

**N432 Postpartum Care Plan**

Whisper Brown

Lakeview College of Nursing

N432: Maternal-Newborn Care

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February 16, 2024

**Demographics (3 points)**

<b>Date &amp; Time of Admission</b> 2/13/2024 at 1010	<b>Patient Initials</b> M.M.	<b>Age</b> 25 y/o	<b>Gender</b> Female
<b>Race/Ethnicity</b> White	<b>Occupation</b> Elementary Teacher	<b>Marital Status</b> Single	<b>Allergies</b> None
<b>Code Status</b> Full	<b>Height</b> 162.6 cm (5'4")	<b>Weight</b> 114.8 kg (253 lb 2 oz)	<b>Father of Baby Involved</b> Yes

**Medical History (5 Points)**

**Prenatal History:** Pyelectasis of fetus on ultrasound (1/24/24). Two live births, 1 vaginally (12/29/20) (39 weeks 5 days), 1 C-Section (2/13/24) (39 weeks 1 day). Gravida 2 Para 2 Term 2 Preterm 0 AB 0 Living 2

**Past Medical History:** ACL laxity (7/6/12), pain in joint, lower leg (9/26/12)

**Past Surgical History:** N/A

**Family History:** Thyroid (mother), hypertension (mother), arthritis (maternal grandfather), breast cancer (maternal grandmother), breast cancer (paternal grandmother)

**Social History (tobacco/alcohol/drugs):** N/A

**Living Situation:** Lives alone

**Education Level:** College

### **Admission Assessment**

**Chief Complaint (2 points):** Scheduled cesarean section

**Presentation to Labor & Delivery (10 points):** The patient came in on 2/13/2024 at 1010 for a scheduled cesarean section. The patient was previously scheduled due to suspected macrosomia, pyelectasis of fetus, maternal obesity, and fetal urinary tract dilation. The patient's membranes were ruptured at 1354 and birth followed. The patient gave birth at 1355 to a 9 lb 14 oz baby boy. The patient was 39 weeks and 1 day along.

### **Diagnosis**

**Primary Diagnosis on Admission (2 points):** 39 weeks and 1 day scheduled cesarean section

**Secondary Diagnosis (if applicable):** Moderate hemorrhage risk and high BMI (43.4 kg/m<sup>2</sup>)

### 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	3.50-5.20 10 <sup>6</sup> /uL	4.49 10 <sup>6</sup> /uL	4.09 10 <sup>6</sup> /uL	N/A	N/A
Hgb	11.0-16.0 g/dL	14.0 g/dL	11.6 g/dL	N/A	N/A
Hct	34.0- 47.0%	39.7%	35.3%	N/A	N/A
Platelets	140-400 10 <sup>3</sup> /uL	237 10 <sup>3</sup> /uL	224 0 <sup>3</sup> /uL	N/A	N/A
WBC	4.00- 11.00 10 <sup>3</sup> /uL	<b>11.19</b> <b>10<sup>3</sup>/uL</b>	9.30 10 <sup>3</sup> /uL	N/A	Elevated white blood cell counts are linked to preeclampsia, a disorder that often manifests during the third trimester of pregnancy and results in an abrupt elevation of blood pressure (Medical News Today, 2023).
Neutrophils	1.60-7.70	<b>8.71</b>	6.94	N/A	The additional stress that

	10 <sup>3</sup> /uL	10 <sup>3</sup> /uL	10 <sup>3</sup> /uL		pregnancy places on a person's body can result in elevated neutrophil counts during pregnancy. It is typically normal to have a high neutrophil count during pregnancy. On the other hand, elevated neutrophil counts can occasionally indicate an underlying illness, like gestational diabetes (Very well Health, 2023).
<b>Lymphocytes</b>	1.00-4.90 10 <sup>3</sup> /uL	1.76 10 <sup>3</sup> /uL	1.46 10 <sup>3</sup> /uL	N/A	N/A
<b>Monocytes</b>	0.00-1.10 10 <sup>3</sup> /uL	0.63 10 <sup>3</sup> /uL	0.78 10 <sup>3</sup> /uL	N/A	N/A
<b>Eosinophils</b>	0.00-0.50 10 <sup>3</sup> /uL	0.06 10 <sup>3</sup> /uL	0.05 10 <sup>3</sup> /uL	N/A	N/A
<b>Bands</b>	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	Prenatal	Value on	Today's	Reason for Abnormal
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	Range	Value	Admission	Value	
<b>Blood Type</b>	N/A	B+	B+	B+	N/A
<b>Rh Factor</b>	N/A	+	+	+	N/A
<b>Serology (RPR/VDRL)</b>	Negative	Negative	Negative	Negative	N/A
<b>Rubella Titer</b>	Less than or equal to 10	11	Immune	Immune	If the patient's pregnancy-related IgG Rubella test is positive, it indicates that the blood has antibodies that can combat the infection and protect the body from getting it again. Thus, it is encouraging to receive a positive IgG test result while pregnant (Cloud nine, 2023).
<b>HIV</b>	Negative	Negative	Negative	Negative	N/A
<b>HbSAG</b>	Negative	Negative	Negative	Negative	N/A
<b>Group Beta Strep Swab</b>	Negative	Negative	Negative	Negative	N/A
<b>Glucose at 28 Weeks</b>	<140 mg/dL	142 mg/dL	N/A	N/A	An excessively big infant can result from blood sugar levels that are higher than normal.  Babies who weigh nine

					pounds or more are considered very large and are more likely to require a C-section birth, get stuck in the birth canal, or suffer birth complications (Mayo Clinic, 2022)
<b>MSAFP (If Applicable)</b>	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.

<b>Lab Test</b>	<b>Normal Range</b>	<b>Prenatal Value</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Reason for Abnormal</b>
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A

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

Test	Normal Range	Prenatal Value	Value on Admission	Today's Value	Explanation of Findings
Urine Creatinine (if applicable)	0.52-1.04 mg/dL	0.50 mg/dL	N/A	N/A	Blood flow to the kidneys is increased during pregnancy. A patient's GFR and rate of creatinine excretion both rise as a result. Pregnant women so usually have lower blood creatinine levels (Medical News Today, 2023).

**Lab Reference (1) (APA):**

Deepak, J. (2023, February 13). *Cloudnine*. Rubella and pregnancy: causes, symptoms and treatment. <https://www.cloudninecare.com/blog/rubella-and-pregnancy-causes-symptoms-and-treatment#:~:text=A%20positive%20IgG%20Rubella%20test,in%20pregnancy%20is%20good%20news.>

Evans, R. (2023, September 27). *Medical News Today*. What to know about having a high white blood cell count during pregnancy.

<https://www.medicalnewstoday.com/articles/pregnant-white-blood-cell-count-high#is-it-harmful>

Mayo Clinic Staff. (2022, April 9). *Mayo Clinic*. Gestational diabetes - Symptoms & causes.

<https://www.mayoclinic.org/diseases-conditions/gestational-diabetes/symptoms-causes/syc-20355339>

Lewin, J. (2023, December 19). *Medical News Today*. What should my creatinine level be?

<https://www.medicalnewstoday.com/articles/322380#:~:text=During%20pregnancy%2C%20blood%20flow%20to,of%20that%20in%20nonpregnant%20people.>

Madormo, C. (2023, June 15). *Verywell Health*. What does it mean when neutrophils are high

during pregnancy? <https://www.verywellhealth.com/neutrophils-high-during-pregnancy-5223737#:~:text=Neutrophils%20can%20be%20high%20during,condition%2C%20such%20as%20gestational%20diabetes.>

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

	<b>Your Assessment</b>
<b>History of labor:</b>	<b>History of labor:</b> Patient has had 2 live births including this birth. The first birth was vaginally on 12/19/2020 resulting in a

<b>Length of labor</b>	39-week 5-day baby.
<b>Induced /spontaneous</b>	<p><b>Length of labor:</b> The patient came to the hospital for a scheduled cesarean section on 2/13/24 at 1010. The patient's membranes were ruptured at 1354 which produced a clear/moderate amount of fluid. The patient gave birth on 2/13/24 at 1355.</p>
<b>Time in each stage</b>	<p><b>Induced/spontaneous:</b> The patient came in on 2/13/24 at 1010 for scheduled/induced cesarean section due to suspected macrosomia, pyelectasis, maternal obesity, and fetal urinary tract dilation.</p> <p><b>Time in each stage:</b> From the time the patient begins to have regular contractions until the patient is prepared to deliver the baby, it is the first stage. It consists of an active phase, when most of the work is done to prepare the patient's body for delivery, a transitional phase when the patient starts feeling the need to push, and an early or latent phase, when contractions are mild, and the cervix starts to change to allow the baby to pass through. The baby's actual birth occurs during the second stage of labor, and the placenta is delivered during the third stage (WebMD, 2022). Since the patient was in for a scheduled cesarean section, the patient went through the second and third stages of labor. The</p>

	<p>patient's second and third stages happened around the same point due to the cesarean section. The patient was in the second/third stage for about a minute as evidenced by the time the patient's membranes were ruptured to the time the baby/placenta was removed.</p>
<p><b>Current stage of labor</b></p>	<p><b>Current stage of labor:</b></p> <p>The patient is currently in the 4<sup>th</sup> stage or more commonly known as the postpartum stage and is on the postpartum floor. In the postpartum stage, narcotic analgesics or NSAIDs may be used to relieve pain after a C-section. Following delivery, mothers may feel "after pains," which are the result of the uterus contracting as it relaxes and returns to its usual size. Soreness following a vaginal delivery is expected, as is discomfort in the event of lacerations or the need for an episiotomy (Nurse Together, 2023).</p> <p>Postpartum bleeding, endometrial infections, urinary tract infections and incontinence, infections in the breast tissue (mastitis, breast abscess), anemia and exhaustion, pain during sexual activity and other sexual complaints, temporary depression, and postpartum depression are just a few of the common complications for postpartum (UC Baby, 2022). The patient was at high risk for postpartum bleeding but upon evaluation, no bleeding or any other abnormal findings were found.</p>

	<p>The patient is currently in the “taking in” stage of adapting. The mother's need for time to recuperate from the labor, rebuild energy, and rearrange their thinking supports this. In this phase of the postpartum period, the mother's attention is directed around meeting her own physical needs, such as rest and food (Osmosis, 2022).</p> <p>Risk factors tend to go along side postpartum. Just some risk factors that go along with postpartum are, risk for hemorrhage, infection, and postpartum mood disorders. There is a strong correlation seen between severe postpartum hemorrhage following a caesarean section and severe preeclampsia, antepartum hemorrhage, advanced age <math>\geq 35</math> years, previous caesarean section scar, classic incision, and general anesthesia (Nature, 2023). One of the reasons the patient was brought into the hospital for a scheduled caesarean section was macrosomia. Fetal macrosomia raises the possibility of uterine atony, or the inability of the patient's uterine muscles to contract normally after giving birth. After birth, this may result in potentially dangerous bleeding (Mayo Clinic, 2022).</p> <p>Along with risk for hemorrhage, the patient also has a higher risk for infection due to the cesarean section. Following a cesarean section, there may be a chance of developing endometritis, an infection of the urinary tract, or an infection at</p>
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	<p>the site of the incision (Mayo Clinic, 2022).</p> <p>Along with the other postpartum complications, the patient could also develop a mood disorder. The baby blues will affect most new mothers. Within the first two weeks after giving birth, these hormonal changes that might induce worry, sobbing, and restlessness eventually go away. The baby blues, also known as postpartum blues, are essentially a mild and transient kind of sadness that subsides when hormone levels stabilize. The new mothers could also fall into postpartum depression (Johns Hopkins Medicine, 2024). Postpartum depression takes the baby blues one step further and is no longer mild symptoms. The patient could develop any of these mood disorders. The patient is at greater risk for developing these disorders due to the father of the baby and the patient not being together.</p>
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**Stage of Labor References (2) (APA):**

Johns Hopkins Staff. (2023, October 24). *Johns Hopkins Medicine*. Baby blues and postpartum depression: mood disorders and pregnancy.

<https://www.hopkinsmedicine.org/health/wellness-and-prevention/postpartum-mood-disorders-what-new-moms-need-to-know>

Mayo Clinic Staff. (2022, June 16). *Mayo Clinic*. C-section. <https://www.mayoclinic.org/tests-procedures/c-section/about/pac-20393655>

Mayo Clinic Staff. (2022, June 3). *Mayo Clinic*. Fetal macrosomia - Symptoms & causes. <https://www.mayoclinic.org/diseases-conditions/fetal-macrosomia/symptoms-causes/syc-20372579>

Ureten, T. (2023, October 16). *UC Baby*. Fourth stage of labour-postpartum. <https://www.ucbaby.ca/fourth-stage-of-labour-postpartum#:~:text=The%20common%20complications%20are%3A,tract%20infections%20and%20urinary%20incontinence>

Wagner, M. (2023, October 26). *NurseTogether*. Labor and Delivery: Nursing Diagnoses, Care Plans, Assessment & Interventions. <https://www.nursetogether.com/labor-and-delivery-nursing-diagnosis-care-plan/>

WebMD Editorial Contributors. (2022, November 11). *WebMD*. Stages of labor. <https://www.webmd.com/baby/pregnancy-stages-labor>

Zewdu, D. & Tantu, T. Incidence and predictors of severe postpartum hemorrhage after cesarean delivery in South Central Ethiopia: a retrospective cohort study. *Scientific Reports* 13, 3635 (2023). <https://doi.org/10.1038/s41598-023-30839-x>

**Current Medications (7 points, 1 point per completed med)****\*7 different medications must be completed\*****Home Medications (2 required)**

<b>Brand/Generic</b>	Prenatal plus calcium carbonate	Tylenol
<b>Dose</b>	1 Tab	2 tabs 500 mg
<b>Frequency</b>	Once a day	Every 5 hrs
<b>Route</b>	Oral	Oral

<b>Classification</b>	“Iron products, vitamin and mineral combinations”  (Drugs.com, 2023)	“Pharmacologic class: Nonsalicylate, para-aminophenol derivative” (Jones & Bartlett, 2023)  “Therapeutic class: Antipyretic, nonopioid analgesic” (Jones & Bartlett, 2023)
<b>Mechanism of Action</b>	It is used to support the growth and healthy development of the infant (Drugs.com, 2023).	“Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain and pulse generation in the nervous system.  Acetaminophen also acts directly on temperature-regulating center in the hypothalamus by inhibiting synthesis of prostaglandin E2” (Jones & Bartlett, 2023)
<b>Reason Client Taking</b>	Standard	Pain
<b>Contraindications (2)</b>	“Do not take prenatal multivitamins if you have cirrhosis of the liver” (Drugs.com, 2023)  “Do not take prenatal multivitamins if you have vitamin B12 deficiency or pernicious anemia” (Drugs.com,	“Severe hepatic impairment” (Jones & Bartlett, 2023)  “Severe active liver disease” (Jones & Bartlett, 2023)

	2023)	
<b>Side Effects/Adverse Reactions (2)</b>	<p>“Numbness, tingling, burning pain” (Drugs.com, 2023)</p> <p>“Changes in glucose levels” (Drugs.com, 2023)</p>	<p>“Abdominal pain” (Jones &amp; Bartlett, 2023)</p> <p>“Peripheral edema” (Jones &amp; Bartlett, 2023)</p>
<b>Nursing Considerations (2)</b>	<p>“Inform the physician and pharmacist of all prescribed and over-the-counter medications, natural supplements, vitamins, and health issues the patient may be experiencing” (Drugs.com).</p> <p>“The patient needs to confirm that taking these vitamins in addition to all of their medications and medical conditions is</p>	<p>“Use acetaminophen cautiously in patients with hepatic impairment or active hepatic disease, alcoholism, chronic malnutrition, severe hypovolemia, or severe renal impairment” (Jones &amp; Bartlett, 2023)</p> <p>“Calculate total daily intake of acetaminophen including other products that may contain acetaminophen so maximum daily dosage is not exceeded” (Jones &amp; Bartlett, 2023)</p>

	<p>safe. Consult the doctor before beginning, stopping, or altering any medication's dosage" (Drugs.com).</p>	
<p><b>Key Nursing Assessment(s)/Lab(s) Prior to Administration</b></p>	<p>The nurse needs to check for constipation, diarrhea, or upset stomach due to prenatal vitamins causing a possible worsening case. The nurse also needs to check the patient's folic acid, vitamin D, calcium, vitamin C, thiamine, riboflavin, niacin, and vitamin B12 levels due to the prenatal vitamins having those in them (Drugs.com, 2023)</p>	<p>There are several important aspects of a nursing assessment for a patient taking acetaminophen, including, ask the pain level of the patient, assessing alcohol use, ask about over the counter medications that the patient uses, assess the patient's allergies, and monitor the patient's liver and kidney function (Nurses Labs, 2023).</p>
<p><b>Client Teaching needs (2)</b></p>	<p>"Keep prenatal multivitamins out of the reach of children"</p>	<p>"Caution patients not to exceed recommended dosage or take other drugs containing acetaminophen at the same time because of risk</p>

	<p>(Drugs.com, 2023)</p> <p>“Do not take more of this medicine than directed on the label or prescribed by your doctor.”</p> <p>(Drugs.com, 2023)</p>	<p>of liver damage. Advise the patient to contact the prescriber before taking other prescriptions or over the counter products because they may contain acetaminophen” (Jones &amp; Bartlett, 2023)</p> <p>“Patient that tablets may be crushed or swallowed whole but that extended-release form should not be broken, chewed, crushed, or split”</p> <p>(Jones &amp; Bartlett, 2023)</p>
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<b>Brand/Generic</b>	Oxytocin	Sennosides- docusate sodium (Senokot-S)	Simethicone	Prochlorperazine	Enoxaparin  (Lovenox) 20
<b>Dose</b>	30 units in 0.9%  500 mL	8.6-50 mg tab  (2 tabs)	2 tabs	10 mg	40 mg
<b>Frequency</b>	PRN	At bedtime	Every 4 hrs	Every 4 hrs	Every 12 hrs
<b>Route</b>	Intravenous	Oral	Oral	Injection	Injection (Sub Q)
<b>Classification</b>	Uterotonic  agents	Laxatives &  cathartics	Antiflatulents	Antiemetic/  Antivertigo	Heparin and  related  preparations
<b>Mechanism of Action</b>	<p>“Oxytocin is a hormone that is used to induce labor or strengthen uterine contractions, or to control bleeding after childbirth. Oxytocin is also used to stimulate uterine contractions in a woman with an incomplete or threatened miscarriage”</p> <p>1/2/2024</p>	<p>“Senokot S is a combination medicine used to treat occasional constipation” (Drugs.com, 2023)</p>	<p>“Simethicone is used to relieve painful pressure caused by excess gas in the stomach and intestines. Simethicone is for use in babies, children, and adults” (Drugs.com, 2023).</p>	<p>“Nausea and vomiting I centrally blocking dopamine receptors in the medullary chemoreceptor trigger zone and by peripherally blocking the vagus nerve in the GI tract” (Jones &amp; Bartlett, 2023)</p>	<p>“Potentiates the action of antithrombin III, a coagulation inhibitor. By binding with antithrombin III, and knock the pair in rapidly binds with and inactivate clotting factors. Without</p>

**Hospital Medications (5 required)****Medications Reference (1) (APA):**

Drugs.com Staff. (2023, September 25). *Drugs.com*. Vitamins (Multiple/Oral): Indications, side effects, warnings. <https://www.drugs.com/cdi/vitamins-multiple-oral.html>

Jones & Bartlett Learning, & Learning, J. B. (2022). *2023 Nurse's Drug Handbook*. Jones & Bartlett Learning.

Multum, C. (2023, July 31). *Drugs.com*. Oxytocin Uses, Side Effects & Warnings. <https://www.drugs.com/mtm/oxytocin.html#interactions>

Multum, C. (2023, October 6). *Drugs.com*. Prenatal multivitamins Uses, Side Effects & Warnings. <https://www.drugs.com/mtm/prenatal-multivitamins.html#before-taking>

Multum, C. (2023, August 7). *Drugs.com*. Senokot S Uses, Side Effects & Warnings. <https://www.drugs.com/mtm/senokot-s.html#before-taking>

Multum, C. (2023, July 28). *Drugs.com*. Simethicone Uses, Side Effects & Warnings.

<https://www.drugs.com/mtm/simethicone.html#side-effects>

Wayne, G. (2023, July 1). *Nurseslabs*. Acetaminophen Nursing Considerations & Patient

teaching [Drug Guide]. <https://nurseslabs.com/acetaminophen-nursing-considerations-and-patient-teaching-drug-guide/#nursing-assessment>

### Assessment

#### Physical Exam (18 points)

<p><b>GENERAL (1 point):</b></p> <p><b>Alertness:</b></p> <p><b>Orientation:</b></p> <p><b>Distress:</b></p> <p><b>Overall appearance:</b></p>	<p>Alertness: Patient is alert and responsive, responds to verbal stimuli, and responds to painful stimuli.</p> <p>Orientation: Patient is oriented to person, place, time, and situation A&amp;O x4</p> <p>Distress: Patient states “they are in no distress.”</p> <p>Overall Appearance: Overall appearance of the patient was appropriate for age and well groomed.</p>
<p><b>INTEGUMENTARY (1 points):</b></p>	<p>Skin Color: Usual for ethnicity (white).</p>

<p><b>Skin color:</b></p> <p><b>Character:</b></p> <p><b>Temperature:</b></p> <p><b>Turgor:</b></p> <p><b>Rashes:</b></p> <p><b>Bruises:</b></p> <p><b>Wounds/Incision: .</b></p> <p><b>Braden Score:</b></p> <p><b>Drains present:</b> Y <input type="checkbox"/>      N <input checked="" type="checkbox"/></p> <p><b>Type:</b></p>	<p>Character: Dry upon palpation.</p> <p>Temperature: Warm upon palpation</p> <p>Turgor: Normal (fast to return)</p> <p>Bruises/wounds/rashes: No bruises or rashes.</p> <p>One wound/incision on the patient's abdomen but normal due to relation to patient's cesarean section (low transverse abdomen on 2/13/24)</p> <p>Braden Score: 22</p> <p>Drains present: No drains present.</p>
<p><b>HEENT (1 point):</b></p> <p><b>Head/Neck:</b></p> <p><b>Ears:</b></p> <p><b>Eyes:</b></p> <p><b>Nose:</b></p> <p><b>Teeth:</b></p>	<p>Head: Symmetry present in skull and face</p> <p>Neck: Supple with good structure and movement.</p> <p>Trachea is symmetrical upon palpation. Thyroid is nonpalpable. Lymph nodes are not swollen.</p> <p>Ears: Hearing is normal. The external ear and ear</p>

	<p>canal are clear of debris and the tympanic membrane was not assessed.</p> <p>Eyes: Vision is clear, and eyes are symmetrical on the face. PERRLA is fast to respond with no debris on the internal or external parts of the eyes.</p> <p>Nose: Nose is symmetrical while moist internally. No drainage, edema, or abrasions.</p> <p>Mouth: Mouth is pink and symmetrical on both sides. Good dentition. Uvula raises and falls when patient says “ahhh.”</p> <p>Mucous Membranes: Membranes are pink and moist with no cracks.</p>
<p><b>CARDIOVASCULAR (2 point):</b></p> <p><b>Heart sounds:</b></p> <p><b>S1, S2, S3, S4, murmur etc.</b></p> <p><b>Cardiac rhythm (if applicable):</b></p> <p><b>Peripheral Pulses:</b></p> <p><b>Capillary refill:</b></p>	<p>Heart Rhythm: Normal. No gallops, murmurs, or rubs heard upon auscultation. Peripheral pulses 2+ bilaterally.</p> <p>PMI palpable at the 5th intercostal space at MCL</p> <p>Heart Sounds: Normal (S1 and S2 sounds)</p>

<p><b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Edema</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p><b>Location of Edema:</b></p>	<p>present)</p> <p>Pulses: 3+ (Normal)</p> <p>Cap Refill Time: Normal. Returns within 3 seconds</p> <p>Neck Vein Distention: No signs of neck vein distention</p> <p>Edema: +1 trace in left foot, right foot, right ankle, and left ankle</p>
<p><b>RESPIRATORY (1 points):</b></p> <p><b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Breath Sounds: Location, character</b></p>	<p>Accessory Muscle Use: Patient was not using any accessory muscle use.</p> <p>Respirations: Patient's respirations were normal.</p> <p>Respiration Pattern: Respirations were normal.</p> <p>Breath Sounds: Clear through all locations.</p> <p>Breath sounds are clear bilaterally. No wheezes, crackles or rhonchi noted.</p>

	Lung Aeration: Equal
<b>GASTROINTESTINAL (2 points):</b>  <b>Diet at Home:</b>  <b>Current Diet:</b>  <b>Height:</b>  <b>Weight:</b>  <b>Auscultation Bowel sounds:</b>  <b>Last BM:</b>  <b>Palpation: Pain, Mass etc.:</b>  <b>Inspection:</b>  <b>Distention:</b>  <b>Incisions:</b>  <b>Scars:</b>  <b>Drains:</b>  <b>Wounds:</b>	Diet at Home: Normal  Current Diet: Normal  Height: 162.6 cm (5' 4")  Weight: 114.8 kg (253 lb 2 oz)  Auscultation Bowel Sounds: Active in all quadrants  Last BM: Not necessary to record  Palpation: None  Inspection:  Distention: Some distention of the abdomen related to pregnancy  Incisions: Low transverse abdomen related to

	<p>cesarean section</p> <p>Scars: Scar from low transverse incision on abdomen</p> <p>Drains: None</p> <p>Wounds: Low transverse abdomen related to cesarean section</p>
<p><b>GENITOURINARY (2 Points):</b></p> <p><b>Quantity of urine:</b></p> <p><b>Pain with urination:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Inspection of genitals:</b></p> <p><b>Catheter:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Type:</b></p> <p><b>Size:</b></p>	<p>Quantity of Urine: N/A/not necessary to assess</p> <p>Pain with Urination: None</p> <p>Inspection of Genitals: Normal</p> <p>Catheter: None</p>
<p><b>MUSCULOSKELETAL (1 points):</b></p> <p><b>ADL Assistance:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Fall Risk:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Fall Score:</b></p> <p><b>Activity/Mobility Status:</b></p> <p><b>Independent (up ad lib)</b> <input type="checkbox"/></p> <p><b>Needs assistance with equipment</b> <input type="checkbox"/></p>	<p>ADL Assistance: None needed</p> <p>Fall Risk: 0</p> <p>Activity/Mobility Status: Normal, patient is active and mobile independently</p>

<p><b>Needs support to stand and walk</b> <input type="checkbox"/></p>	<p>Independent: Yes</p> <p>Needs Assistance with Equipment: No</p> <p>Needs Support to Stand and Walk: No</p>
<p><b>NEUROLOGICAL (2 points):</b></p> <p><b>MAEW:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p><b>PERLA:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p><b>Strength Equal:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> <b>if no -</b></p> <p><b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/></p> <p><b>Orientation:</b></p> <p><b>Mental Status:</b></p> <p><b>Speech:</b></p> <p><b>Sensory:</b></p> <p><b>LOC:</b></p> <p><b>DTRs:</b></p>	<p>MAEW: Intact</p> <p>PERRLA: Normal</p> <p>Strength Equal: Yes</p> <p>Orientation: Person is alert and orientated x4 (person, place, time, and situation).</p> <p>Mental Status: Normal for age</p> <p>Speech: Normal</p> <p>Sensory: Normal</p> <p>LOC: Alert</p> <p>DTRs: Normal 2+</p>

<p><b>PSYCHOSOCIAL/CULTURAL (2 points):</b></p> <p><b>Coping method(s):</b></p> <p><b>Developmental level:</b></p> <p><b>Religion &amp; what it means to pt.:</b></p> <p><b>Personal/Family Data (Think about home environment, family structure, and available family support):</b></p>	<p>Coping Methods: Reading/teaching</p> <p>Developmental level: Patient could read/write and can form a full structured sentence.</p> <p>Religion and What it Means to Patient: N/A</p> <p>Personal/Family Data: Patient states that their “mother is their support system”</p>
<p><b>Reproductive: (2 points)</b></p> <p><b>Fundal Height &amp; Position:</b></p> <p><b>Bleeding amount:</b></p> <p><b>Lochia Color:</b></p> <p><b>Character:</b></p> <p><b>Episiotomy/Lacerations:</b></p>	<p>Fundal Height &amp; Position: 2 cm below the umbilicus and midline</p> <p>Bleeding Amount: None</p> <p>Lochia Color: None noted</p> <p>Character: None noted</p> <p>Episiotomy/Lacerations: N/A, none</p>
<p><b>DELIVERY INFO: (1 point)</b></p> <p><b>Rupture of Membranes:</b></p> <p><b>Time:</b></p> <p><b>Color:</b></p>	<p>Rupture of Membranes: Yes</p> <p>Time: 1354</p>

<b>Amount:</b>	Color: Clear
<b>Odor:</b>	
<b>Delivery Date:</b>	Amount: Moderate
<b>Time:</b>	
<b>Type (vaginal/cesarean):</b>	Odor: None
<b>Quantitative Blood Loss:</b>	
<b>Male or Female</b>	Deliver Date: 2/13/24
<b>Apgars:</b>	
<b>Weight:</b>	Time: 1355
<b>Feeding Method:</b>	Type (vaginal/cesarean): Cesarean
	Quantitative Blood Loss: 647
	Male or Female: Male
	Apgars: 9 (1 min) 9 (5 min)
	Weight: 9 lb 14.0 oz
	Feeding Method: Breast feeding/pumping

**Vital Signs, 3 sets (5 points)**

<b>Time</b>	<b>Pulse</b>	<b>B/P</b>	<b>Resp Rate</b>	<b>Temp</b>	<b>Oxygen</b>
<b>Prenatal</b>	99 bpm	122/66 mmHg	16 rpm	36.8 (98.3 °F)	98%
<b>Labor/Delivery</b>	99 bpm	114/81 mmHg	18 rpm	37.1 (98.7 °F)	99%
<b>Postpartum</b>	95 bpm	133/85 mmHg	16 rpm	37.1 (98.8 °F)	97%

**Vital Sign Trends:** Throughout the patient's pregnancy, the vitals stay around the same trend.

The blood pressure fluctuated throughout the pregnancy but overall stayed in a good range.

**Pain Assessment, 2 sets (2 points)**

<b>Time</b>	<b>Scale</b>	<b>Location</b>	<b>Severity</b>	<b>Characteristics</b>	<b>Interventions</b>
0541	0-10 Numerical	Abdomen	1/10	Incisional	Ibuprofen
0836	0-10 Numerical	Abdomen	2/10	Incisional/sore	Tylenol

### IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
<b>Size of IV:</b>	Size of IV: N/A
<b>Location of IV:</b>	Location of IV: N/A
<b>Date on IV:</b>	Date on IV: N/A
<b>Patency of IV:</b>	Patency of IV: N/A
<b>Signs of erythema, drainage, etc.:</b>	Signs of erythema, drainage, etc.: N/A
<b>IV dressing assessment:</b>	IV dressing assessment: N/A

### Intake and Output (2 points)

Intake	Output (in mL)
N/A (Not necessary to record)	N/A (Not necessary to record)

### Nursing Interventions and Medical Treatments During Postpartum (6 points)

Nursing Interventions and Medical Treatments (Identify nursing interventions with “N” after you list them,	Frequency	Why was this intervention/ treatment provided to this patient? Please give a short rationale.

<b>identify medical treatments with “M” after you list them.)</b>		
Given pain medication (N)	As needed	The patient received ibuprofen at 0541 to reduce incisional pain from the cesarean section. The patient reported a pain level of 1/10 related to the abdomen.
Given pain medication (N)	As needed	The patient was given Tylenol at 0836 to reduce incisional/sore pain from the cesarean section. The patient reported a pain level of 2/10 related to the abdomen.
Given Senokot-S (M)	At bedtime	The patient was given Senokot-S at bedtime to soften stools.
Given enoxaparin (M)	Every 12 hours	The patient was given enoxaparin every 12 hours 2 then the blood and decrease the risk of postpartum hemorrhage.

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### **Phases of Maternal Adaptation to Parenthood (3 point)**

**What phase is the mother in?** Taking in

**What evidence supports this?** This is supported by the mother taking time to recover from the labor, regain strength, and reorganize their thoughts. During this part of postpartum, the mother was focused on their own physical needs like sleep and nourishment.

### **Discharge Planning (3 points)**

**Discharge location:** Home

**Equipment needs (if applicable):** N/A

**Follow up plan (include plan for mother AND newborn):** Ideally, the mother would get in touch with a maternity care provider during the first three weeks of her delivery. No later than 12 weeks following delivery, this first examination should be followed up with continuous treatment as needed, culminating in a thorough postpartum visit. Postnatal care is necessary for

the newborn as well as the mother. Three more visits are advised in addition to postnatal care, which includes two thorough examinations on the first day. These visits should take place on day 3 (48–72 hours), between days 7–14, and six weeks after delivery. Depending on the situation and the healthcare professional, these interactions may take place at home or at a hospital (Better Health Channel, 2024).

**Education needs:** Teaching new mothers how to bathe, change, feed, and take care of their umbilical cords are just a few of the education needs. Other needs include assisting the mother in starting a breastfeeding relationship if she chooses, supporting her in her decisions, and reassuring her that she is capable of providing for her child. I would additionally instruct the mother to watch out for indications of an infection connected to the cesarean section, such as pain, redness, itching, and leakage.

### 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) How did the patient/family respond to the nurse’s actions?
Identify problems that are specific to this patient. Include	Explain why the nursing diagnosis was	Interventions should be specific and individualized for his patient. Be sure to	<ul style="list-style-type: none"> <li>• Client response,</li> </ul>

<p>full nursing diagnosis with “related to” and “as evidenced by” components</p>	<p>chosen</p>	<p>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>status of goals and outcomes, modifications to plan.</p>
<p><b>1.</b> Risk of bleeding related to low transverse abdominal incision as evidenced by cesarean section performed on 2/13/24.</p>	<p>Risk for the rupturing of the incision site.</p>	<p><b>1.</b> Watch for physiological responses that are within expected or usual ranges, such as vital signs, oxygen saturation, and LOC (Phelps, 2022). <b>Rationale:</b> By identifying these slight alterations in blood pressure, pulse, and breathing caused by early compensatory mechanisms for bleeding (Phelps, 2022).  <b>2.</b> Assess and inspect wounds and bandages (Phelps, 2022). <b>Rationale:</b> By assessing</p>	<p>The patient responded well to being informed about the warning signs and symptoms of bleeding and that stopping the bleeding was the desired objective.</p>

		and inspecting the wounds and bandages, it can be determined if there is an excessive amount of bleeding (Phelps, 2022).	
2. Risk for hypovolemia related to postpartum as evidenced by severe nausea and vomiting.	Prior nausea and vomiting	<p>1. Give electrolyte therapy as prescribed (Phelps, 2022).</p> <p><b>Rationale:</b> By giving electrolyte therapy, it would counteract the possible hypovolemia (Phelps, 2022).</p> <p>2. Monitoring the patient's I/O while assessing for further dehydration q6 hours (Phelps, 2022).</p> <p><b>Rationale:</b> Monitoring the patient's I/O will help determine hypovolemia (Phelps, 2022).</p>	When the patient was informed of the purpose of the electrolyte treatment, she was quite responsive and responded well. The patient responded nicely.
3. Risk for pain related to the	The patient reports feeling	1. After assessing the patient's pain perception and	The patient took the pain management quite

<p>low transverse abdominal incision as evidenced by patient reporting incisional pain.</p>	<p>pain at the incision site in their lower abdomen. The patient is vocally expressing their pain.</p>	<p>behavioral indicators, administer the appropriate analgesics (Phelps, 2022).</p> <p><b>Rationale:</b> By administering the proper pain medication, the pain will lessen (Phelps, 2022).</p> <p><b>2.</b> Educate the patient on the importance of communicating about using over the counter medications (Phelps, 2022).</p> <p><b>Rationale:</b> By doing this, it prevents over accumulation of pain medication (Phelps, 2022).</p>	<p>well and was very receptive.</p>
<p><b>4.</b> Risk for postpartum depression related to family dynamic as evidenced by</p>	<p>The current family dynamic of the mother</p>	<p><b>1.</b> Educate the patient on the signs and symptoms of postpartum depression (Phelps, 2022).</p> <p><b>Rationale:</b> By doing this, it informs the patient on what to look for when it comes to</p>	<p>The patient understood the education about postpartum depression and repeated the information back to me.</p>

<p>the father of the baby not being involved.</p>		<p>developing postpartum depression (Phelps, 2022).</p> <p>2. Educate the patient on the option they have when it comes to treating postpartum depression (Phelps, 2022).</p> <p><b>Rationale:</b> By education the patient about the options when it comes to treatment, they will also be more likely to look for treatment and ask for help (Phelps, 2022).</p>	
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### Other References (APA)

Better Health Staff. (2023, September 14). *Better Health Channel*. First days after birth.

<https://www.betterhealth.vic.gov.au/health/servicesandsupport/first-days-after-birth>

Phelps, L.L. (2022). *Nursing Diagnosis Reference Manual* (12<sup>th</sup> ed.) Lippincott Williams & Wilkins.

