

N432 Postpartum Care Plan

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N432: Maternal-Newborn Care

Professor Bohlen

2/15/2024

Demographics (3 points)

Date & Time of Admission 2/13/2024 1457	Patient Initials D. D. P.	Age 33	Gender Female
Race/Ethnicity African American	Occupation “ I run my own business”	Marital Status Single	Allergies NKA
Code Status Full	Height 5’ 7” (170.2 cm)	Weight 186 lbs (84.5 kg)	Father of Baby Involved Father not involved but support partner is involved

Medical History (5 Points)

Prenatal History: No prenatal issues with previous pregnancies. This pregnancy, the doctor was concerned with a fetal abnormality noted in an ultrasound so opted to induce at 38 weeks and 3 days. G= 6, T= 3, P= 3, A3, L= 3

Past Medical History: Asthma, Genital Herpes, Anemia, Anxiety

Past Surgical History: Patient states she has had no past surgical history. Nothing noted in her chart about past surgeries.

Family History: Patient states she doesn’t know of a family history of illness. Patient states she wasn’t raised by her family.

Social History (tobacco/alcohol/drugs): Patient states she quit smoking in 2016 and only uses nicotine patches, doesn’t do recreational drugs or consume alcohol.

Living Situation: Patient states she lives in Danville, in a house she shares with her boyfriend.

Education Level: High school diploma

Admission Assessment

Chief Complaint (2 points): Induction

Presentation to Labor & Delivery (10 points): Patient states: “I was at my prenatal appointment yesterday and I was getting an ultra sound. I was 38 weeks and so that’s why I was getting an ultra sound done. There wasn’t anything wrong that I could sense. The doctor looked at my ultrasound and was concerned about a possible fetal abnormality seen in the ultrasound. My doctor wanted to admit me and induce me to make sure the baby was ok”.

Diagnosis

Primary Diagnosis on Admission (2 points): Induction

Secondary Diagnosis (if applicable): No other concerns were complicating the pregnancy other than possible fetal abnormality noted in ultrasound.

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	3.80-5.30 10(6)/uL	3.76	3.6	3.43	Patient has a diagnosis of Anemia (Pagana et al., 2022).
Hgb	11.0-16.0 g/dL	11.3	10	9.8	Patient has a diagnosis of Anemia (Pagana et al., 2022).
Hct	34-47%	34.3	31.9	30.0	Patient has a diagnosis of Anemia (Pagana et al., 2022).
Platelets	140-440 10(3)/uL	377	370	344	
WBC	4.0-11.0 10(3)/uL	10.7	11.3	10.7	Patient has a diagnosis of Genital Herpes and takes Valtrex (Pagana et al., 2022).
Neutrophils	47.0-73.0%	75.1	76.4	70.7	

Lymphocytes	18.0-42.0%	16.0	14.2	19.7	Patient has a diagnosis of Genital Herpes and takes Valtrex (Pagana et al., 2022).
Monocytes	4.0-12.0%	6.6	7.5	6.9	
Eosinophils	0.0-5.0%	2	1.7	2.5	
Bands	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	A, B, AB, O,	O	O	O	
Rh Factor	+, -	+	+	+	
Serology (RPR/VDRL)	Positive/Negative	10/13/23 Positive	12/8/23 Negative	Waiting on results	Labs were drawn on 2/14/24 related to possible false positive lab on 10/13/23.
Rubella Titer	Immune Not Immune	Immune	Not drawn	Not drawn	
HIV	Positive/Negative	Negative	Negative	Negative	
HbSAG	Positive/Negative	Not detected	Not drawn	Not drawn	
Group Beta Strep Swab	Positive/Negative	Negative	Not drawn	Not drawn	
Glucose at 28 Weeks	<140	No value noted	No value noted	No value noted	Due to change in prenatal provider this lab was missed.
MSAFP (If Applicable)	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
					No other abnormal test noted for this patient

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)					Urine Creatinine was not done for this patient

Lab Reference (1) (APA):

Pagana, K.D., Pagana T.J., & Pagana, T. P. (2022) *Mosby's Diagnostic and Laboratory Test Reference* (16th ed.). Mosby.

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

	Your Assessment
History of labor: Length of labor Induced /spontaneous Time in each stage	Length of labor was 53 minutes total. Patient was induced and spent 25 minutes in the first stage of labor, 25 minutes in the second stage of labor, and 3 minutes in the third stage of labor.
Current stage of labor	Post 4th stage

First stage of labor the mother's body starts to prepare for delivery of her baby (Ricci et al., 2021). The mother's cervix will start to dilate and will be complete when the mom reaches 10 cm and 100% effacement (Ricci et al., 2021). This mother was induced due to a possible fetal abnormality noted on her 38 week ultra sound. Possible fetal abnormalities noted at 35-37 weeks gestation could include but are not limited to: hydronephrosis, mild ventriculomegaly, ventricular septal defect, and duplex kidney (Ficara et al., 2020). Nothing was noted in the mother's chart about what possible abnormality was seen and no abnormalities were documented on the baby after delivery. This mother had her membrane ruptured on 2/13/2024 there were no noted abnormalities with the amniotic fluid. Fluid was clear and no odor noted. This mother also received an epidural during her first stage of labor. According the documentation, this mother spent 25 minutes in the first stage of labor.

The second stage of labor is where the baby has crowned and mom is ready to push. The second stage of labor ends after the baby is delivered (Ricci et al., 2021). This mother spent 25 minutes in the second stage of labor. The third stage of labor starts after the baby has been delivered to the delivery of the placenta (Ricci et al., 2021). This mother spent 3 minutes in this stage of labor.

The fourth stage of labor lasts 1 to 4 hours post delivery of baby and placenta (Ricci et al., 2021). I started to care for mom at 30.33 hours post delivery. Documentation did not note anything remarkable during the delivery process. Mom is taking care of herself and very attentive to her baby. Though she had an uncomplicated delivery, mom is still at risk for post partum hemorrhage, infection and she is also at risk for postpartum mood disorders (Ricci et al., 2021). The mom's weight puts her at an increased risk for hemorrhage and DVT. Mom also has

a diagnosis of anemia she is being treated for. Mom's postpartum vitals were in the normal range: BP 117/76, P 74, R 18, T 98.5 oral, O2 98% on room air. As of the date of clinical, mom did not show signs or symptoms of hemorrhage. Mom is on an antiviral for genital herpes which further increases her risk for infection related to a depressed immune system. As of date of clinical, mom did not have signs or symptoms of infection. Mom's mood was upbeat and euphoric though this can change as hormone levels change. Mom's mood and demeanor did change when her significant other showed up to spend the day with her at the hospital. Mom's fundal assessment noted to be two finger widths below the umbilicus, midline, and firm. Mom was passing scant, rubra, lochia without clots. Mom did have some complaints of abdominal cramping and was provided Tylenol which provided her relief. This student nurse provided hydration for mom, obtained assessment information on mom, provided requested supplies for baby, encouraged mom to make sure she kept up on her nutrition intake since she only at 25% of her breakfast.

The Taking-In Phase "is the time immediately after birth when the mom needs sleep and depends on others to help her make decisions and helps with care" (Ricci et al., 2021, p 529). This phase can last 1 to 2 days postpartum. This is also the time where mom identifies herself in her baby like claiming the baby has her dark eyes and the baby has her nose (Ricci et al., 2021). This patient doted over her baby but also depended on the help of her significant other as soon as he arrived and allowed staff to assist her with her care and care of the baby. This patient did express how much her son had her nose and dark eyes.

Stage of Labor References (2) (APA):

Ficara, A., Syngelaki, A., Hammami, A., Akolekar, R., & Nicolaides, K. H. (2020). Value of routine ultrasound examination at 35–37 weeks' gestation in diagnosis of fetal abnormalities. *Ultrasound in Obstetrics & Gynecology*, 55(1), 75-80.

<https://doi.org/10.1002/uog.20857>

Ricci, S. S., Kyle, T., & Carman, S. (2021). *Maternity and pediatric nursing* (4th ed., pp. 529). Wolters Kluwer.

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

7 different medications must be completed

Home Medications (2 required)

Brand/Generic	Ferrous Sulfate	Valacyclovir (Valtrex)			
Dose	324mg Extended Release	1gm			
Frequency	Daily	Daily			
Route	PO	PO			
Classification	Antianemic (Jones & Bartlett Learning, 2022).	Antiviral (Pope, 2023).			

Mechanism of Action	“Acts to normalize RBC production by binding with hemoglobin or by being oxidized and stored” (Jones & Bartlett Learning, 2022).	“Inhibits DNA synthesis and viral replication by competing with deoxyguanosine triphosphate for viral DNA polymerase and being incorporated into viral DNA” (Pope, 2023)			
Reason Client Taking	Anemia	Genital Herpes			
Contraindications (2)	Hemolytic anemias or other anemic conditions	Taking NSAIDs with this medication can reduce the effectiveness of this medication. Hypersensitive reactions to this drug or its components			
Side Effects/Adverse Reactions (2)	GI upset Dyspnea/wheezing	GI upset Headache disorder			
Nursing Considerations (2)	Instruct patient to take on an empty stomach unless GI reaction occurs. Instruct to take with orange juice.	Instruct patient to drink plenty of fluid while taking this medication so it doesn't build up in the kidneys. Instruct patient to take the medication exactly as directed and at the exact time it is prescribed for even if they are showing			

		improvement in symptoms.			
Key Nursing Assessment(s)/Lab(s) Prior to Administration	CBC, serum iron and ferritin	Monitor kidney function and liver function before and while on the medication.			
Client Teaching needs (2)	<p>“Educate patient to avoid foods like dairy products, eggs, spinach, and high fiber foods that impair iron absorption” (Jones & Bartlett Learning, 2022).</p> <p>“Educate patient to eat chicken, fish, lean red meat, and turkey, as well as foods rich in vitamin C to improve iron absorption” (Jones & Bartlett Learning, 2022).</p>	<p>“Those with genital herpes or cold sores should avoid sexual contact until the course of treatment is finished during active outbreaks. When not in an active outbreak a condom should be utilized because herpes can be spread in absence of symptoms” (Pope, 2023)</p>			

Hospital Medications (5 required)

Brand/Generic	Acetaminophen (Tylenol)	Albuterol (Proventil, Ventolin)	Oxytocin (Pitocin)	Nicotine (Nicoderm CQ)	Ibuprofen (Motrin)
Dose	975 mg	2.5mg	30units/500 ml	21mg	600mg
Frequency	Every 6 hours PRN	Every 6 hours PRN	continuous	Change every 24 hours	Every 6 hours PRN
Route	PO	Nebulization	IV	Topical Patch	PO
Classification	Analgesic	bronchodilator or	Oxytocic or uterotonic	Smoking cessation	NSAID

			agents	agent	
Mechanism of Action	“Analgesic that blocks COX enzymes in the brain/ used to treat pain and fever” (Jones & Bartlett Learning, 2022).	“To relax bronchial smooth muscle cells and inhibit histamine release” (Jones & Bartlett Learning, 2022).	“Oxytocin stimulates uterine contraction by activating G-protein-coupled receptors that trigger increases in intracellular calcium levels in uterine myofibrils. Oxytocin also increases local prostaglandin production, further stimulating uterine contraction” (Medicine.com, 2020)	“Nicotine, a naturally occurring alkaloid, binds stereoselectively to nicotinic-cholinergic receptors at the autonomic ganglia, in the adrenal medulla, at neuromuscular junctions, and in the brain” (Medicine.com, 2020).	“NSAID that blocks COX enzymes/ used to treat pain and fever and reduce inflammation” (Jones & Bartlett Learning, 2022).
Reason Client Taking	Pain relief	Asthma	Hemorrhage prevention	Nicotine dependence	Pain relief
Contraindications (2)	“Taking other medications that contain Tylenol. Those who have a hypersensitivity to ibuprofen” (Jones & Bartlett Learning, 2022).	“No adequate studies have been done determining infant risk during breastfeeding. Hypersensitivity to albuterol or its components” (Jones & Bartlett Learning,	“Receiving this medication for over 24 hours. Hypersensitivity to Oxytocin or its components” (Medicine.com, 2020).	“Hypersensitivity to nicotine or any component of the formulation. Contraindicated if you are allergic to soya” (Medicine.com, 2020).	Those who have asthma and those who have a hypersensitivity to ibuprofen (Jones & Bartlett Learning, 2022).

		2022).			
Side Effects/Adverse Reactions (2)	GI upset and decreased urination	May make the patient feel jittery, may cause an increase in heart rate	Nausea/ Vomiting Severe headache	GI upset and abnormal dreams	GI upset and dizziness
Nursing Considerations (2)	Monitor pain levels before and after administration. Monitor for bleeding in stools.	Monitor lung sounds prior to administration, monitor for tolerance build up with prolonged use.	“Monitor for excessive bleeding and vital signs. Educate the patient on the importance of reporting if they feel dizziness, SOB, weakness on one side, or vision changes as these could indicate a serious reaction” (Medicine.com, 2020).	Make sure previous patch has been removed before new one applied. Monitor for s/sx of nicotine toxicity.	Monitor pain levels before and after administration. Monitor for bleeding in stools.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Renal and hepatic labs	Monitor serum potassium levels with this medication	I&O during administration and maternal vital signs (Medicine.com, 2020)	Monitor that patient is not smoking while using the patch in order to prevent nicotine toxicity.	Renal labs and cardiac function
Client Teaching needs (2)	Educate to take with food and plenty of water. Educate to report black tarry stools as this could	Educate to wash mouth piece weekly. Educate to take all of the nebulizer treatment until no	Educate that the medication is given to stop or treat bleeding after birth. Educate to notify nursing if	Educate to change the patch every 24 hours. Educate to not smoke while also wearing a patch due to	Educate to take with food and plenty of water. Educate to report black tarry stools as this could

	be a sign of bleeding	more medication can be seen.	they are soaking through one pad an hour.	possible nicotine toxicity.	be a sign of bleeding.
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Medications Reference (1) (APA):

Jones & Bartlett Learning. (2022). *2022 Nurse's drug handbook* (19th ed. Pp 77-80, 622-624, 1469). Jones & Bartlett Learning

Assessment

Physical Exam (18 points)

GENERAL (1 point): Alertness: Orientation: Distress: Overall appearance:	Patient is A&Ox4 with no apparent distress noted. Overall appearance is well groomed.
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:	Skin color is usual for ethnicity, moist, warm to touch with turgor less than 3 seconds. No rashes, bruises or wounds/incisions noted. Braden score is 23 which is low risk for skin break down. No drains present.
HEENT (1 point): Head/Neck: Ears: Eyes: Nose: Teeth:	<p>Patient declined an in depth assessment of her head and neck.</p> <p>I observed symmetry of her head and face. Eyes were without drainage and redness. Ears were without drainage and patient stated she can "hear just fine". Nose was without drainage and septum appears midline. Patient stated she has her own teeth and doesn't have any problems with them. Teeth appeared white and clean when patient was speaking with this student. No halitosis noted.</p>
CARDIOVASCULAR (2 point): Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable):	Heart sound normal with S1 and S2 heard. Rhythm was normal. Peripheral pulses 3+ and normal. Capillary refill less than 3 seconds. Absent of edema and neck vein distention.

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:	
RESPIRATORY (1 points): Accessory muscle use: Y <input type="checkbox"/> N <input type="checkbox"/> Breath Sounds: Location, character	Respirations regular and unlabored. Lung sounds clear inspiratory and expiratory. No accessory muscles used.
GASTROINTESTINAL (2 points): Diet at Home: Current Diet: Height: Weight: Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds:	Current diet and diet at home is a regular diet with thin liquids. Patient is 170.2 cm and 84.5 kg. Bowel sounds active in all four quadrants. Last BM was 2/13/2024. No complaints of pain upon palpation or deep palpation. No abnormal findings upon inspection. No drains used.
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:	Patient takes herself to the bathroom. No complaints of pain, burning, or frequency/urgency with urinating. Patient did not allow me to physically examine her genitals. Patient doesn't have a catheter at this time.
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"/>	Patient doesn't require ADL assistance at this time. Fall risk is low with a fall score of 15. Up ad lib and doesn't require equipment or support to stand and walk.
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:	Patient did not allow me to perform MAEW, PERLA, or strength test. Patient is A&Ox4 with no apparent distress noted. Speech is clear and patient is alert answering questions appropriately.

Speech: Sensory: LOC: DTRs:	
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>Patient states she has her boyfriend she can “lean on” if she needs to. She is at Intimacy vs. Isolation stage of development. She is able to read and write as well as form full structured sentences and makes informed decisions. Patient stated that when she was younger she went to church and believed in God but she doesn’t really practice anything religious as an adult. Patient states she does have contact with her sisters if she needs help her boyfriend cannot support her with emotionally but over all she relies on him because he is truly there for her. Patient states she feels safe at home and isn’t being abused by anyone.</p> <p>This student observed a noticeable mood change from when the patient was alone to when her boyfriend came for the day. Patient became closed off and short when prior to his presence she was open and talkative.</p>
Reproductive: (2 points) Fundal Height & Position: Bleeding amount: Lochia Color: Character: Episiotomy/Lacerations:	<p>Fundal height is two fingers width below the umbilicus and midline. Scant rubra locia noted. Patient states she is not passing clots. Patient states she did not have an episiotomy and doesn’t have any lacerations.</p>
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:	<p>Membrane was ruptured at 1630 on 2/13/2024. Color of fluid was clear with no odor. No amount was noted. Baby boy was delivered vaginally on 2/14/2024 at 0040. Quantitative blood loss was 330 ml. Apgar score at 1 minute was an 8 and at 5 minutes were 9. Baby weighed 5 pounds 14.9 ounces. Baby is breast feeding and also formula feeding using Similac Sensitive formula.</p>

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	75	118/78	Nothing Charted	Nothing Charted	Nothing Charted
Labor/Delivery	83	127/80	20	98.5 Oral (36.9)	93% on room air
Postpartum	74	117/76	18	98.5 Oral (36.9)	98% on room air

Vital Sign Trends:

Patient runs a normal blood pressure at baseline, and elevated slightly during labor. No significant changes or abnormal values noted over all for pulse and blood pressure. Not able to assess trend with respiratory rate, temp, or O2 in regards to prenatal verses labor/delivery or postpartum. Labor/delivery and postpartum respiratory rate, temp and oxygen are within normal range.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0755	Number	Abdomen	6/10	Achy and cramping	Tylenol provided
1000	Number		0/10		

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:	Patient had an 18 G to posterior right hand. No date noted on dressing. No s/s of infection or infiltration noted. Dressing was C/D/I. IV was removed by this student at 1000 on 2/15/2023. No fluids were running at time of IV assessment.

Intake and Output (2 points)

Intake	Output (in mL)
250 ml noted intake from breakfast	Voided 2x while I was there at clinical

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.
Tylenol provided M	PRN	Pain to the abdomen rated 6/10,
Removed IV N	1 time	Patient no longer needed IV access
Gave water N	PRN	Encouraged patient to maintain hydration to help with her overall health.
Encouraged Eating all of her breakfast N	PRN	Encouraged food intake to help with breast milk production, healing post partum, and to maintain energy to care for herself and her baby. Patient only consumed 25% of her breakfast.

Phases of Maternal Adaptation to Parenthood (3 point)

What phase is the mother in? Taking-In Phase

1/2/2024

What evidence supports this?

Taking-In Phase “is the time immediately after birth when the mom needs sleep and depends on others to help her make decisions and helps with care” (Ricci et al., 2021, p 529). This phase can last 1 to 2 days postpartum. This is also the time where mom identifies herself in her baby like claiming the baby has her dark eyes and the baby has her nose (Ricci et al., 2021). This patient doted over her baby but also depended on the help of her significant other as soon as he arrived and allowed staff to assist her with her care and care of the baby. This patient did express how much her son had her nose and dark eyes.

Discharge Planning (3 points)

Discharge location: Home in Danville with her boyfriend

Equipment needs (if applicable): Not applicable

Follow up plan (include plan for mother AND newborn): Mom will follow up in 6 weeks with her PCP and baby will follow up in 24 to 48 hours after discharge.

Education needs: Breast feeding, maternal nutrition intake, birth control.

Nursing Diagnosis (30 points)

Must be NANDA approved nursing diagnosis and listed in order of priority

Two of the Nursing Diagnoses must be education related i.e. the interventions must be education for the client.”

2 points for correct priority

Nursing Diagnosis (2 pt each) Identify problems that are specific to this patient. Include full nursing diagnosis with “related to” and “as evidenced by” components	Rational (1 pt each) Explain why the nursing diagnosis was chosen	Intervention/Rational (2 per dx) (1 pt each) Interventions should be specific and individualized for his patient. Be sure to include a time interval such as Assess vital signs q 12 hours.” List a rationale for each intervention and using APA format, cite the source for each of the rationales.	Evaluation (2 pt each) How did the patient/family respond to the nurse’s actions? <ul style="list-style-type: none"> Client response, status of goals and outcomes, modifications to plan.
1. Risk for hemorrhage	Mother’s weight puts her	1. “Monitor patient’s vital signs per protocol,	Mother’s post partum vital signs were within

<p>related to BMI as evidenced by weight of 186lbs.</p>	<p>at risk for hemorrhaging postpartum.</p>	<p>especially HR for early detection of hemorrhage. Rationale- early detection of subtle changes can reduce the risk of a bleeding event” (Phelps, 2023, p 51-54). 2. “Review medications such as anticoagulants, ASA, NSAIDS, or cancer drugs that can affect homeostasis. Rationale- Drugs that interfere with clotting mechanisms or platelet activity increase the risk for bleeding” (Phelps, 2023, p 51-54).</p>	<p>normal ranges for this patient. Mother’s post partum pain regimen includes an NSAID. Mother has only used the NSAID once without adverse events noted.</p>
<p>2. Increased risk for DVT related to weight and postpartum bleeding as evidenced by weight of 186 lbs.</p>	<p>Mother’s weight puts her at risk for DVT.</p>	<p>1. “Assess peripheral circulation and pulses. Rationale- Weak pulses, swelling, or elevated skin temperature could indicate DVT” (Phelps, 2023, p 693-696). 2.” Encourage frequent changes in position and ambulation frequently. Rationale- frequent movement and ambulation helps to keep blood circulating and decreases the risk of stasis” (Phelps, 2023, p 51-54).</p>	<p>No signs or symptoms of DVT noted. Patient was up ad lib without difficulty.</p>
<p>3. Knowledge deficit of family dynamics related to new baby as evidenced by mom stating there is an eight year</p>	<p>There is an eight year gap between the youngest child and the infant.</p>	<p>1. “Encourage infants two other siblings to be part of the care of the infant. Rationale- Enhances family rolls and family bonds” (Phelps, 2023, p 245-248). 2. “Provide family with resources on social support and community resources. Rationale- reinforces family</p>	<p>Not able to assess due to none of the other family members came into the hospital during my time there other than her boyfriend. The boyfriend did hold and feed the infant while mom slept.</p>

difference between youngest child and infant.		strength and assists when families are experiencing stress” (Phelps, 2023, p 245-248).	
4. Knowledge deficit of family dynamics related to father not a part of the child’s life as evidenced by mom stating the dad is not involved but her boyfriend is.	Boyfriend is in the picture but he is not the father of the baby. Mom’s demeanor changed from outgoing and happy to quiet and reserved when her boyfriend came for the day.	<ol style="list-style-type: none"> 1. “Assess measures taken to maintain open and positive communications. Rationale- Healthy communications bridge the gap between members of the family” (Phelps, 2023, p 245-248). 2. “Assess measures taken to maintain safety in the home environment. Rationale- Environments that are free from environmental hazards assure a sense of security” (Phelps, 2023, p 245-248). 	Not able to assess. Mom did state she was aware of community support programs she could access if she needed it. She already planned to go to the health department for assistance with WICC. Unable to evaluate if she has a safety plan should she need one.

Phelps, L.L. (2023). *Nursing Diagnosis Reference Manual* (12th ed., pp 51-54, 245-248, 693-696). Wolters Kluwer.

Other References (APA)

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Pope, C. (2023, April 5). *Valacyclovir: 7 things you should know*.

<https://www.drugs.com/tips/valacyclovir-patient-tips#how-it-works>