N432 Postpartum Care Plan

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N432: Maternal-Newborn Care

Professor Kamradt

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Demographics (3 points)

Date & Time of Admission	**Patient Initials**	**Age**	**Gender**
3/19/24 0834	L.F	15	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Hispanic	Student	Single	No known allergies
Code Status	**Height**	**Weight**	**Father of Baby Involved**
Full	147.3 cm	56.7 kg	Yes

Medical History (5 Points)

Prenatal History: G1T1P1A0L1, high-risk teen pregnancy, anemia, vitamin D deficiency

Past Medical History: No recorded history in chart

Past Surgical History: No recorded history in chart

Family History: No recorded history in chart

Social History (tobacco/alcohol/drugs): No smoking, alcohol, or drug use reported.

Living Situation: Patient lives at home with both parents, 1 brother, and 6 sisters.

Education Level: High school

Admission Assessment

Chief Complaint (2 points): The patient did not necessarily have any. She was being seen for an obstetrical checkup and her provider noticed diminished fetal breathing.

Presentation to Labor & Delivery (10 points): The patient is a 15 year-old female at 38w2d gestation, 1cm dil, 30% effaced, with an estimated due date of 3/31/24. Initially, she was being seen for a regular obstetrical appointment when her provider discovered cephalic unsustainable fetal breathing. She is being admitted to for an induction of labor. She states she is having active

fetal movements and denies any pain. Her UA dopplers were normal and biophysical profile was 6/8 with -2 for absence of fetal breathing.

Diagnosis

Primary Diagnosis on Admission (2 points): L&D 38w2d absence of fetal breathing

Secondary Diagnosis (if applicable):. Intrauterine growth restriction affecting mother.

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	**3.93-4.90 10^6 ul**	3.89	3.83	N/A	The patient was diagnosed with anemia. In result, her RBC's are lowered (Martin, 2023).
Hgb	**10.8-13.3 10^3 ul**	11.2	7.92	N/A	
Hct	**33.4-40.4%**	34.6	33.1	N/A	Decreased hematocrit levels are an indication of the patient's anemia (Martin, 2023).
Platelets	**194-345 10^3 ul**	222	325	N/A	
WBC	**4.19-9.43 10^3 ul**	6.42	10.9	N/A	
Neutrophils	**1.82-7.47 10^3 ul**	4.66	N/A	N/A	
Lymphocytes	**1.16-3.33 10^3 ul**	1.09	N/A	N/A	Reduced lymphocytes during pregnancy is a normal body process (Sainani, 2023). The body suppresses the mother's immune system to allow the fetal to grow and not be attacked by the body (Sainani,

					2023).
Monocytes	**0.19-0.72 10^3 ul**	0.44	N/A	N/A	
Eosinophils	**0.02-0.32 10^3 ul**	0.08	N/A	N/A	
Bands	**0.0-10.0%**	N/A	N/A	N/A	

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

Lab Test	Normal Range	Prenatal Value	Value on Admission	Today's Value	Reason for Abnormal
Blood Type	**A,B,AB,O,**	O	O	O	
Rh Factor	**RH +,or RH -**	(+)	(+)	(+)	
Serology (RPR/VDRL)	**Nonreactive (-)**	Negative	N/A	N/A	
Rubella Titer	**<10.00 IU/mL**	13.00 Positive	N/A	N/A	
HIV	**Nonreactive (-)**	Negative	Negative	N/A	
HbSAG	**Nonreactive (-)**	Negative	N/A	N/A	
Group Beta Strep Swab	**Nonreactive (-)**	Negative	N/A	N/A	
Glucose at 28 Weeks	**<140 mg/dL**	104	N/A	N/A	
MSAFP (If Applicable)	**10-150 ng/ml (**Oluwaseun et al., 2023).	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
Vitamin D25 Hydroxy	**30-100.0 ng/mL**	10.1	N/A	N/A	Evidence suggests that women with limited sun exposure and those of ethnic minorities tend to be vitamin D deficient (ACOG, 2024). Newborns largely rely on maternal vitamin D status

					(ACOG, 2024). In result it may have lowered it even more.

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

Test	Normal Range	Prenatal Value	Value on Admission	Today's Value	Explanation of Findings
Urine Creatinine (if applicable)	**0.55-1.02 mg/dL**	0.63	N/A	N/A	

Lab Reference (1) (APA):

ACOG Committee. (2024). *Vitamin D: Screening and supplementation during pregnancy*. The American College of Obstetrics and Gynecologists. https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2011/07/vitamin-d-screening-and-supplementation-during-pregnancy

Martin, P. (2023). *Complete normal lab values reference guide cheat sheet*. Nurseslabs. https://nurseslabs.com/normal-lab-values-nclex-nursing/#h-total-calcium-ca-ionized-calcium

Oluwaseun, O., Siva, N., Yarrarapu, M. & Khetarpal, S. (2023, January 18). *Alpha fetoprotein*. National Library of Medicine. https://www.ncbi.nlm.nih.gov/books/NBK430750/#:~:text=Normal%20and%20Critical%20Findings&text=Between%2015%20and%2020%20weeks,cirrhosis%20strongly%20indicate%20hepatocellular%20carcinoma.

Sainani, S. (2023, June 7). *Low lymphocytes during pregnancy*. Parenting First Cry. https://parenting.firstcry.com/articles/low-lymphocytes-during-pregnancy-should-you-be-worried/

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

On March 19th, the patient was visiting her obstetrical provider for a routine visit. The patient had active fetal movement, no pain, and nothing she was concerned about. During her ultrasound, the provider noticed the infant had cephalic unsustainable fetal breathing. The provider instructed the patient to go in for an induction immediately. The patient arrived at the labor and delivery unit by 0834 and was induced by 1000. At this time, she was only 1 cm dilated and 30 % effaced. This would be considered the latent phase of labor because the effacement range is from 0 to 40% (Ricci et al., 2020). The patient continued to dilate slowly. Later that night at 2053, she was only 3cm dilated and 70% effaced. This is where she transitions to the active phase of labor with an expected 40% to 100% effacement (Ricci et al., 2020).

The next day, at 1512, she was 4 cm dilated and 80% effaced. She is still in stage one of labor but reaches stage two within the next few hours. By 1045, she was fully dilated and 100% effaced. She has now fully transitioned into stage two and has a strong urge to push. The patient was able to safely deliver the infant within 45 minutes of pushing. After that, the patient remained in stage three for only 5 minutes. The expected blood loss range for vaginal birth is 1000cc, and my patient only had 350cc. This is good because she has anemia, so having the blood loss at a minimum is optimal.

The risk factor that the patient faced was a vaginal laceration that required suturing. This is considered a postpartum complication because it puts the patient at risk for infection. Also, although the patient had minimal blood loss during delivery, she is still at risk for postpartum hemorrhage. There can be internal bleeding and or bleeding from her laceration. Her blood loss volumes, vitals, LOC, and fundus must be assessed routinely. The mother has anemia and a low baseline blood pressure. Her prenatal blood pressure was 100/52, and her postpartum blood pressure was 110/69.

	Your Assessment
History of labor: **Length of labor** **Induced /spontaneous** **Time in each stage**	The patient was induced on 3/19 at 1000, at this time she was only 1cm and 30% effaced. Labor started on 3/20 at 1512 and at this time she was 4cm dilated and 80% effaced. The length of labor was 5 hours and 33 minutes. The patient had spontaneous ROM. **First stage:** 4 hours and 43 minutes **Second stage:** 45 minutes **Third stage:** 5 minutes
Current stage of labor	The patient reached and completed the fourth stage of labor (Ricci et al., 2021).

Stage of Labor References (2) (APA):

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

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

Home Medications (2 required)

Brand/Generic	**Cholecalciferol Vitamin D**	**Prenatal vitamin w/ Cal-iron 27 folic acid**

Dose	10 mcg x2	65 mg
Frequency	Daily	Daily
Route	Oral	Oral
Classification	**Pharmacological:** Vitamin (Jones & Bartlett, 2023). **Therapeutic class:** Supplement (Jones & Bartlett, 2023).	**Pharmacological:** Hematinic (Jones & Bartlett, 2023). **Therapeutic class:** Antianemia (Jones & Bartlett, 2023).
Mechanism of Action	Calcitriol binds with vitamin D receptors on osteoblasts to generate mature osteoclasts (Jones & Bartlett, 2023).	It combines with globin chains to form hemoglobin and allows for rapid iron increase levels (Jones & Bartlett, 2023).
Reason Client Taking	Vitamin D deficiency	Iron maintenance; anemia
Contraindications (2)	Can cause hypercalcemia which may reduce its infectiveness (Jones & Bartlett, 2023). Hypersensitivity with drugs that are related to ergocalciferol (Jones & Bartlett, 2023).	May affect other medication's absorbency (Jones & Bartlett, 2023). Medications that decrease stomach acid can disrupt iron absorption (Jones & Bartlett, 2023).
Side Effects/Adverse Reactions (2)	Dry mouth and nausea (Jones & Bartlett, 2023).	Constipation and nausea with higher dosages (Jones & Bartlett, 2023).

Nursing Considerations (2)	Insure the patient does not have hypersensitivity to the supplement (Jones & Bartlett, 2023). Assess the patient's adherence to her prescribed regimen (Jones & Bartlett, 2023).	Administer IM or IV iron when oral form is being poorly absorbed (Jones & Bartlett, 2023). Perform a sensitivity test if you distribute the iron thru IM to avoid anaphylaxis (Jones & Bartlett, 2023).
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Assess the patient's vitamin D levels prior to administration to ensure they are getting the recommended amount (Jones & Bartlett, 2023). Review the patient's levels with a 25-hydroxy vitamin D test (Jones & Bartlett, 2023).	CBC panels to monitor iron levels (Jones & Bartlett, 2023). Assess the patient's blood pressure prior to administration (Jones & Bartlett, 2023).
Client Teaching needs (2)	Educate the patient that they can receive additional natural vitamin D from sunlight (Jones & Bartlett, 2023). Educate patient that they can receive dietary intake of vitamin D from foods with fortified vitamin D (Jones & Bartlett, 2023).	Advise patient to take the supplement an hour before meals and preferably with orange juice to maximize absorption (Jones & Bartlett, 2023). Inform patient that dark stools while taking the supplement is normal (Jones & Bartlett, 2023).

Hospital Medications (5 required)

Brand/Generic	**Ondansetron HCl (PF) injection**	**Fentanyl PF**	**Diphenhydramine (Benadryl)**	**Ephedrine Sulfate**	**Methylergonovine maleate**
Dose	4 mg	5 mL	50 mg	25 mg	0.2 mg
Frequency	Daily PRN	Continuous	Every 4hrs PRN	PRN	Every 4hrs PRN
Route	IV push	Intrathecal	Oral	Intrathecal	IV
Classification	**Pharmacological class:** Selective serotonin receptor antagonist (Jones & Bartlett, 2023). **Therapeutic class:** Antiemetic (Jones & Bartlett, 2023).	**Pharmacological class:** Opioid (Jones & Bartlett, 2023). **Therapeutic class:** Opioid analgesic (Jones & Bartlett, 2023).	**Pharmacological class:** Antihistamine (Jones & Bartlett, 2023). **Therapeutic class:** Antihistamine (Jones & Bartlett, 2023).	**Pharmacological class:** Decongestant (Jones & Bartlett, 2023). **Therapeutic class:** Vasopressor (Jones & Bartlett, 2023).	**Pharmacological class:** Ergot alkaloids (Jones & Bartlett, 2023). **Therapeutic class:** Oxytocics (Jones & Bartlett, 2023).
Mechanism of Action	Inhibits serotonin receptors at the vagal nerve terminals in the intestine (Jones & Bartlett, 2023).	It binds to opioid receptors sites and alters the perception of emotional response to pain (Jones & Bartlett, 2023).	Acts as an agonist of effector cells in the blood vessels, respiratory tract, and GI smooth muscle (Jones & Bartlett, 2023).	It causes vasoconstriction by acting as an adrenergic receptor agonist (Jones & Bartlett, 2023).	It acts on the uterus' smooth muscles to increase contractions (Jones & Bartlett, 2023).

Reason Client Taking	Nausea and vomiting	Pain	Itching	Hypotension	Postpartum hemorrhage
Contraindications (2)	Concomitant use of apomorphine and hypersensitivity (Jones & Bartlett, 2023). .	Significant respiratory distress and upper airway obstruction (Jones & Bartlett, 2023).	Breastfeeding mothers and neonates (Jones & Bartlett, 2023).	Any allergies to any antihistamines. It is unsuitable for neonates (Jones & Bartlett, 2023).	Toxemia and during pregnancy when you're not going into labor (Jones & Bartlett, 2023).
Side Effects/Adverse Reactions (2)	Hypotension and bronchospasms (Jones & Bartlett, 2023).	Hypotension and respiratory depression (Jones & Bartlett, 2023).	Confusion and the feeling of passing out (Jones & Bartlett, 2023).	Dizziness and tremors (Jones & Bartlett, 2023).	Hypertension and cerebrovascular events (Jones & Bartlett, 2023).
Nursing Considerations (2)	It may be present in breast milk (Jones & Bartlett, 2023). Use with caution only if the benefit to the mother outweighs the potential risk to the baby (Jones & Bartlett, 2023).	Use cautiously in patients that are at risk for opioid addiction (Jones & Bartlett, 2023). Use cautiously in pregnant women/ labor because it can cause neonatal opioid withdrawal symptoms (Jones & Bartlett,	Use cautiously in pregnant women and neonates and monitor its therapeutic response (Jones & Bartlett, 2023). If urinary retention, frequency, or dysuria occurs, it should be discontinued (Jones & Bartlett, 2023).	The patient is at risk for decreased cardiac output (Jones & Bartlett, 2023). The patient is at risk for ineffective tissue perfusion (Jones & Bartlett, 2023).	Mothers should not breastfeed until after 12 hours of this dose (Jones & Bartlett, 2023). It can cause respiratory distress in neonates (Jones & Bartlett, 2023).

		2023).			
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Monitor patient closely for serotonin syndrome and decreased bowel activity (Jones & Bartlett, 2023).	Monitor patient's respiratory status closely and for serotonin syndrome symptoms (Jones & Bartlett, 2023).	Closely monitor the patient and neonates respiratory status (Jones & Bartlett, 2023). If the patient has a cough, monitor the characteristics of it to ensure it is not a response to the medication (Jones & Bartlett, 2023).	Review the patient's medication list to identify of any possible interactions that can cause harm (Jones & Bartlett, 2023). Assess the client's level of consciousness routinely (Jones & Bartlett, 2023).	Assess patient for signs of toxicity; tinnitus, numbness, painful extremities etc. (Jones & Bartlett, 2023). Assess patient for uterine hyper stimulation (Jones & Bartlett, 2023).
Client Teaching needs (2)	Instruct patient to immediately report signs of anaphylaxis. Let the patient know if they have transient blindless, it will go away within a few minutes to 48 hours (Jones & Bartlett, 2023).	Educate the patient on the potentially fatal effects (Jones & Bartlett, 2023). Inform patient that they cannot have more than the prescribed dose because it can lead to abuse and misuse (Jones & Bartlett, 2023).	Inform the client that photosensitivity may occur (Jones & Bartlett, 2023). Inform the patient that they may experience dry mouth, and that rinsing of the mouth is recommended (Jones & Bartlett, 2023).	Inform the client that this medication can be excreted in breast milk (Jones & Bartlett, 2023). Inform the patient that the effects of this medication on a neonate is unknown (Jones & Bartlett, 2023).	Inform the client they can breastfeed after a minimum of 12 hours (Jones & Bartlett, 2023). Advise patient to report and increased bleeding or severe abdominal pain (Jones & Bartlett, 2023).

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2023). *Nurse's drug handbook* (22nd ed.). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** Alert and orientated x4 **Orientation:** Alert and orientated x4 **Distress:** No acute distress noted **Overall appearance:** Well groomed	
INTEGUMENTARY (1 points): **Skin color:** Light brown **Character:** Dry **Temperature:** Warm upon palpation **Turgor:** Normal **Rashes:** None **Bruises:** None **Wounds/Incision:** Right vaginal laceration **Braden Score:** 18 **Drains present: Y☐ N ☒** **Type: N/A**	
HEENT (1 point): **Head/Neck:** Head and neck are symmetrical. Trachea is midline with no deviation. Thyroid is non palpable with no nodules noted. Bilateral palpable carotid pules 2+ present. No lymphadenopathy noted. **Ears:** Bilateral auricles with no injuries present. No visible drainage. **Eyes:** Bilateral sclera white. Bilateral conjunctiva pink. Bilateral cornea clear with no visible drainage. PERRLA and EOMS intact. **Nose:** Septum is midline. Turbinates are moist and pink bilaterally, with no visible bleeding or polyps in the nose. **Teeth:** Intact, dentition is good.	.
CARDIOVASCULAR (2 point): **Heart sounds:** Clear S1 and S2 without gallops or rubs. **S1, S2, S3, S4, murmur etc.**	.

Cardiac rhythm (if applicable): Normal rate and rhythm **Peripheral Pulses:** 2+ Bilaterally **Capillary refill:** Less than 3 seconds in fingers and toes bilaterally **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☒ N ☐** **Location of Edema:** Lower legs bilaterally +1	
RESPIRATORY (1 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character** Clear lung sounds throughout anterior and posterior bilaterally.	.
GASTROINTESTINAL (2 points): **Diet at Home:** Regular **Current Diet:** Regular **Height: 4'10** **Weight: 125 lb** **Auscultation Bowel sounds:** Active and present in all four quadrants **Last BM:** 3/19/24 **Palpation: Pain, Mass etc.:** Abdomen is soft, nontender, and no masses noted upon palpation. **Inspection:** No bruises, rashes, or lesions noted **Distention:** No **Incisions:** No **Scars:** No **Drains:** No **Wounds:** No	.
GENITOURINARY (2 Points): **Quantity of urine: Not recorded.** **Pain with urination: Y ☒ N ☐** **Inspection of genitals:** Right vaginal laceration, swollen vaginal area **Catheter: Y ☐ N ☒** **Type:** N/A **Size:** N/A	
MUSCULOSKELETAL (1 points): **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐**	.

Fall Score: 25 **Activity/Mobility Status:** **Independent (up ad lib) ☒** **Needs assistance with equipment ☐** **Needs support to stand and walk ☐**	
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** A&Ox4 **Mental Status:** Adolescent **Speech:** Clear **Sensory:** Clear **LOC:** Full **DTRs:** 2+	.
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** Spending time with family and partner **Developmental level:** Adolescent **Religion & what it means to pt.:** She does not attend church, but she believes in God. **Personal/Family Data (Think about home environment, family structure, and available family support):** She has a large immediate family and lives at home with them. She is thinking about moving in with her partner and his family when she discharges.	
Reproductive: (2 points) **Fundal Height & Position:** Palpable slightly above umbilicus **Bleeding amount:** 350 cc **Lochia Color:** Bright red **Character:** Moderate flow **Episiotomy/Lacerations:** Right vaginal laceration	
DELIVERY INFO: (1 point) **Rupture of Membranes:** SROM **Time: 1000** **Color:** Clear **Amount:** Moderate **Odor:** None **Delivery Date:** 3/20/24 **Time:** 1930	

Type (vaginal/cesarean): Vaginal **Quantitative Blood Loss:** 350 cc **Male or Female: Female** **Apgars:** Not recorded *Professor Kamradt did a secondary check. **Weight:** 5 lb 12.8 oz **Feeding Method:** Formula	

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	89	100/52	16	97.6 F	100 % room air
Labor/Delivery	105	136/63	20	98.6 F	100 % room air
Postpartum	86	110/69	18	100.7 F	100 % room air

Vital Sign Trends:

The patient's blood pressure baseline before and after birth was low. This may be due to her anemia. There was only a spike in her blood pressure during labor. The patient's temperature also began rising, reaching 100.7 F postpartum. This is a natural response to the physiological stressors the body endured during labor (Ricci et al., 2021). This is also the body's way of regaining homeostasis (Ricci et al., 2021).

Reference

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

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0207	Numeric	Perineum	5	Tender, sore	Pain management; acetaminophen 1,000 mg
0850	Numeric	N/A	0	N/A	Medication still

					offered but refused

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 G **Location of IV:** Left lower; medial forearm **Date on IV:** 3/19/24 **Patency of IV:** Patent **Signs of erythema, drainage, etc.:** None **IV dressing assessment:** Clean, dry, and intact	Saline locked, flushed

Intake and Output (2 points)

Intake	Output (in mL)
Patient had a vaginal birth with no complications. She was able to resume a regular diet after delivery, and intake did not require measurement.	Patient was ambulating and using the restroom on her own, so she did not require measurement of urine output. **Blood loss: 350 cc**

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.
Ambulation (N)	Daily	To promote blood flow and reduce swelling in legs, and prevent complications.
Perineal Laceration Care (N)	Daily	Utilize a peri-bottle after using the bathroom and pat the vaginal area dry instead of wiping to avoid irritation.
Stool Softeners (M)	PRN	To avoid constipation and straining,

		which could affect the laceration and sutures.
Skin to Skin (N)	Daily	To establish bonding time with infant and contribute to a positive new mother experience.

Phases of Maternal Adaptation to Parenthood (3 point)

What phase is the mother in? The "taking it in" phase (Ricci et al., 2021).

What evidence supports this? The patient was dependent on her partner with daily tasks and decision-making. Almost every time the nurse asked her a question, she would turn to her partner for advice before responding. She was also focused on getting rest, so her partner took over regarding the infant's needs.

Discharge Planning (3 points)

Discharge location: The patient lives at home with her immediate family. Both her and her partner will be discharged to the home here in Champaign.

Equipment needs (if applicable): None.

Follow up plan (include plan for mother AND newborn): 24-48 post discharge.

Education needs: Educate mother on how to care for her vaginal laceration. This reduces the chance for developing an infection and worsening health issues. Educate mother on the importance of establishing a feeding routine for her baby. This not only ensures timely feeds but can help reduce stress while transitioning into motherhood. Although the mother does not drive yet, it is still important to educate her and her partner on car seat safety and utilization.

Nursing Diagnosis (30 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

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

2 points for correct priority

Nursing Diagnosis (2 pt each) Identify problems that are specific to this patient. Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational (1 pt each)** Explain why the nursing diagnosis was chosen	**Intervention/Rational (2 per dx) (1 pt each)** Interventions should be specific and individualized for his patient. Be sure to include a time interval such as Assess vital signs q 12 hours." List a rationale for each intervention and using APA format, cite the source for each of the rationales.	**Evaluation (2 pt each)** How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. At risk for infection related to alteration in skin integrity as evidenced by tissue trauma (Phelps, 2022).	During vaginal birth, the mother had a perineal tear. If this laceration is not properly cared for, it can lead to infection and further complications.	1. Encourage the patient to verbalize any pain or discomfort. This can be assessed at the time of vitals and advise patient to use the call light if pain begins (Phelps, 2022). **Rationale** The patient should be given pain management and comfort measures (Phelps, 2022). 2. Assess laceration during scheduled vitals and assessment to inspect for any signs of infection. **Rationale** Early detection of infection is significant because with proper medical interventions, to prevent the disease from progressing (Phelps, 2022).	The patient verbalized that she understood the importance of informing the care team if she notices any signs or symptoms of infection. She also stated that she understood how to care for her laceration.
2. Risk for fluid volume excess	The patient had postpartum	**1.** Monitor vitals as scheduled and look for	The patient was concerned about the

as evidenced by edema in lower legs.	swelling.	signs of any parameter changes (Phelps, 2022). **Rationale** It may indicate altered fluid or electrolyte status (Phelps, 2022). **2.** During vitals, assess skin turgor and edema (Phelps, 2022). **Rationale** It's important to see if the edema is getting better or worse to avoid fluid overload and further complications (Phelps, 2022).	swelling and what could possibly happen. The nurses reassured her that it does happen after giving birth and begins to go away within a week or so. The patient was instructed to see her provider if the swelling does not subside after a week or worsens.
3. At risk for deficient knowledge related to childcare as evidenced by ineffective infant eating dynamics (Phelps, 2022).	The parents were having a challenging time feeding the infant.	**1.** During scheduled feeding times asses the infant's sucking pattern (Phelps, 2022). **Rationale** Make sure she's breathing, sucking, and swallowing properly to ensure feed (Phelps, 2022). **2.** Educate parents on positioning the infant properly in either a cradle holds or clutch position (Phelps, 2022). **Rationale** This allows the infant to suckle sufficiently and minimize spitting up (Phelps, 2022).	The parents looked relieved when the nurse showed them a better position for the infant because she stopped crying and started eating. The parents must continue practicing positioning, observe infant cues when she is not eating correctly, and make necessary adjustments.
4. At risk for disorganized infant behavior related to environmental overstimulation as evidenced by household of 10 (Phelps,	The patient is an adolescent mother that resides at home with her large family.	**1.** Educate parents on noticing risk factors that may interfere with the infant's ability to achieve optimal development (Phelps, 2022). **Rationale** An environmental overstimulation may disrupt	Although the parents were concerned about how life at home would go, they were hopeful when the social worker discussed possible resources (classes) that could help further educate them on caring

2022).		the infant's sleep/feed schedule or behavior (Phelps, 2022). **2.** Educate parents on the significance of the infant maturation process and their effect on it (Phelps, 2022). **Rationale** The parents do not seem fully confident on how the transition from discharge is going to go (Phelps, 2022).	for their infant.

Other References (APA)

Phelps, L. (2022*). Nursing diagnosis reference manual* (12th ed.). Wolters Kluwer