The outcome was successful because the mother understood the feedback and physically did the tips and tricks the nurse provided. The baby was latching better, and the mom had more confidence in herself that will continue to grow.

		breastfeeding. Rationale: To assure the patient was understanding the teaching and how effective the knowledge was after it was given of the patient (Phelps, 2021).	
4. Risk of knowledge deficit related to childcare as evidence by the patient having trouble changing the baby's diaper.	The parents of the baby asked the nurse how to change the diaper and how to wipe due to the baby being a female.	<p>1. Showed and instructed them step by step on how to wipe and change the diaper.</p> <p>Rationale: The hands-on approach was chosen because to enhance the teaching effectiveness (Phelps, 2021).</p> <p>2. Asked patient to demonstrate the instructions and knowledge that was just provided.</p> <p>Rational: This hands-on approach, gives both parents</p>	The parents responded with enthusiasm and was attentive when listening to the instructions they were given. The goal was successful because the parents change the diapers after that successfully.

		the confidence to do this task independently in the future (Phelps, 2021).	
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Other References (APA)

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