

N432 Postpartum Care Plan

Kadmiel Gwasira

Lakeview College of Nursing

N432: Maternal-Newborn Care

Debra Kamradt

2/8/24

Demographics (3 points)

Date & Time of Admission 2/7/24	Patient Initials MKB	Age 33	Gender Female
Race/Ethnicity White	Occupation Nurse	Marital Status Married	Allergies NKA
Code Status Full	Height 5'6"	Weight 152lb	Father of Baby Involved Yes

Medical History (5 Points)

Prenatal History: GTPAL = 5, 4, 0, 1, 4; Estimated date of birth was 2/14/24, each pregnancy was to term besides the spontaneous abortion in 4/19—history of vacuum extraction.

Past Medical History: Attention deficit disorders (ADD), degenerative disc disease (DDD), migraines without aura

Past Surgical History: Wisdom teeth removal (2010)

Family History: No history of present illness

Social History (tobacco/alcohol/drugs): No history of tobacco, alcohol, or drug use

Living Situation: Married woman lives at home with husband

Education Level: College-level Baccalaureate

Admission Assessment

Chief Complaint (2 points): Labor contractions

Presentation to Labor & Delivery (10 points): PT is a 33-year-old woman with G5P3 gestation who came in for labor management. PT made a slow cervical change, and pitcoin augmentation was started after epidural placement. AROM was performed, and meconium-stained fluid was noted. PT had prolonged deceleration and was found to complete dilation and +2 station. Perineal laceration with a repair suture of 2-0 Vicryl, and the placenta was intact with

spontaneous removal. The cord had 3 vessels, was intact, and had a loose nuchal cord looped once.

Diagnosis

Primary Diagnosis on Admission (2 points): 39 weeks of gestation

Secondary Diagnosis (if applicable): Abdominal pain/ fetal movement decrease.

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	3.5-5.2 M/uL	3.4	3.37	N/A	As low as having to take care of a child, a child she is creating.
Hgb	12-18 g/dL	N/A	10.5	N/A	Some bleeding could occur, and pt went through delivery.
Hct	35-45 %	N/A	31.5	N/A	Bleeding occurred s removal of placenta
Platelets	140-440 /mm ³	N/A	167	N/A	
WBC	4,000-10,500 / mm ³	N/A	11.09	N/A	
Neutrophils	38-75 %	N/A	N/A	N/A	
Lymphocytes	14-50%	N/A	17.9	N/A	
Monocytes	1-13%	N/A	6.6	N/A	
Eosinophils	0-6%	N/A	0.4	N/A	
Bands	0-2%	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	N/A	N/A	A negative	N/A	
Rh Factor	N/A	N/A	Positive	N/A	
Serology (RPR/VDRL)	N/A	N/A	N/A	N/A	
Rubella Titer	<7 IU/mL	N/A	3.00 iU/mL	N/A	
HIV	negative	negative	negative	N/A	
HbSAG	N/A	N/A	Negative	N/A	
Group Beta Strep Swab	negative	positive	positive	N/A	Mother is positive to bacteria in her body.
Glucose at 28 Weeks	5-7	N/A	4.6	N/A	
MSAFP (If Applicable)	N/A	N/A	N/A	N/A	

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

Lab Test	Normal Range	Prenatal Value	Value on Admission	Today's Value	Reason for Abnormal
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	Prenatal	Value on	Today's	Explanation of Findings
------	--------	----------	----------	---------	-------------------------

	Range	Value	Admission	Value	
Urine Creatinine (if applicable)	47-110.00 iU/L	N/A	102.78 iU/L	N/A	

Lab Reference (1) (APA):

M., V. L. A., & Bladh, M. L. (2021). *Davis's Comprehensive Manual of Laboratory and Diagnostic Tests with Nursing Implications*. F.A. Davis.

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

	Your Assessment
History of labor: Length of labor Induced /spontaneous Time in each stage	<p>PT, a 33-year-old lady with G5P3 gestation, came in for labor management. After epidural implantation insertion, PT gradually changed the cervical position, then pitcoin augmentation began. AROM was done, and meconium-stained fluid was found. which indicates meconium has been passed during in utero which is a normal finding. PT had extended prolonged deceleration and was discovered to have full dilatation and +2 station. Baby was delivered and the client experienced a perineal laceration. The perineal laceration was repaired with a 2-0 Vicryl suture, and the placenta was intact after spontaneous evacuation. The chord cord had three vessels, was entire and included a loose nuchal cord looped once. The nuchal cord looped can be found as a normal finding but could possibly lead to fetus distress. Stages of labor started from 1900-0526 of 2/7-2/8. Stage 1 lasted from 1900-</p>

	0513, stage 2 0513-0521, and stage 3 0521-0526. Overall, it lasted about 8 hours.
Current stage of labor	Pt is currently in stage 4, as she was at the time 4 hours postpartum. She is now in the taking-in phase. The mother was in the taking-in phase and was re-establishing a relationship with other people. She now adapts to the parenthood of another child, this being child 4. Through this stage, we are doing a bleeding/risk assessment on the mother and baby to make sure there are no issues, as well as any teaching that is necessary. After the foley removal, the mother needs to get up and use the restroom, which helps with bleeding, and the first time after getting up after epidural administration, hit the call light for extra help. Lastly, the mother wanted to learn how to pump as not sure about breastfeeding.

Stage of Labor References (2) (APA):

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

Lowdermilk, D. L., Perry, S. E., Cashion, K., Alden, K. R., & Olshansky, E. F. (2020).

Maternity & Women's Health Care. Elsevier.

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

Home Medications (2 required)

Brand/Generic	Calcium Carbonate/ Tums	Prenatal Multivitamins/ Azescor
Dose	750 mg	200 mg
Frequency	As needed	1 po
Route	Oral	Oral
Classification	Antacid	Multivitamin
Mechanism of Action	Neutralize the acid in the stomach by inhibiting pepsin, a proteolytic enzyme.	Provides essential vitamins and minerals that possibly be lacking in the individual's diet to support the child
Reason Client Taking	To help with heartburn	Help support child growth
Contraindications (2)	Renal failure, Heart failure, and edema	Cirrhosis of the liver, Wilson's disease
Side Effects/Adverse Reactions (2)	high calcium levels, constipation, and gas	Constipation, dark stool, nausea
Nursing Considerations (2)	VS as hypotension,	Numbness, tingling, headache,

	bradycardia , and arrhythmias can occur	and visual problems
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Response to bowel movement and electrolyte labs	Bowel movement and change in LOC
Client Teaching needs (2)	Chew it completely before swallowing	Avoid alcohol and quit smoking

Hospital Medications (5 required)

Brand/Generic	Ketorolac/toradol	Ampicillin / Ampicillin	Misoprostol / Cytotec	Oxytocin/Pitocin	Dulcolax/Bisacodyl
Dose	15 mg	2 g	800 mcg	30 unit/500 ml	10 mg
Frequency	Once	Once	Once	Once	As needed
Route	IV push	IV push	Rectal	IV	Rectal
Classification	NSAID	Antibiotic	Prostaglandin	Oxytocic hormones	Stimulant laxative
Mechanism of Action	This inhibits on the prostaglandin synthesis by blocking cyclooxygenase, an enzyme.	Interferes with cell wall synthesis	This inhibits basal and nocturnal gastric acid secretion through stimulation of prostaglandin.	Increase sodium permeability otherwise stimulating contraction of the uterine smooth muscle	Increase the movement of peristalsis
Reason Client Taking	For pain and inflammation	for positive GBS	Decrease chance of GI	To help induce labor	constipation from pushing

	on		bleed/ulcers		
Contraindications (2)	Not for chronic pain, hepatic issues	allergic to drug class, or pt in renal failure	perlvic infection or sepsis, hypotension	Fetal distress, hydraminos	Not use on a pt with intestinal obstruction or appendicitis
Side Effects/Adverse Reactions (2)	Bloating, high blood pressure, and vomiting	Itching, rash, and diarrhea	nausea, headache, and constipation	Possible arrhythmias, seizures,	Nausea and vomiting, muscle cramps
Nursing Considerations (2)	Safe for adults, but used cautiously for pt's over 65	VS, and LOC	Can cause spontaneous abortion	fetal distress and hydramnios	Doesn't pass through breast milk
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Liver labs alt, ast	WBC and CBC	Abdominal pain or occult blood within the stool	VS and LOC	VS and LOC
Client Teaching needs (2)	feelings of headache or GI bleed let nurse know	drink plenty of fluids	Avoid alcohol and foods that cause GI irritation	Let nurse know if you have a headache	Do not crush or break tablet, just drink with full glass of water

Medications Reference (1) (APA):

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

Assessment

Physical Exam (18 points)

<p>GENERAL: Alertness: Alert and Friendly Orientation: Oriented to person, place, and time Distress: No apparent distress Overall appearance: Well-groomed and pleasant.</p>	
<p>INTEGUMENTARY: Skin color: White, normal for race Character: Dry, Intact Temperature: Warm Turgor: 2+ Rashes: None noted Bruises: None noted Wounds: None noted Braden Score: 21 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	
<p>HEENT: Head/Neck: Head and neck are symmetrical Ears: Auricle is pink, moist, and no lesions. Eyes: The sclera was white, the cornea was clear, and the conjunctiva was pink, with no discharge noted. EOMs intact Nose: Septum is midline with no drainage or bleeding noted Teeth: Top and bottom dentures</p>	
<p>CARDIOVASCULAR: Heart sounds: S1 and S2 present with no murmurs, gallops, or rubs S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: 1+ symmetric Capillary refill: +1 Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema:</p>	

<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character Posterior/anterior bilateral, even breathing with no wheezes.</p>	
<p>GASTROINTESTINAL: Diet at home: General Current Diet: General Height: 5'6" Weight: 152 lb Auscultation Bowel sounds: Present in all four quadrants Last BM: 2/7/24 Palpation: Pain, Mass, etc.: No pain or mass noted Inspection: No lesions or rashes noted Distention: No distention noted Incisions: No incisions noted Scars: No scars noted Drains: No drains noted Wounds: No wounds noted Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	
<p>GENITOURINARY: Color: Straw, Yellow Character: Clear Quantity of urine: 300 ml Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Not performed Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	
<p>MUSCULOSKELETAL: Neurovascular status: No apparent deficits ROM: leg weakness as epidural was administered, but has gone to restroom. Supportive devices: None Strength: None ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p>	

<p>Fall Score: 0 Activity/Mobility Status: Pt able to use the restroom with 2 assists after the catheter was removed. 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>NEUROLOGICAL: 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 - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Oriented to person, place, and time Mental Status: Friendly, agreeable, and alert Speech: Good Sensory: No obvious deficits LOC: Alert</p>	
<p>PSYCHOSOCIAL/CULTURAL: Coping method(s): Spending time with husband and kids, also physically active with going to the gym Developmental level: Formal operational stage/No deficits observed Religion & what it means to pt.: Not assessed Personal/Family Data (Think about home environment, family structure, and available family support): PT is married and currently lives with her husband and four kids.</p>	
<p>Reproductive: (2 points) Fundal Height & Position: 2 cm and Semi-fowlers Bleeding amount: Scant Lochia Color: Rubra Character: WDL Episiotomy/Lacerations: Laceration 1</p>	
<p>DELIVERY INFO: (1 point) Rupture of Membranes: AROM Time: 0355 Color: Meconium present Amount: Normal medium amount Odor: No odor</p>	

Delivery Date: 2/8/24 Time: 0526 Type (vaginal/cesarean): Vaginal Quantitative Blood Loss: 307 mL Male or Female: Female Apgars: 8, 9 Weight: 3350 Grams Feeding Method: Bottle	
--	--

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	86	111/66	18	98	98
Labor/Delivery	67	97/66	18	97.9	100
Postpartum	79	108/66	16	99.5	96

Vital Sign Trends: Due to epidural BP drop

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0515	0-10	Abdominal	6	cramps	Change in position
0755	0-10	N/A	0	N/A	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 18 g Location of IV: Right Hand Date on IV: 2/7/24 Patency of IV: Clear Signs of erythema, drainage, etc.: N/A IV dressing assessment: Clear & intact	

Intake and Output (2 points)

Intake	Output (in mL)
500 ml	707 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.
<ul style="list-style-type: none"> ● Ampicillin was given 2 g, also repeat CBC was ran to check M 	once	<ul style="list-style-type: none"> ● PT history from delivery states AROM
<ul style="list-style-type: none"> ● Pt was given Isotonic fluids, checking pt vital signs M 	once depending on VS	<ul style="list-style-type: none"> ● Pt lost 307 mls during delivery
<ul style="list-style-type: none"> ● Gathered equipment for pumping for the mother, also teaching upon how to use N 	once	<ul style="list-style-type: none"> ● Pt wanting to bottle feed child instead of breastfeed
<ul style="list-style-type: none"> ● Pt was given menu as well as zofran to help subside symptoms, also pt was given menu to order food from cafeteria M 	once per needed	<ul style="list-style-type: none"> ● Pt had been feeling nauseated/ had heartburn for the past day

Phases of Maternal Adaptation to Parenthood (3 point)

What phase is the mother in? The mother was in the taking in phase and was re-establishing a relationship with other people. She now adapts to the parenthood of another child this being child

4.

What evidence supports this? Now the mother is planning out whether she wants to breastfeed or bottle feed due to not having as much time with the other children but might for maternity leave.

Discharge Planning (3 points)

Discharge location: Home

Equipment needs (if applicable): Pump for breast and diapers

Follow up plan (include plan for mother AND newborn): The mother is to follow up with a check-up in 2 weeks for her and the child as the child will be getting ready for there first round of vaccines.

Education needs: Basic teaching of feedings every 3 hours as well as making sure the child is not sleeping on **there** back to prevent SIDS.

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? ● Client response, status of goals and outcomes, modifications to plan.</p>
<ul style="list-style-type: none"> ● Risk for infection related to rupture or 	<ul style="list-style-type: none"> ● PT history from delivery 	<ul style="list-style-type: none"> ● Ampicillin was given 2 	<ul style="list-style-type: none"> ● Watching pts WBC/CBC as

of membranes as evidenced by artificial ROM	states AROM	g, also repeat CBC was ran to check	well taking VS especially that of Temperature within 48 hrs
<ul style="list-style-type: none"> Risk for imbalance fluid volume related to blood loss as evidence by blood loss during delivery 	<ul style="list-style-type: none"> Pt lost 307 mls during delivery 	<ul style="list-style-type: none"> Pt was given Isotonic fluids, checking pt vital signs 	<ul style="list-style-type: none"> VS looking at heart rate/ Blood pressure in case of new bleed within hospital stay
<ul style="list-style-type: none"> Deficient knowledge related to ideaquate knowledge about new born as evidence by being a 4 time mother 	<ul style="list-style-type: none"> Pt wanting to bottle feed child instead of breastfeed 	<ul style="list-style-type: none"> Gathered equipment for pumping for the mother, also teaching upon how to use 	<ul style="list-style-type: none"> making sure the child is fed every 3 hrs. As well as checking for tenderness/ soreness on the mammary glands
<ul style="list-style-type: none"> Risk for imbalanced nutrition: less than body requirement related to inadequate intake as evidence by pt not eating for the past day 	<ul style="list-style-type: none"> Pt had been feeling nauseated/ had heartburn for the past day 	<ul style="list-style-type: none"> Pt was given menu as well as zofran to help subside symptoms, also pt was given menu to order food from cafeteria 	<ul style="list-style-type: none"> Doing abdominal checks and seeing for abdominal (bowel) sounds making sure digestion is happening.

Other References (APA)

Gil Wayne BSN, R. N. (2023, July 30). *Risk for Injury & Patient Safety Nursing Care Plan and Management*. Nurseslabs. <https://nurseslabs.com/risk-for-injury/#h-goals-and-outcomes>