

N432 Postpartum Care Plan

Brittney J. Burns

Lakeview College of Nursing

N432: Maternal-Newborn Care

Professor Debra Kamradt

February 19, 2024

Demographics (3 points)

Date & Time of Admission 02/08/2024	Patient Initials A.T.	Age 39	Gender F
Race/Ethnicity W	Occupation SAHM	Marital Status M	Allergies NKDA
Code Status FULL/CPR	Height 5'6	Weight 91.5 kg	Father of Baby Involved yes

Medical History (5 Points)

Prenatal History: G 4 P 2 T 0 A 2 L 2, IUI x4, SAB 12w 0d 2019, SAB 10w 0d 2010, Pre-eclampsia in 3rd trimester 01/31/2024, Preterm vaginal spontaneous delivery 12/30/2012 36w 0d, Preterm vaginal spontaneous delivery 02/13/2024 34w 1d,

Placenta accreta

Past Medical History: Hx of preterm delivery, hx of placenta accreta, hx of PPRM, Covid, Lyme disease, mononucleosis, anxiety, ADHD, hx of suspected Von Willebrand, abnormal cervical pap, IBS w/ both constipation and diarrhea, postpartum depression, fetal anemia affecting management of mother, abnormal umbilical cord

Past Surgical History: D&C 2011, 2020, Dilation and curettage of uterus, tonsillectomy, and adenoidectomy 2011

Family History: Married Father alive, ADD/ADHD, Mother alive GI: IBS,

Hypertension: aFib, Maternal grandfather cancer: Hodgkins, Maternal grandmother arthritis, asthma, Brother alive no pertinent hx, Sister Asthma, Von Willebrand disorder, daughter alive Brugada, premature.

Social History (tobacco/alcohol/drugs): Denies use of illicit drugs and tobacco use; before pregnancy, the client consumed 2 glasses of wine per week

Living Situation: Lives with husband and 11-year-old daughter

Education Level: College-educated

Admission Assessment

Chief Complaint (2 points): Scheduled Antenatal Testing

Presentation to Labor & Delivery (10 points): The client presented to the ambulatory unit for monitoring after abnormal findings on an ultrasound.

Diagnosis

Primary Diagnosis on Admission (2 points): Pre-eclampsia in 3rd w/o significant findings

Secondary Diagnosis (if applicable): Umbilical cord varix

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	4-5	4.00	3.79	2.47	The client is actively hemorrhaging.
Hgb	12-15	12.2	11.4	7.5	The client is actively hemorrhaging.
Hct	36-44	37.6%	34.7%	22.6%	The client is actively hemorrhaging.
Platelets	140-450	238	262	192	The client is hemorrhaging.
WBC	4.5-10	6.42	6.74	14.48	Possible infection

Neutrophils		4.84	No lab collected	No lab collected	No results were available to compare.
Lymphocytes		18.1	No lab collected	No lab collected	No results were available to compare.
Monocytes		5.8	No lab collected	No lab collected	No results were available to compare.
Eosinophils		0.3	No lab collected	No lab collected	No results were available to compare.
Bands		No lab collected	No lab collected	No lab collected	No lab collected

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	O	O	
Rh Factor	+	+	+	+	
Serology (RPR/VDRL)	Nonreactive	Nonreactive	Nonreactive	Nonreactive	
Rubella Titer		22.0	No lab collected	No lab collected	
HIV	Nonreactive	Nonreactive	Nonreactive	Nonreactive	
HbSAG	_____	_____	_____	_____	
Group Beta Strep Swab	_____	Negative	Did not repeat lab	Did not repeat lab	
Glucose at 28 Weeks	_____	103	_____	The patient was unstable at the time of the report, and this data was not yet available.	
MSAFP (if Applicable)	_____	normal	_____	_____	

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
LD (LDH)		265	249	389	
Uric Acid		8.4	10.6	11.4	
Sodium	134-143	138	138	135	
Albumin		2.4	2.4	1.8	
Creatinine	0.7-1.4	0.95	0.98	1.18	
Calcium	8.5-10.5	8.4	8.4	6.1	

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)					

Lab Reference (1) (APA):

U.S. Department of Health and Human Services. (n.d.). *Blood tests*. National Heart Lung and

Blood Institute. Retrieved February 19, 2024, from

<https://www.nhlbi.nih.gov/health/blood-tests>

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

	Your Assessment
History of labor: Length of labor	Based on previous charting , the student nurse found that the client had a high-risk pregnancy and was in

<p>Induced /spontaneous</p> <p>Time in each stage</p>	<p>labor for a total of 14 hours. The client had a spontaneous vaginal delivery. The provider was at the bedside; the client's legs were supported in pushing. The client averaged 1-2 pushing efforts per contraction for 1 hour and 7 mins. The client spent 11 minutes at each stage. As per the client, she felt her baby crowning, and in 2 pushes, her daughter was born. The baby was delivered on 02/13/24 at 22:36 pm.</p>
<p>Current stage of labor</p>	<p>The client is in the third stage of labor. Though the fetus was delivered, it was discovered that the client did not fully complete placental separation and/or expulsion of the placenta. The client was actively hemorrhaging. Normal blood loss is approximately 500mL for a vaginal birth (Ricci et al., 2021), and the client lost 3247mL. According to Ricci et al., loss over 1000mL is considered severe. The client received 2 blood transfusions at the time of this report.</p>

Stage of Labor References (2) (APA):

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

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

7 different medications must be completed

Home Medications (2 required)

Brand/Generic	Famotiam Pepcid	Cetirizine Zyrtec			
Dose	20 mg	10 mg			
Frequency	BID	Daily			
Route	Oral	Oral			
Classification		Pharmacological class: H1 receptor antagonist Therapeutic class: Antihistamine			
Mechanism of Action		The antihistaminic activity of cetirizine is mediated via selective peripheral H1 receptors to alleviate urticaria (2023 Nurse's Drug Handbook, 2023).			
Reason Client Taking		To treat chronic seasonal allergies.			
Contraindications (2)		Hypersensitivity to cetirizine, hydroxyzine, levocetirizine, or their components (2023 Nurse's Drug Handbook, 2023).			
Side Effects/Adverse Reactions (2)		Dizziness, Abdominal pain			

		(2023 Nurse's Drug Handbook, 2023).			
Nursing Considerations (2)		Institute safety precautions because drug can cause sedation and somnolence (2023 Nurse's Drug Handbook, 2023).			
Key Nursing Assessment(s)/Lab(s) Prior to Administration		Drug may be present in breast milk.			
Client Teaching needs (2)		Take only as prescribed . Avoid hazardous activities until CNS affect is known (2023 Nurse's Drug Handbook, 2023).			

Hospital Medications (5 required)

Brand/ Generic	Loratadine Claritin	Magnesium Sulfate	Fentanyl PF: Injection	Aspirin	Lorazepam Ativan
Dose	10 mg	2g/hr: 50ml	50 mcg	81mg	2mg
Frequency	At bedtime	Continuou s	PRN	Stat @ bedtime	PRN
Route	Oral	IV	IV push	Oral	IV
Classification	Antihistamine (2023 Nurse's Drug Handbook, 2023).	Pharmacologic Class: Mineral Therapeutic class: Electrolyt	Pharmacologic Class: Opioid Therapeutic class: Opioid	Pharmacologic Class: Salicylate Therapeutic class: NSAID	Pharmacologic Class: Benzodiazepine Therapeutic class: Anxiolytic

		e replaceme nt	analgesic Controlled Substanc e Schedule II		Controlled Substance Schedule IV
Mechanism of Action		Assist all enzymes involved in phosphate transfer reactions that use ATP (2023 Nurse's Drug Handbook, 2023)..	Binds to opioid receptor cited in the CNS, altering perception of and emotional response to pain pathways (2023 Nurse's Drug Handbook, 2023).	Blocks the activity of cyclooxygenase, the enzyme needed for prostaglandin synthesis (2023 Nurse's Drug Handbook, 2023)..	May potentiate the effects of GABA and other inhibitory neurotransmitters by binding to specific benzodiazepine receptors in cortical and limbic areas of CNS (2023 Nurse's Drug Handbook, 2023).
Reason Client Taking	Allergies	To prevent and control seizures in preeclampsia or eclampsia	Pain	Pain	Anxiety
Contraindications (2)	Hypersensitive to antihistamines or their components. Contraindicated in patients taking	Hypersensitivity to magnesium salts or any component of magnesium-containing	Upper airway obstruction, hypersensitivity to adhesives (2023 Nurse's Drug	Active bleeding or coagulation disorder, breastfeeding (2023 Nurse's Drug Handbook	Severe respiratory insufficiency, Sleep apnea syndrome (2023 Nurse's Drug Handbook,

	drugs that prolong QT intervals (2023 Nurse's Drug Handbook, 2023).	preparations. Heart block, MI, Preeclampsia 2 hours or less before delivery (2023 Nurse's Drug Handbook, 2023).	Handbook, 2023).	k, 2023).	2023).
Side Effects/Adverse Reactions (2)		Confusion, Diaphoresis (2023 Nurse's Drug Handbook, 2023).	Depressed cough reflex, Bradycardia (2023 Nurse's Drug Handbook, 2023).	CNS depression, Leukopenia (2023 Nurse's Drug Handbook, 2023).	Anaphylaxis, Thrombocytopenia (2023 Nurse's Drug Handbook, 2023).
Nursing Considerations (2)	Take with food if GI distress occurs. Assess patient for hypokalemia and correct the imbalance as prescribed before antihistamine therapy to reduce the risk of arrhythmias (2023 Nurse's Drug Handbook,	Monitor serum electrolyte levels in patients with renal insufficiency because they're at risk for magnesium toxicity. Be aware that magnesium salts aren't for long term use (2023 Nurse's Drug	be aware that 100 mcg of fentanyl is equivalent in potency to 10 milligrams of morphine. Be aware that for a patient with bradycardia implement cardiac monitoring as ordered and	Advise patients with tartrazine allergy not to take aspirin. Tell the patient to consult with the prescriber before taking aspirin with any prescription drug for a blood disorder, diabetes, gout, or	Know that stopping drugs abruptly increases the risk of withdrawal symptoms, which may last from weeks to more than 12 months and could be life-threatening. The dosage should be tapered gradually, especially in epileptic patients.

	2023).	Handbook, 2023)..	assess heart rate and rhythm frequently during fitting all therapy because drug may further slow heart rate (2023 Nurse's Drug Handbook, 2023).	arthritis(2023 Nurse's Drug Handbook, 2023)..	Be aware that benzodiazepine therapy such as lorazepam should only be used concomitantly with opioids and patients for whom other treatment options are inadequate cause adverse effects could be profound and possibly result in death (2023 Nurse's Drug Handbook, 2023).
Key Nursing Assessment(s)/Lab(s) Prior to Administration		Be aware that the drug isn't metabolized. The drug is present in breast milk (2023 Nurse's Drug Handbook, 2023)..			If the client has depression, please make sure they are taking medicine for depression because this medicine can cause an increased

					risk of suicide (2023 Nurse's Drug Handbook, 2023)..
Client Teaching needs (2)	Drugs containing pseudoephedrine should only be used for 7 days (2023 Nurse's Drug Handbook, 2023).	Inform the patient that magnesium supplements used to replace electrolytes can cause diarrhea. Teach the patient to prevent constipation by increasing dietary fiber and fluid intake and exercising regularly (2023 Nurse's Drug Handbook, 2023). .	Warn the patients not to take more of the drug than prescribed and not to take it longer than absolutely needed because excessive or prolonged use can lead to abuse, addiction, misuse, overdose, and or possibly death. Informed patient about potentially fatal addictive effects of combining fentanyl with a benzodiazepine tell patient to		Report excessive drowsiness and nausea. Avoid hazardous activities until the drug's CNS effects are known (2023 Nurse's Drug Handbook, 2023).

			inform all prescribers of fentanyl use (2023 Nurse's Drug Handbook, 2023).		
--	--	--	--	--	--

Medications Reference (1) (APA):

2023 Nurse's Drug Handbook (22nd ed.). (2023). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL (1 point): Alertness: Orientation: Distress: Overall appearance:	The client was A&O x4 and oriented to self, time, place, and situation. The client, though anxious, did not appear to be in any acute distress. The client's overall appearance was appropriate for the situation.
INTEGUMENTARY (1 points): Skin color: Pale Character: Warm and dry to the touch Temperature: Turgor: WDL Rashes: none present Bruises: none present Wounds/Incision: none present Braden Score: Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:	
HEENT (1 point): Head/Neck: Ears: Eyes: Nose: Teeth:	
CARDIOVASCULAR (2 point): Heart sounds:	S1 S2 present. Peripheral pulses

<p>S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input type="checkbox"/> Edema Y <input type="checkbox"/> N <input type="checkbox"/> Location of Edema:</p>	
<p>RESPIRATORY (1 points): Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	
<p>GASTROINTESTINAL (2 points): Diet at Home: Regular Current Diet: NPO Height: 5'6 Weight: Auscultation Bowel sounds: Last BM: 02/07/2024 Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds:</p>	<p>The client has a regular diet at home. Upon report it was discovered that the client is on a regular diet, however due to the rapid change in the patients medical status her diet was changed to NPO.</p>
<p>GENITOURINARY (2 Points): Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: 1 labial laceration Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	
<p>MUSCULOSKELETAL (1 points): ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input type="checkbox"/> Fall Score: Activity/Mobility Status: Independent (up ad lib) <input checked="" type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	<p>Upon report, it was discovered that the client had a low fall risk; the student nurse could not find the fall score. However, due to excessive bleeding, the client did not want to ambulate due to fear of "falling and making the bleeding worse."</p>
<p>NEUROLOGICAL (2 points): MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no -</p>	

Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: 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):	The client and her husband are Christian and actively participate in prayer. They included several family members in the prayer via telephone prior to going into the operating room. When the client started to feel overwhelmed in the OR the student nurse offered meditation techniques and talked to the client about her eldest daughter and horseback riding to keep her calm.
Reproductive: (2 points) Fundal Height & Position: Bleeding amount: Lochia Color: Character: Episiotomy/Lacerations:	The client's bleeding was severe, 3247mL. 1 labial laceration. The fundus was firm and located at the umbilicus at the beginning of the shift. However, prior to going into the OR, the fundus was rock hard.
DELIVERY INFO: (1 point) Rupture of Membranes: Spontaneous Time: Color: red Amount: 1454 Odor: NO Delivery Date: 02/13/2024 Time:22:36 Type (vaginal/cesarean): Vaginal Quantitative Blood Loss: 3247 Male or Female Apgars: Weight: 4lbs 7.3 oz Feeding Method: Breast and Bottle	

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	67	132/82	18	Not taken	99
Labor/Delivery	62	132/87	18	97.5	95

Postpartum	82	117/65	18	98.1	95
-------------------	-----------	---------------	-----------	-------------	-----------

Vital Sign Trends:

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
10:18 am	Numeric 0-10	Abdomen	7	stabbing	Relaxation
11:30 am	Numeric 0-10	Lower Abdomen	6	stabbing	Relaxation and given fentanyl

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 18 Location of IV: Left hand & right arm Date on IV: Left 02/15/24 Right 02/08/24 Patency of IV: Signs of erythema, drainage, etc.: bloody drainage IV dressing assessment: The right IV is leaking	Blood transfusion 125gtt/hr

Intake and Output (2 points)

Intake	Output (in mL)
IV: 1293.8 Blood: 615	600 mL Blood: 1793+ 1454= 3247 mL

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.

Phases of Maternal Adaptation to Parenthood (3 point)

What phase is the mother in? Acute phase

What evidence supports this? This is made evident by the mother still being in a critical phase after giving birth prematurely, and experiencing postpartum hemorrhage.

Discharge Planning (3 points)

Discharge location: Discharge is placed on hold at this time because the patient is not stable enough to return home.

Equipment needs (if applicable):

Follow up plan (include plan for mother AND newborn):

Education needs:

Nursing Diagnosis (30 points)

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

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

2 points for correct priority

<p>Nursing Diagnosis (2 pt each) Identify problems that are specific to this patient. Include full nursing diagnosis with “related to” and “as evidenced by” components</p>	<p>Rational (1 pt each) Explain why the nursing diagnosis was chosen</p>	<p>Intervention/Rational (2 per dx) (1 pt each) Interventions should be specific and individualized for his patient. Be sure to include a time interval such as Assess vital signs q 12 hours.” List a rationale for each intervention and using APA format, cite the source for each of the rationales.</p>	<p>Evaluation (2 pt each) How did the patient/family respond to the nurse’s actions? <ul style="list-style-type: none"> Client response, status of goals and outcomes, modifications to plan. </p>
<p>1. Risk for bleeding related to postpartum complication as evidenced by laboratory studies, including complete blood count (CBC), liver profile, serum electrolyte levels, platelet count, and blood coagulation studies. (Phelps, 2023).</p>	<p>The client has a history of placenta accreta and previous postpartum hemorrhage. (Phelps, 2023).</p>	<p>1. Manage and monitor the recovery process of a patient who experienced a bleeding episode. Rationale: The patient may be weak and at safety risk for falls or injury. (Phelps, 2023).</p> <p>2. Provide emotional support to a patient who is experiencing an episode of bleeding and also physiologic compensatory responses such as anxiety, fear, and a sense of dread. (Phelps, 2023).</p> <p>Rationale: The support provides assurance and is</p>	<p>The patient received careful monitoring of existing risk factors. The Patient’s vital signs remained within the ranges expected during the risk for the bleeding period. (Phelps, 2023).</p>

		calming (Phelps, 2023).	
2. Risk for shock related to bleeding as made evident by postpartum hemorrhage (Phelps, 2023)..	Previous uncontrolled postpartum hemorrhage.	<p>1. Educate the patient and family on reportable signs and symptoms of inadequate tissue perfusion, such as dizziness, confusion, restlessness, and dyspnea(Phelps, 2023).. Rationale: Early intervention and treatment are essential in preventing permanent organ damage (Phelps, 2023)..</p> <p>2. Encourage the patient and family to express concerns and fears(Phelps, 2023). Rationale: This is done to reduce anxiety(Phelps, 2023).</p>	The patient understood the need for aggressive management of underlying medical condition in an effort to prevent shock. The patient was able to verbalize signs and symptoms of possible hypotension and hypoperfusion (Phelps, 2023).
3. Risk for deficient fluid volume related to difficulty meeting increased fluid volume requirement as made evident by fluid volume loss through abnormal route (Phelps, 2023).	The loss of blood volume during child birth and postpartum.	<p>1. Educate the client on administering parenteral fluids as prescribed. Rationale: To replace fluid losses (Phelps, 2023)..</p> <p>2. Educate the patient on maintaining parenteral fluids or blood transfusions at the prescribed rate Rationale: To prevent further fluid loss (Phelps, 2023).</p>	The client demonstrates an understanding of the importance of maintaining fluid balance(Phelps, 2023). The patient's temperature, pulse rate, blood pressure, and respirations are within set limits(Phelps, 2023)..
4. Risk for disturbed maternal-fetal dyad related to pregnancy complication	The patient needed education based on the level of understanding	1. Teach trimester-specific risk/danger signs and emphasize the importance of self-monitoring. Rationale: to empower	The patient expressed concerns related to relationships, physical conditions, and

<p>as made evident by patients' understanding of health condition and treatment plan, past participation in healthcare planning, and decision making (Phelps, 2023)..</p>	<p>the severity of her blood loss.</p>	<p>the patient and reduce potential adverse fetal effects (Phelps, 2023).. 2. Educate the patient/significant other on role transition and maternal tasks during pregnancy. Rationale: To provide anticipatory guidance on expected psychological changes (Phelps, 2023)..</p>	<p>fetal well-being. Patients' physical and psychosocial well-being remained stable (2023 Nurse's Drug Handbook, 2023).</p>
---	--	--	---

Other References (APA)

Phelps, L. (2023). *Nursing Diagnosis Reference Manual*. Wolters Kluwer.