N432 Postpartum Care Plan

Paige Hennessy

Lakeview College of Nursing

N432: Maternal-Newborn Care

Jodie Bohlen, MSN RN

02/19/2024

Demographics (3 points)

Date & Time of Admission	Patient Initials	Age	Gender
2/13/2024 0745	R.L.M.	34 y.o.	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
African American	Line Lead at Thyssenkrupp Factory	Single	NKDA
Code Status	**Height**	**Weight**	**Father of Baby Involved**
Full Code	5'4"	140lb	Sister is support system

Medical History (5 Points)

Prenatal History: G6T5P0A1L5

Gravida 6, Term 5, Preterm: 0, Abortion 1, Living 5

R.L.M. reports a spontaneous abortion that occurred in 2021 at 4 weeks gestation. No other complications related to pregnancies documented or stated per patient.

Past Medical History: Asthma, Iron deficiency anemia

Past Surgical History: No past surgical history. The patient reports never having surgery.

Family History: Sister (asthma), Mother (Hypertension and diabetes), Maternal Grandmother (Congestive Heart Failure). The patient reports not knowing their biological father and not having any information about paternal family history.

Social History (tobacco/alcohol/drugs): Patient reports no tobacco use and occasional (1 drink a week) alcohol use prior to pregnancy and reports daily marijuana use for "a long time" stated per the patient regarding both alcohol and marijuana use.

Living Situation: Patient lives alone with 4 children and a newborn.

Education Level: High School Diploma

Admission Assessment

Chief Complaint (2 points): Patient reported with complaints of Irregular Contractions.

1/2/2024

Presentation to Labor & Delivery (10 points): Patient is a 34-year-old female reporting to the hospital on 2/13/2024 at 0400 due to contractions and spotting blood. Patient is at 38 weeks and 1-day gestation. R.L.M. has a prenatal history of G6P0T5A1L5. Patient complains of "irregular contractions" but reported no abnormalities related to fetal movement. No reports of leakage other than light vaginal spotting. Patient was admitted to Labor and Delivery following her arrival to the hospital.

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Diagnosis

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Primary Diagnosis on Admission (2 points): Labor

Secondary Diagnosis (if applicable): Mild Polyhydramnios, IUGR (intrauterine growth restriction)

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Laboratory Data (15 points)

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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	4.5-5.0 10(12)/L (Martin, 2019).	3.47 10(12)/L	3.21 10(12)/L	2.92 10(12)/L	Decreased red blood cells in related to a diagnosis of iron deficiency anemia (Martin, 2019).
Hgb	12-15 g/L (Martin, 2019).	10.3 g/L	9.5 g/L	8.9 g/L	Decreased hemoglobin in related to a diagnosis of iron deficiency anemia (Martin, 2019).
Hct	35-47% (Martin, 2019).	32.2%	29%	26.3%	Decreased levels of hematocrit in relation to a diagnosis of iron deficiency anemia (Martin, 2019).
Platelets	150-400 x 10(9)/L (Martin, 2019).	189 10(3)/mcL	182 10(3)/mcL	172 10(3)/mcL	Lab values were within normal range.

1/2/2024

WBC	5.00-10 10(9)cells/L (Martin, 2019).	5.21 10(3)/mcL	5.50 10(3)/mcL	5.60 10(3)/mcL	Lab values were within normal range.
Neutrophils	55-70% (Martin, 2019).	Not found	67%	71.5%	Lab values were within normal range.
Lymphocytes	20-40% (Martin, 2019).	26.1 %	24%	21.1%	Lab values were within normal range.
Monocytes	2-8% (Martin, 2019).	5.2%	7.6%	6.1%	Lab values were within normal range.
Eosinophils	0-4% (Martin, 2019).	0.8%	0.8%	0.9%	Lab values were within normal range.
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	A,AB,O	A	A	A	N/A
Rh Factor	Positive	Positive	Positive	Positive	Lab values were within normal range.
Serology (RPR/VDRL)	Neg	Negative	Negative	Negative	Lab values were within normal range.
Rubella Titer	Immune	Immune	Immune	Immune	Lab values were within normal range.
HIV	Neg	Negative	Negative	Negative	Lab values were within normal range.
HbSAG	Neg	Negative	Negative	Negative	Lab values were within normal range.
Group Beta Strep Swab	Neg	Negative	Negative	Negative	Lab values were within normal range.
Glucose at 28 Weeks	Less than 140	99	N/A	N/A	Lab values were within normal range.
MSAFP (If Applicable)	Not completed.	Not completed.	Not completed.	Not completed.	Not completed.

Additional Admission Labs <mark>Highlight All Abnormal Labs</mark>**—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 additional labs completed.					
N/A					
N/A					
N/A					
N/A					
N/A					
N/A					

<mark>Highlight All Abnormal Labs</mark>**—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)	No urine creatinine completed.	N/A	N/A	N/A	N/A

Lab Reference (1) (APA):

Martin, Paul, RN BSN. (2019). Normal Laboratory Values Guide and Free cheat sheet for

Nurses. Nurselabs. https://nurseslabs.com/normal-lab-values-nclex-nursing/#h-red-blood-cells-rbc-normal-lab-values

Ricci, S. S., Kyle, T., & Carman, S. (2021). *Maternity and pediatric nursing* (4th ed.). Wolters Kluwer.- double space I also do not see an in text citations for this reference in this section.

1/2/2024

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: 1 hour and 27 minutes Spontaneous Vaginal Delivery Time in each stage: Stage 1: 1 hour Stage 2: 23 minutes Stage 3: 4 minutes
Current stage of labor	The current stage of labor this mother is in is stage 4, also known as postpartum. This stage occurs during the first few hours following the birth of the newborn. The mother uses this time to recover and bond with the baby. The mother is also in the maternal adapting phase of taking in (Ricci et al., 2021). During this time, the mother prioritizes the baby over their own needs and promotes bonding, such as skin to skin connection with the baby. Mother needs rest and support during this time to provide adequate care for the baby (Ricci et al., 2021). The patient had a spontaneous vaginal delivery; therefore, during this stage, it is crucial to monitor the patient for any signs or symptoms that may indicate infection or hemorrhage, such as redness, fever, or excessive bleeding. There were no signs, symptoms, or indications of infection occurring during this time. The mothers

time in each stage is explained as stage 1 of labor for 1 hour, stage 2 for 23 minutes, and stage 3 for 4 minutes. The mother delivered a baby girl at 1548. The mother completed this vaginal delivery with no episiotomy, needed, and no lacerations, or tears during delivery. There were no reported complications during delivery or following during postpartum. The physical assessment of the mother during postpartum stage 4 reported no abnormal findings. The patient's abdomen was distended, but this was expected due to swelling and enlargement of the uterus upon delivery (Ricci et al., 2021). The fundus was felt -1 midline which is an expected/normal finding (Ricci et al., 2021). The patient was not having any heavy bleeding or clots upon palpation of abdomen, which is a normal finding. There should be continued monitoring of the patients' bleeding to identify any risks of postpartum hemorrhage. The patient reported normal urination with no pain or discomfort. The patient is at risk for postpartum depression due to reporting postpartum depression in the past but was provided with proper resources to assist with postpartum depression. The mother is at risk for infection or hemorrhage following a spontaneous vaginal delivery but was given oxytocin to reduce the risk of postpartum hemorrhage. There were no abnormal findings documented or found during the assessment of the mother during this phase. Mother and baby

	were discharged home on 2/15/24 with scheduled follow-up appointments.				

Stage of Labor References (2) (APA):

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

Current Medications (7 points, 1 point per completed med)
7 <u>different</u> medications must be completed

Home Medications (2 required)

Brand/Generic	Prenatal Vitamin with Iron/ Prenatal One a Day	Ferrous Sulfate/ Iron	No other home medications reported	N/A	N/A
Dose	1 tablet daily	325 mg	N/A	N/A	N/A
Frequency	Daily	Daily	N/A	N/A	N/A
Route	Oral	Oral	N/A	N/A	N/A
Classification	Pharmacological: iron products (Drugs.com, 2023). Therapeutic: Vitamin and mineral combination (Drugs.com, 2023).	Pharmacological: Hematinic (Jones&Bartlett, 2022). Therapeutic class: Antianemic (Jones&Bartlett, 2022).	N/A	N/A	N/A
Mechanism of Action	Prenatal multivitamins provide needed vitamins/prevents vitamin deficiency during pregnancy to support the pregnancy and baby (Drugs.com, 2023).	Ferrous sulfate assists in regulating the production of red blood cells by attaching to hemoglobin (Jones&Bartlett, 2022).	N/A	N/A	N/A
Reason Client Taking	Nutritional supplement for pregnancy	Diagnosis of anemia	N/A	N/A	N/A
Contraindications (2)	1.The patient is at risk for iron toxicity if	1. Milk should not be taken at the	N/A	N/A	N/A

1/2/2024

	they are taking a prenatal with iron and an individual iron supplement (Drugs.com, 2023). 2.Monitor the patients other vitamin supplements and herbal medications to ensure there is not an increased risk for vitamin toxicity (Drugs.com, 2023).	same time as iron supplement due to the impact on absorption (Jones&Bartlett, 2022). 2.Iron supplement should not be taken at the same time as antiacids due to the impact on absorption (Jones&Bartlett, 2022).			
Side Effects/Adverse Reactions (2)	1. Patient may experience stomach upset or constipation (Drugs.com, 2023). 2.Patient may experience Nausea or vomiting (Drugs.com, 2023).	1.Patient may experience hypotension (Jones&Bartlett, 2022). 2.Patient may experience hemolysis (Jones&Bartlett, 2022).	N/A	N/A	N/A
Nursing Considerations (2)	1.Prenatal vitamins may impact the patients' blood glucose during pregnancy so monitor patients' blood sugar (Drugs.com, 2023). 2.Prenatal vitamins should not be taking if the patient has cirrhosis of the liver (Drugs.com, 2023).	1.Monitor the patient for any signs or symptoms that may indicate overdose of iron (Jones&Bartlett, 2022). 2.Monitor the patient for signs/symptoms of constipation (Jones&Bartlett, 2022).	N/A	N/A	N/A
Key Nursing Assessment(s)/Lab(s) Prior to Administration	1.Monitor the patients iron levels to ensure there is not iron toxicity (Drugs.com, 2023). 2.Monitor the patient for constipation prior to administration	1.Monitor the patients hemoglobin labs (Jones&Bartlett, 2022). 2.Monitor the patients vitals for tachycardia,	N/A	N/A	N/A

1/2/2024

	(Drugs.com, 2023).	dyspnea, or pallor (Jones&Barlett, 2022).			
Client Teaching needs (2)	1. Educate the patient to ~~take~~ keep the vitamins at room temperature and away from direct heat (Drugs.com, 2023). 2.Educate the patient on the signs and symptoms of medication toxicity (Drugs.com, 2023).	1.Instruct patient to take iron with a source of vitamin C such as orange juice to enhance absorption (Jones&Bartlett, 2022). 2.Inform patient that this medication may result in black or dark green bowel movements (Jones&Bartlett, 2022).	N/A	N/A	N/A

Hospital Medications (5 required)

Brand/ Generic	Acetaminophen/ paracetamol/ Tylenol	Colace/ Docusate	Witchhazel (TUCKS) Pads	Oxytocin/ Pitocin	Dermoblast/ Benzocaine-menthol spray
Dose	975 mg	100mg	50% topical Pad	60-300 mu/min	1 spray
Frequency	Every 6 hours PRN	Daily	Every hour PRN	Continuous	Every 4 hours PRN
Route	Oral	Oral	Topical	Intravenous	Topical
Classification	Pharmacological: Nonsalicylate (Jones&Bartlett, 2022). Therapeutic: Antipyretic, nonopioid analgesic (Jones&Bartlett, 2022).	Emollient Laxative (Drugs.com, 2022).	Topical astringents (Drugs.com, 2023).	Uterotonic agents (Drugs.com, 2023).	Topical local anesthetic (Drugs.com, 2023).

Mechanism of Action	Intervenes pain stimulation in the peripheral nervous system by stopping the production of prostaglandins (Jones&Bartlett, 2022).	Colace assists in the breakdown of stool by assisting in the absorption of water and lipids to soften the stool and allow for easier passage (Drugs.com, 2022).	~~Witchhazel~~ Witch hazel pads assist in decreasing inflammation and swelling in the perineal/rectal area related to skin irritation, pain, or lacerations (Drugs.com, 2023).	Oxytocin is used postpartum to assist in promoting strong contractions in the uterus to cease uterine bleeding by compressing blood flow to reduce risk of postpartum hemorrhage (Drugs.com, 2023).	Benzocaine-menthol spray is used to provide relief of itching or pain in the perineal area by impacting the nerve endings in the skin to reduce and numb pain receptors in the impacted area (Drugs.com, 2023).
Reason Client Taking	To treat Mild pain	Reduce risk of constipation	Perineal itching/burning	Reduce the risk of postpartum hemorrhage	Perineal pain
Contraindications (2)	1.Use carefully in pregnancy because it may result in a larger risk of ADHD (Jones&Bartlett, 2022). 2.Long-term use of this medication may decrease fertility (Jones&Bartlett, 2022).	1.This medication is recommended to be taken 2 hours after other medication as it may impact the way other medication are processed/absorbed (Drugs.com, 2022). 2.This medication should be dosed per the	1.This treatment is not recommended if there is bleeding in the affected area (Drugs.com, 2023). 2. This medication may result in drying or cracking of the skin (Drugs.com, 2023).	1. This medication may increase the risk of postpartum depression (Alan et al., 2020). 2. This medication may cause difficulties breastfeeding following delivery (Alan et al., 2020).	1.This medication may be affected if the patient has anemia due to the risk of methemoglobinemia which decreases the ability of oxygenated blood to reach body tissues (Drugs.com, 2023). 2. Use with caution in patients that have asthma due to the risk of methemoglobi

		patient's body weight (Drugs.com, 2022).			nemia (Drugs.com, 2023).
Side Effects/Adverse Reactions (2)	1.Patient may experience constipation or diarrhea with this medication (Jones&Bartlett, 2022). 2. Patient may experience hypotension with long-term use of this medication (Jones&Bartlett, 2022).	1.Patient may experience stomach cramping (Drugs.com, 2022). 2.Patient may experience Nausea (Drugs.com, 2022).	1.Patient may experience dry skin during long-term use (Drugs.com, 2023). 2. Patient may experience worsening of irritation such as swelling and inflammation (Drugs.com, 2023).	1.Patient may experience an irregular heart rate (Drugs.com, 2023). 2.Patient may experience severe weakness or feelings of unsteadiness (Drugs.com, 2023).	1.Patient may experience increased irritation in the localized area where medication is applied (Drugs.com, 2023). 2. Patient may experience rash or swelling at the affected site (Drugs.com, 2023).
Nursing Considerations (2)	1.Monitor the patients pain prior and following medication administration (Jones&Bartlett, 2022). 2.Ensure the patient does not have renal or liver disease (Jones&Bartlett,2022).	1. This medication may result in rectal bleeding (Drugs.com, 2022). 2. Colace is not recommended if the patient has a blockage in the intestines (Drugs.com, 2022).	1. If taken orally may increase the risk of liver damage (Drugs.com, 2023). 2.~~Witchhazel~~ Witch hazel topical is safe to use in pregnancy and while breastfeeding (Drugs.com, 20230).	1.The patients vitals need to be monitored during treatment (Drugs.com, 2023). 2. Medication may result in water intoxification, so it is crucial to monitor patient for signs and symptoms (Drugs.com, 2023).	1. This medication is not suggested to treat skin infections (Drugs.com, 2023). 2. This medication may result in methemoglobinemia, so monitoring blood work is crucial for long-term use (Drugs.com, 2023).
Key Nursing	1.Monitor the patient's daily	1.Monitor the patients	1.Monitor the patient for any	1.Monitor vital signs	1.Monitor the site for

Assessment(s)/Lab(s) Prior to Administration	intake to reduce risk of acetaminophen toxicity (Jones&Bartlett, 2022). 2.Monitor the patients renal/liver function prior and post administration of long-term use (Jones&Bartlett, 2022).	bowel habits (Drugs.com, 2022). 2. Monitor the cause of constipation and ensure this medication is used properly related to the cause (Drugs.com, 2022).	additional skin irritation (Drugs.com, 2023). 2. Monitor the patient for worsening burning or itching (Drugs.com, 2023).	closely for adverse effects such as bradycardia and monitor the patient's fluid I/O (Drugs.com, 2023). 2.Monitor the patients postpartum bleeding to ensure medication is supplying a therapeutic effect (Drugs.com, 2023).	infection before administration of medication (Drugs.com, 2023). 2. Monitor the effected site for worsening or skin irritation (Drugs.com, 2023). 3. Monitor the patients' blood work for methemoglobinemia (Drugs.com, 2023).
Client Teaching needs (2)	1.Educate patient on the importance of not taking more than the suggested dose (Jones&Bartlett, 2022). 2.Educate the patient on the signs and symptoms of acetaminophen toxicity (Jones&Bartlett, 2022).	1.Educate the patient on rectal bleeding and to stop medication and report finding to their provider immediately (Drugs.com, 2022). 2. Educate the patient on the frequency of use, and if it exceeds 1 week to contact the provider	1.~~Witchhazel~~ Witch hazel is intended for topical use only, do not inhale (Drugs.com, 2023). 2.After use of TUCKS pad ensure to properly clean the area with water in between applications (Drugs.com, 2023).	1. Educate the patient on what to expect with Oxytocin, such as their contraction frequency and severity (Drugs.com, 2023). 2.Educate the patient on adverse effects that should be reported such as hallucinations, unsteady, or difficulty breathing (Drugs.com,	1. Educate the patient on the proper way to apply medication such as clean the site and apply one layer and wash hands (Drugs.com, 2023). 2. Educate the patient that this medication is topical use only, ingestion may result in harmful effects (Drugs.com, 2023).

		(Drugs.co m, 2022).		2023).	

Medications Reference (1) (APA):

Alan, S., Akca, E., Senoglu, A., Gonzuyesil, E., & Surucu, S. G. (2020). The Use of Oxytocin by

Healthcare Professionals During Labor. Yonago Acta Medica, 63(3), 214-222.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7435109/#:~:text=In%20studies

%20conducted%2C%20it%20is,%2C%20depression%2C%20and%20breastfeeding

%20difficulties.

Drugs.com. (2023). *Benzocaine and Menthol Topical Spray*. Drugs.com.

https://www.drugs.com/cdi/benzocaine-and-menthol-topical-spray.html

Drugs.com. (2022). *Colace: Side Effects, Uses & Dosage Consumer Information*. Drugs.com.

https://www.drugs.com/colace.html

Drugs.com. (2023). *Oxytocin: Uses, Side Effects & Warnings*. Drugs.com.

https://www.drugs.com/mtm/oxytocin.html

Drugs.com. (2023). *Prenatal multivitamins: Uses, Side Effects & Warnings*. Drugs.com.

https://www.drugs.com/mtm/prenatal-multivitamins.html#dosage

Drugs.com. (2023). *Witch Hazel Topical*. Drugs.com. https://www.drugs.com/mtm/witch-hazel-topical.html

Jones & Bartlett Learning. (2022). *2022 Nurse's drug handbook* (19th ed.). Jones & Bartlett Learning.-double space, and check for proper APA citation.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:**	Patient is alert and oriented to person, place, time, and situation. Patients overall appearance is well-groomed and

Distress: **Overall appearance:**	is in no acute distress.
INTEGUMENTARY (1 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds/Incision:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	Skin color is normal for ethnicity. Skin is warm and dry with a skin turgor of <3 seconds. There are no wounds, rashes, or bruising noted. Braden score: 23 No drains present.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck appear symmetrical. Bilateral carotid pulses are palpable and 2+. Ears: Auricles have no visible or palpable deformities, lesions, lumps, or abnormalities. Eyes: sclera appears white bilaterally, cornea is clear bilaterally, no drainage or abnormalities noted. PERRLA and EOMs bilaterally. Nose: Septum is midline without deviation. Turbinates' are moist and pink with no lumps or lesions noted. Teeth: Oral mucosa is pink and moist with no abnormalities noted. Patient has poor dentition. .
CARDIOVASCULAR (2 point): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	Heart sounds: S1 S2 present. Regular rate and rhythm. No murmurs or gallops noted. Peripheral pulses are 2+ bilaterally upon palpation. Capillary refill: <3 seconds No neck vein distention noted. No edema noted.
RESPIRATORY (1 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Breath sounds appear clear bilaterally upon auscultation. No crackles or wheezing noted. Normal rate and pattern. No accessory muscles use.
GASTROINTESTINAL (2 points): **Diet at Home:** **Current Diet:** **Height:** **Weight:** **Auscultation Bowel sounds:**	Patient reports a regular diet at home Admission diet: regular Height: 5' 4" Weight: 140 lbs Auscultation bowel sounds: Bowel sounds are present upon auscultation in all 4 quadrants.

1/2/2024

Last BM:
Palpation: Pain, Mass etc.:
Inspection:
   Distention:
   Incisions:
   Scars:
   Drains:
   Wounds:
	Last Bowel Movement: 2/12/2024
	No pain noted on palpation.
	Inspection:
	Slight abdominal distention
	No incisions, scares, drains, or wounds noted.

GENITOURINARY (2 Points):
Quantity of urine:
Pain with urination: Y ☐   N ☒
Inspection of genitals:
Catheter: Y ☐   N ☒
   Type:
   Size:
	Patient is voiding independently.
	No pain with urination reported.
	No catheter placed.
	Inspection of genitals: no discolored, lesions, or abnormalities noted.

MUSCULOSKELETAL (1 points): **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk ☐**	Full range of motion in all 4 extremities, active ROM. 4 strength. Hand grips, ~~and~~ pedal pushes and pulls appear normal and equal in strength. Patient ambulates independently and no assistance with equipment or support needed. Fall Score: 10
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:** **DTRs:**	Patient is orientated to person, place, time, and situation. Patient appears with expected cognition. Speech is clear and understandable. Patient answers questions appropriately as asked. Strength is equal in all extremities.
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):**	Patient states she has a very supportive family dynamic. Patient reports her sister coming to pick her up and help her with newborn baby. Religion: Christian, patient reports that she is believes in "God" but does not attend church.

Reproductive: (2 points) **Fundal Height & Position:** **Bleeding amount:** **Lochia Color:** **Character:** **Episiotomy/Lacerations:**	Fundal height and position: -1, midline Bleeding amount: light spotting Lochia color: ~~light, no clots noted~~ Rubra Character: firm fundus- No episiotomy or lacerations.
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:**	ROM: 2/13/24 Time: 1425 Color: clear Amount: not documented Odor: Not documented Delivery Date: 2/13/24 Delivery time: 1548 Type: vaginal Quantitative blood loss: 200 mL Female Apgars: 1 minute: 8 5 minutes: 9 Weight: 6 lbs 12.3 oz Feeding method: formula/bottle feeding

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	77 bpm	116/60	18	98.8F	Not documented
Labor/Delivery	91 bpm	129/61	16	97.8F	99%
Postpartum	58 bpm	121/83	18	98.4F	100%

Vital Sign Trends: The patient had stable vital signs during their entire visit through prenatal, labor/delivery, and postpartum. The vital signs ranged from 116/60 to 121/83 all within stable ranges and close together in readings. **You highlighted a pulse of 58 but did not mention the abnormal here.**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0820	1-10	N/A	0	N/A	N/A

1/2/2024

1200	1-10	N/A	0	N/A	N/A

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:**	Size: 18G Location: peripheral IV distal Left Wrist Date on IV: 2/13/24 Patency of IV: successful No signs of erythema or drainage. No fluids being given at this time. IV dressing is clean, dry and intact.

Intake and Output (2 points)

Intake	Output (in mL)
Patient is tolerating a regular diet.	Ambulating to the bathroom independently and voiding.

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.
N: removal of IV	Once, prior to discharge	The patient was being discharged and no longer needed any IV treatment. I removed the IV.
N: Medication administration	Once Daily, administration of iron.	The patient received iron/ferrous sulfate due to a diagnosis of iron deficiency anemia and blood loss during delivery.
N: Physical assessment (checking fundus post-delivery)	Once/every 12 hr	I assessed the patient's abdomen assessing the fundus to ensure there are no complications or abnormalities following delivery. Fundus was firm and noted -1 midline.
N: Supply the patient with diapers, wipes, formula, and	Once/as needed	I provided the patient with immediate resources to care for her newborn such

drinks.		as diapers, wipes, and formula. I also supplied the patient with drinks to ensure hydration.

Phases of Maternal Adaptation to Parenthood (3 point)

What phase is the mother in?

The mother is in the taking in phase. This phase often occurs within the first 24-48 hours following birth (Ricci et al., 2021). The mother often relies heavily on their support system to provide adequate care. The mother still needs assistance, and the nurse assists the patient in the very beginning tasks of the newborn being born. The mother often ~~times~~ self neglects in an attempt to provide adequate and proper care to their newborn. This phase often supports bonding between mother and baby (Ricci et al., 2021).

What evidence supports this?

The mother is 48 hours postpartum which is when the taking in phase often occurs (Ricci et al., 2021). The mother focused on the newborns needs and requirements and seemed more concerned about her newborn before herself. This was shown by the mother asking for her newborns needs before her own. The mother openly accepted assistance from nursing staff to provide care and assistance to her newborn. The patient was also very informative and open regarding her current labor experience and newborn.

Discharge Planning (3 points)

Discharge location: Patient is discharging home with children and her support system which is her sister.

Equipment needs (if applicable): N/A

1/2/2024

Follow up plan (include plan for mother AND newborn): Mother will have a follow up appointment for her 6 weeks Postpartum, and newborn has a scheduled appointment for newborn checkup 24 hours after discharge on 2/16/24.

Education needs: Patient will need to be educated on updated WICC resources for formula for the newborn. Patient also needed education on postpartum depression, baby blues, financial assistance, and childcare assistance. The patient also received education regarding signs and symptoms of infection/hemorrhage or concerning symptoms that should be reported to the provided such as heavy bleeding or passing egg size blood clots.

Nursing Diagnosis (30 points)
Must be NANDA approved nursing diagnosis and listed in order of priority
<mark>Two of the Nursing Diagnoses must be education related</mark> **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, <mark>cite the source for each of the rationales.</mark>	Evaluation (2 pt each) How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Risk for ineffective tissue perfusion related to iron deficiency anemia as evidence by low hemoglobin levels.	The patient's hemoglobin levels are low upon admission and decreased more after delivery. Hemoglobin carries oxygen in the blood so low levels of hemoglobin can decrease	**1.Intervention:** Assess the patient for pallor, cyanosis, clammy or discolored skin (Wayne, 2023). **Rational:** This will allow the nurse to determine if the patient is receiving adequate oxygenated blood. Citation? **2.Intervention:** Assess the patients capillary refill time to ensure proper perfusion and circulation (Wayne, 2023). **Rational:** This will	The patient was receptive to the plan of care. The goal is to increase tissue perfusion. The patient began a higher dose of iron supplements as well as regular capillary refill assessment. The patient was discharged with a hemoglobin of 8.9 g/L and will follow up at postpartum visit.

1/2/2024

	effective tissue perfusion.	allow the nurse to determine if the extremities are getting proper adequate oxygenated blood flow. Citation?	
2. Risk for caregiver role strain related to be the sole caregiver to several children as evidence by lack of energy.	The patient is a single mother to 5 children with only the support of their sister. This can increase the strain and stress of being a single parent with 4 children and a newborn.	1. **Intervention**: Assess the patients emotional coping skills to ensure they are capable of providing care (Nursing Notes Blog, 2023). **Rational:** Assessing the patients emotional coping skills will allow the nurse to determine what kind of assistance the patient may require. Citation? 2. **Intervention:** Assess the patients support system and access to emotional and mental resources (Nursing Notes Blog, 2023). **Rational:** Assessing the patient support system can allow the nurse to determine if the patient has adequate assistance to receive assistance or if the patient may need additional assistance. Citation?	The patient was receptive to care. The patient answered questions and expressed that she is a single parent with little support other than her sister. The patient was provided resources to assist in emotional and mental coping. The desired outcome is to provide the patient with resources to provide assistance with emotional and mental caregiver strain.
3. Risk for knowledge deficit of formula feeding related to mother breastfeeding in the past as evidence by mother asking for formula brands and directions.	The patient previously breastfed but is formula feeding currently. The patient asked questions regarding formula brands and directions when providing formula.	1. **Intervention:** The nurse will assess the patient's current knowledge of formula feeding (Salvador, 2023)**. Rational:** Assessing the mother's current knowledge will allow the nurse to provide the most updated and accurate information the mother truly needs. Citation? 2. **Intervention:** Educate the patient on formula feeding and provide adequate resources to ensure the patient is properly educated on nutritional needs for newborn	The patient was receptive to information. The desired outcome is to provide mother with proper information to supply adequate nutrition to newborn. The patient was given bottles and directions for formula. The patient was also given resources for WIC, financial assistance, and childcare assistance.

		(Salvador, 2023). **Rational:** ensuring there is proper education is crucial to ensure newborn has all the required nutrition and ability to grow. Citation?	
4. Risk for Knowledge deficit of adapting newborn to the house related to multiple children in the home as evidence by mother asking questions about adapting.	The patient has 4 children in the home prior to the delivery of newborn. The patient is a single parent with small amounts of support and asked questions regarding adapting to a newborn with multiple children.	**1. Intervention:** Assess the patients concerns and questions (Wayne, 2023). **Rational:** Assessing current knowledge and concerns can ensure the nurse provides adequate and appropriate resources. Citation? **2. Intervention:** Provide proper education and provide resources that can promote adaptation to a newborn involving other children (Wayne, 2023). **Rational:** Providing proper education will assist in reassuring mother of what is required and needed. This will also provide better confidence for mother to properly adapt newborn to the household dynamic. Citation?	The patient was receptive to information. The patient was given additional resources regarding childcare assistance. The desired outcome is a calm and easy transition adding a newborn and newborn needs to the household and daily routine.

Other References (APA)

Nursing Notes Blog. (2023). Risk for Caregiver Role Strain. Nursingnotesblog.com

　　https://nursingnotesblog.com/risk-for-caregiver-role-strain/

Risk for Caregiver Role Strain 2024. Nursing Notes Blog. (n.d.). https://nursingnotesblog.com/risk-for-caregiver-role-strain/ -this was the citation I came up with. I did not see a date or year in the article.

1/2/2024

Salvador, Kathleen, MSN RN. (2022). *Newborn Nursing Diagnosis & Care Plan.*

NurseTogether. https://www.nursetogether.com/newborn-nursing-diagnosis-care-plan/

Salvador , K. (2022, August 19). *Newborn: Nursing diagnoses & care plans.* NurseTogether. https://www.nursetogether.com/newborn-nursing-diagnosis-care-plan/

Wayne, Gil, BSN, R.N. (2023). Ineffective Tissue Perfusion- Nursing Diagnosis & Care Plan.

Nurselabs. https://nurseslabs.com/ineffective-tissue-perfusion/

Wayne, G. (2023, October 13). *Impaired tissue perfusion & ischemia nursing care plan and Management.* Nurseslabs. https://nurseslabs.com/ineffective-tissue-perfusion/

N432 Postpartum Care Plan Grading Rubric
Student Name:

Demographics	3 points	1.5 points	0 points	Points
Demographics • Date of admission • Patient initials • Age • Gender • Race/Ethnicity • Occupation • Marital Status • Allergies • Code Status • Height • Weight • Father of Baby Involvement	Includes complete information regarding the patient. Each section is filled out appropriately with correct labeling. 3 pts	1-2 of the key components are not filled in correctly.	3 or more of the key components are not filled in correctly and therefore no points were awarded for this section	
Medical History	**5 points**	**2.5points**	**0 points**	**Points**
Prenatal History • GTPAL • Complications in previous/current pregnancies • Outcomes of previous	Includes each section completed correctly with a detailed list of pertinent medical	1-2 of the key components is missing detailed information.	3 or more of the key components are not filled in correctly	

1/2/2024

pregnancies
Past Medical History
  • All previous medical diagnosis should be listed
Past Surgical History
  • All previous surgeries should be listed
Family History
  • Considering paternal and maternal
Social History
  • Smoking (packs per day, for how may year)
  • Alcohol (how much alcohol consumed and for how many years)
  • Drugs (how often and drug of choice)
Living situation
Education level
  • If applicable to learning barriers
	history, surgical history, family history and social history. If patient is unable to give a detailed history, look in the EMR and chart.
	5 pts			

Admission Assessment-Chief Complaint	2 points	1 point	0 points	Points
Chief Complaint • Identifiable with a couple words of what the patient came in complaining of	Chief complaint is correctly identified. 2 pts	Chief complaint not completely understood.	No chief complaint listed.	

Admission Assessment-Presentation to Labor & Delivery	10 points	5 points	0 points	Points

Presentation to Labor & Delivery
  • Information is identified in regards to why the patient came to the hospital
  • Utilization of OLD CARTS as appropriate
  • Written in a paragraph form with no less than 5 sentences
  • Information was not
	Every key component of the HPI is filled in correctly with information such as those identified with (OLD CARTS). It is written in a paragraph	1-2 of the key components are missing in the HPI. The HPI is lacking important information to help determine what has happened to the patient.	3 or more components are missing in the HPI. Paragraph is not well developed, and it is difficult to understand what the patient is seeking care	

copied directly from the chart and no evidence of plagiarism • Information specifically stated by the patient using their own words is in quotations • Plagiarism will receive a 0	form, in the student's own words. There is no evidence of plagiarism identified. This is developed in a paragraph format with no less than 5 sentences. 10 pts		for. There is evidence of plagiarism noted in the HPI.	
Primary Diagnosis	**2 points**	**1 points**	**0 points**	**Points**
Primary Diagnosis • The main reason the patient was admitted **Secondary Diagnosis** • If the patient has more than one reason they are being admitted	All key components are filled in correctly. The student was able to identify the correct primary diagnosis and listed the appropriate secondary diagnosis if applicable. 2 pts	One of the key components is missing or not understood correctly.	Student did not complete this section and there is concern for lack of understanding the diagnosis.	
Laboratory Data	**15 points**	**7.5 points**	**0 points**	**Points**
Normal Values • Should be obtained from the chart when possible as labs vary some. If not possible use laboratory guide. • Normal values should be listed for all laboratory data. **Laboratory Data** • Prenatal Values • Admission Values • Most recent Values (the	All key components have been addressed and the student shows an understanding of the laboratory norms and abnormalities. Student had 1	1-2 of the patient's labs were not reported completely with normal values or patient results. Lab correlation did not completely demonstrate student's understanding	Student did not have an understanding of laboratory values and the abnormalities. 3 or more labs were excluded. Student did not discuss	

	reference listed with in text citations and is able to correlate abnormal laboratory findings to the patient's particular disease process. 15 pts	of correlation. Student had 1 reference listed with in text citations	the abnormal findings in APA format with a minimum of 1 reference or no with in text citations. Source(s) utilized were greater than 5 years old.	

day you saw the patient)
 Rational for abnormal values
 • Written in complete sentences with APA citations
 • Explanation of the laboratory abnormality in this patient
 • For example, elevated WBC in patient with pneumonia is on antibiotics.
 • Minimum of 1 APA reference, no reference will result in zero points for this section
   o Source(s) should be 5 or less years old
   o Source(s) greater than 5 years old will not be accepted				

Stage of Labor	**30 points**	**15 points**	**0 points**	**Points**

<mark>**Stage of Labor Write Up:**</mark>
 • History of labor
   o Length of labor
   o Induced vs. spontaneous
   o Time in each stage of labor
 • Current stage of labor
 • Professionally written essay in correct APA format outlined all aspects of the stage of labor the client is in during the student's care
 • Information is well written and no less than 1 page
 • Location of client in postpartum course
 • Normal findings during client's location in the
	All key components have been addressed and the student shows an understanding of the norms and abnormalities.
	 Disease process was thorough with a direct correlation of how this related to the patient and their
		1-3 key components were missing such as signs and symptoms, expected findings, correlation and treatment. Student was able to describe the pathophysiology of the disease process and understanding of the stage(s) of labor.
		 15 pts
		 only 1 reference
			4 or more of the key components is missing. Student did not have an understanding of the stage(s) of labor or the disease process and how to correlate it to the patient. Section was not in APA format with minimum of 2 references (0 points will	

postpartum course
• Abnormal findings during client's location in the postpartum course
• Stage of adapting client is in
• Risk factors for postpartum complications
  o Postpartum hemorrhage
  o Infection (include S/S)
  o Postpartum mood disorder
• Listed clinical data that correlates to this particular client
• Plagiarism results in a zero in this section
• <mark>Minimum of 2 APA reference,</mark> no reference will result in zero points for this section
  o Source(s) should be 5 or less years old
  o Source(s) greater than 5 years old will not be accepted
	diagnostic testing that was performed. Student had 1 reference listed and is able to correlate abnormal findings to the patient's particular disease process.	*was noted*	be given. Source(s) utilized were greater than 5 years old	

Current Medications	7 points	6-1 points	
Current Medications • Requirements of 5 inpatient hospital medications and 2 home medications—these must be 7 DIFFERENT medications • Each medication must have brand/generic name • Dosage, frequency, route given, class of drug and the action of the drug • Reason client taking • 2 contraindications must be listed o Must be pertinent to your patient	All key components were listed for each of the 7 medications, along with the most common side effects, contraindications and client teachings. Student had 1 APA citation listed. *7 pts*	1 point will be lost for each medication with incomplete information.	T o s c o o S v y

- 2 side effects or adverse effects
- 2 nursing considerations
- Key nursing assessment(s)/lab(s) prior to administration
  - o Example: Assessing client's HR prior to administering a beta-blocker
  - o Example: Reviewing client's PLT count prior to administering a low-molecular weight heparin
- 2 client teaching needs
- Minimum of 1 APA citation, no citation will result in loss of all points in the section
  - o Source(s) should be 5 or less years old
  - o Source(s) greater than 5 years old will not be accepted

Physical Exam	18 points possible	1-17 points	
• Completion of a head-to-toe assessment according to Physical assessment criteria on care plan done on the students own and not copied from the patient's chart • Fall risk assessment • Braden skin assessment • **No fall risk or Braden scale will result in a zero for the section** • **Incomplete Reproductive assessment will result in a zero for the section**	All key components are met including a complete head to toe assessment, fall risk and Braden score. 18 pts	1-3 of the key components is missing from a given section.	4 r s T r s a c a

Vital Signs	5 points	2.5 points	
Vital Signs • 3 sets of vital signs are recorded with the appropriate labels attached • Includes a prenatal set, labor/delivery set, and postpartum set • *If client has not delivered for a postpartum set, student is to list TWO vitals from labor and delivery* • Student highlighted the abnormal vital signs • Student wrote a summary of the vital sign trends	All the key components were met for this section (with 2 sets of vital signs) and student has a good understanding of abnormal vital signs.	Only 1 set of vital signs were completely recorded and/or 1 of the key components were missing. 2.5 pts see care plan	S a t a

Pain Assessment	2 points	1 point	
Pain assessment • Pain assessment was addressed and recorded twice throughout the care of this patient • It was recorded appropriately and stated what	All the key components were met (2 pain assessments) for this section and student has a good understanding of	Only 1 pain assessment was completely recorded and/or 1 of the key components is	S c a t a

pain scale was used	the pain assessment. 2 pts	missing.
IV Assessment	**2points**	**1 point**
IV assessment • IV assessment performed and it is charted including what size of IV and location of the IV • Noted when the IV was placed • Noting any signs of erythema or drainage • Patency is verified and recorded • Fluid type and rate is recorded or Saline lock is noted. • IV dressing assessment is recorded (clean, dry and intact)	All of the key components were addressed. Student demonstrates an understanding of an IV assessment. 2 pts	One of the key components is missing.
Intake and Output	**2 points**	**1 point**
Intake • Measured and recorded appropriately—what the patient takes IN • Includes: oral intake, IV fluid intake, etc. **Output** • Measured and recorded appropriately—what the patient puts OUT • Includes: urine, stool, drains/tubes, emesis, etc.	All of the key components of the intake and output were addressed. Student demonstrates an understanding of intake and output. 2 pts	1 of the key components of the intake and output is missing. Difficult to determine if the student has a thorough understanding of the intake and output.
Nursing Care/Interventions	**6 points**	**3 points**
Nursing Interventions • List the nursing interventions and medical treatments utilized with your client • Includes a rationale as to why the intervention is carried out or should be carried out for the client • Differentiates between nursing interventions (N) and medical interventions (M) • Include the frequency that the intervention is being performed	All the key components of the nursing care were addressed. Student demonstrated an understanding of the nursing care. 6 pts	1 of the key components of the nursing care was missing, therefore it was difficult to determine if the student had a thorough understanding of the nursing care.
Phases of Maternal Adaption to Parenthood	**3 points**	**1.5 point**
Phases of Maternal Adaption to Parenthood • What phase is the mother in? • What evidence supports this?	All key components were addressed. The student demonstrated an	1 of the key components is missing or incomplete. Student demonstrated

	appropriate understanding of the phases of maternal adaption to parenthood. 3 pts	somewhat of an understanding of the phases of maternal adaption to parenthood.	I...
Discharge Planning	**3 points pts**	**1.5 points**	0...
Discharge Planning • Discharge location • Equipment needs (if applicable) • Follow up plan o Include plan for mother AND newborn • Education needs	All key components were addressed. The student demonstrated an appropriate understanding of the discharge plan. 3 pts	1 of the key components is missing or incomplete. Student demonstrated somewhat of an understanding of the discharge plan.	2...
Nursing Diagnosis	**30 points**	**29-10 points**	

Nursing Diagnosis
• List 4 nursing diagnosis
  o Include full nursing diagnosis with "related to" and "as evidenced by" components
  o These should be specific to the patient
• Two Nursing diagnoses are related to needed teaching topics
o List 2 priority teaching items
o Includes 1 expected outcome for each teaching topic
o Includes how the information would be taught
o Includes an expected outcome
 	
• Appropriate nursing diagnosis
• Appropriate rationale for each diagnosis
  o Explain why the nursing diagnosis was chosen
• Minimum of 2 interventions for each diagnosis
  o Include a rationale for each intervention.
  o Include a source for each rationale.
• Correct priority of the nursing diagnosis
• Appropriate evaluation
	All key components were addressed. The student demonstrated an appropriate understanding of nursing diagnoses, rationales, interventions and listed diagnosis in correct priority.	1-2 of the nursing diagnosis/rational/intervention/evaluation sections was incomplete or not appropriate to the patient. Prioritization was not appropriate.
		
		22pts see care plan
			3...

Overall APA format	**5 Points**	**2.5 Points**	0...
APA Format • The student used appropriate APA in text citations and listed all appropriate references in	APA format was completed and appropriate.	APA format was used but not correct with 1-2 errors noted.	N...

	APA format. • Source(s) utilized should be 5 or less years old. o Source(s) greater than 5 years old will not be accepted. • Professional writing style, grammar, and spelling was used in all narrative sections.	Grammar and spelling were professional and without errors	1-2 grammar, spelling errors or overall poor writing style was used. Content was difficult to understand.	

Instructor Comments:
Make sure to follow directions on rubric and care plan.
Refer to your APA manual for proper set up of your references. Make sure to include full date not just year.

Total Points Awarded		119.5/**150=79.6%**