

**N432 Postpartum Care Plan**

Maggie Casey

Lakeview College of Nursing

N432: Maternal-Newborn Care

Professor Kamradt

03/26/2024

### Demographics (3 points)

<b>Date &amp; Time of Admission</b> 03/18/2024	<b>Patient Initials</b> H.K.	<b>Age</b> 32	<b>Gender</b> Female
<b>Race/Ethnicity</b> White	<b>Occupation</b> Accounting Assistant	<b>Marital Status</b> Married	<b>Allergies</b> Penicillins, Hcl, fluoxetine, cefaclor
<b>Code Status</b> Full Code	<b>Height</b> 5'5" 165.1 cm	<b>Weight</b> 82.6 kg 182 lbs.	<b>Father of Baby Involved</b> Yes

### Medical History (5 Points)

**Prenatal History: G1P0T1A0L1**

**Past Medical History: Anxiety, chronic fatigue, depression, EDS (Ehlers-Danlos Syndrome), fibromyalgia, hyperthyroidism, scoliosis, varicose veins of both lower extremities.**

**Past Surgical History: spinal fusion lumbar (2010)**

**Family History: Heart – father, Hypertension – father, Lipids – father, Psychiatric conditions – father, Arthritis – father, Heart – mother, Hypertension – mother, Lipids – mother, Osteoporosis – mother, Migraine/ Headaches - mother**

**Social History (tobacco/alcohol/drugs): Former cigarette smoking 0.25 packs/day for 5 years, quit in 2021, former vaping for one month, no drug or alcohol use.**

**Living Situation: Lives in house with husband, two dogs, and one cat.**

**Education Level: Associates degree**

### Admission Assessment

**Chief Complaint (2 points):(per professor Kamradt); Primary cesarian section due to Ehlers-Danlos syndrome because of physician recommendation.**

**Presentation to Labor & Delivery (10 points):** The patient is a married 32-year-old, 39 weeks and four days pregnant. The patient is G1P0T1A0L1. Due to patient request and physician recommended the patient has come for a scheduled cesarean section because of Ehlers-Danlos Syndrome. The patient expressed she has chronic pain in her hips due to Ehlers-Danlos Syndrome. The cesarean section was performed in caution of not causing damage or further pain to the connective tissue.

### Diagnosis

**Primary Diagnosis on Admission (2 points):** gestation of 39w4d

**Secondary Diagnosis (if applicable):** Ehlers-Danlos Syndrome

### 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	(3.80 – 5.30 10 <sup>6</sup> /uL)	3.67 10 <sup>6</sup> /uL	3.45 10 <sup>6</sup> /uL	N/a	Her RBCs may be low due to inadequate iron intake or folate deficiency (Ricci et al., 2021).
Hgb	(11.7 – 16.0 g/dL)	11.6 g/dL	10.0 g/dL	N/a	Her hemoglobin may be low due to anemia or hemodilution (Ricci et al., 2021).
Hct	(34.0 – 47.0 %)	34.3	31.3	N/a	Her hematocrit may be low due to anemia or hemodilution (Ricci et al., 2021).

Platelets	(150 - 400 10 <sup>3</sup> / uL)	287 10 <sup>3</sup> / uL	273 10 <sup>3</sup> / uL	N/a	
WBC	4.50 – 11.00 10 <sup>3</sup> / uL)	9.50 10 <sup>3</sup> / uL	8.32 10 <sup>3</sup> / uL	N/a	
Neutrophils	1.80 – 7.70 10 <sup>3</sup> / uL	6.62 10 <sup>3</sup> / uL	4.76 10 <sup>3</sup> / uL	N/a	
Lymphocytes	14 – 50%	23.9%	32.2%	N/a	
Monocytes	1-13%	4.9%	7.6%	N/a	
Eosinophils	0-6%	0.9%	1.8%	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	A+, A-, B+, B-, O+, O-, AB+, AB-	A-	N/a (Would be A-)	N/a (Would be A-)	
Rh Factor	Positive or Negative	Negative	Negative	N/a	
Serology (RPR/VDRL)	RPR- nonreactive VDRL - nonreactive	nonreactive	N/a	N/a	
Rubella Titer	<0.90 not immune, 0.9-0.99 equivocal, >1.00 immune	1.33 index (immune)	N/a	N/a	
HIV	nonreactive	nonreactive	nonreactive	N/a	
HbSAG	nonreactive	nonreactive	N/a	N/a	
Group Beta Strep Swab	negative	negative	N/a	N/a	
Glucose at	<140 mg/dL	96	N/a	N/a	

28 Weeks					
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
HPV	negative	positive	N/a	N/a	The client's results are positive due to HPV being present in client's body (Ricci et al., 2021).
Calcium	8.9 – 10.6 mg/dL	8.4 mg/dL	N/a	N/a	The client's calcium levels may be low due to hemodilution (Kant et al., 2019).
BUN	7-19 mg/dL	5 mg/dL	N/a	N/a	BUN may be decreased due to insufficient protein or liver damage. It is not uncommon for BUN to be lowered during pregnancy (Healthwise Staff, 2022).
Total Protein	6.0 – 8.0 g/dL	5.9 g/dL	N/a	N/a	Total protein may be decreased due to insufficient protein or liver damage. It is not uncommon for BUN to be lowered during pregnancy (NHS, 2022).
Albumin	3.5 – 5.0 g/dL	2.5 g/dL	N/a	N/a	Albumin could be decreased due to Chron's disease (Ricci et al., 2021), or hemodilution (Yagur et al., 2022).

**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	N/a	N/a	N/a	N/a

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

Healthwise Staff. (202). *Blood Urea Nitrogen (BUN) Test*.

HealthLinkBC. <https://www.healthlinkbc.ca/tests-treatments-medications/medical-tests/blood-ureanitrogen#:~:text=A%20low%20BUN%20value%20may,their%20bodies%20break%20down%20protein>

Kant, S., Haldar, P., Gupta, A., & Lohiya, A. (2019, December). *Serum calcium level among pregnant women and its association with pre-eclampsia and delivery outcomes: A cross-sectional study from North India*. National Library of

Medicine. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6964799/#:~:text=Serum%20calcium%20level%20decreases%20during,death%20%5B5%2C6%5D>

NHS. (2022). *Total protein test*. [https://www.nhs.uk/conditions/total-protein-](https://www.nhs.uk/conditions/total-protein-test/#:~:text=If%20your%20total%20protein%20level,causes%20protein%20to%20accumulate%20abnormally)

[test/#:~:text=If%20your%20total%20protein%20level,causes%20protein%20to%20accumulate%20abnormally](https://www.nhs.uk/conditions/total-protein-test/#:~:text=If%20your%20total%20protein%20level,causes%20protein%20to%20accumulate%20abnormally)

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

Yagur, Y., Ribak, R., Ezry, E. B., Cohen, I., Madar, L. O., Kovo, M., & Biron-Shental, T. (2022, December 6). *Do maternal albumin levels affect post-operative complications after*

cesarean delivery? BMC. <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-022052158#:~:text=During%20pregnancy%2C%20plasma%20volume%20increases,more%20accentuated%20with%20advanced%20gestation>

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

	Your Assessment
<b>History of labor:</b>  <b>Length of labor</b>  <b>Induced /spontaneous</b>  <b>Time in each stage</b>	<b>Length of labor: 2 minutes</b>  <b>Induced/Spontaneous: Scheduled C-section</b>  <b>Time in each stage: The mother has had a scheduled cesarian section. Stage 2, birth, lasted 2 minutes.</b>  <b>Otherwise, the mother did not labor.</b>  <b>Current stage of labor: Postpartum</b>
<b>Current stage of labor</b>	<b>The mother is past the stages of labor. The mother is currently having physical discomfort with edema and her incision site. The mother also reports feeling emotional.</b>

### Stage of Labor References (2) (APA):

The first stage of labor typically begins with contraction and ends with full dilation. The first stage is the longest stage. This mother was admitted for a scheduled cesarean section due to Ehlers-Danlos syndrome. No documentation was completed for this mother within this labor

stage. No time was documented in this stage of labor. Cervical effacement will usually occur in this stage. Contractions usually occurs every five to ten minutes and last thirty to forty-five seconds in the latent phase of labor. In the active phase of labor within the first stage of labor, cervical dilation will be from four to seven centimeters. In the transition phase of labor, the patient will be eight to ten centimeters dilated (Ricci et al., 2021). The second stage of labor is stated to be from full dilation, which is ten centimeters, to birth of the baby. This mother's caesarean section delivery lasted two minutes according to the chart. Uterine contractions in this stage would occur every one to two minutes. The third stage of labor includes delivery of the baby to delivery of the placenta (Ricci et al., 2021). Documentation for this stage of labor in this mother's chart is not available. No time for this stage of labor is documented. The fourth stage of labor is the restorative stage and lasts from one to four hours after birth when the mother should begin to stabilize (Ricci et al., 2021). During the fourth stage of labor the mother reports nine out of ten pain on the numeric pain rating scale at her incision site. The mother is in her room in postpartum unit at Carle Foundation Hospital. This mother has experienced a postpartum hemorrhage of 1350 mL and has received 1400 mL of fluids. The mother has not experienced infection as of the time of assessment. The patient is not febrile and has no itching, redness, or bleeding at her incision site. The mood disorder the mother is experiencing baby blues as evidenced by high emotions, mood swings, anxiety, and tearfulness. The client is three days postpartum. She is on course for a full recovery due to her normal vital signs, lack of infection, a properly healing incision site, she is ambulating short distances, urinating, experiencing flatulence, and is focusing her attention on her newborn baby as well as her family's plans following discharge.

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 different medications must be completed\***

**Home Medications (2 required)**

<b>Brand/Generic</b>	<b>Aspirin acetylsalicylic acid</b>	<b>Prenatal Multi- vitamin/Azesco</b>
<b>Dose</b>	<b>650 mg</b>	<b>200 mg</b>
<b>Frequency</b>	<b>PRN</b>	<b>Once per day</b>
<b>Route</b>	<b>Oral</b>	<b>Oral</b>
<b>Classification</b>	<b>NSAID</b>	<b>Multivitamin</b>
<b>Mechanism of Action</b>	<b>“To relieve mild pain or fever” (NDH, 2023, p 105).</b>	<b>Supplies pregnant mothers/babies with vitamins and minerals to promote the health of the fetus.</b>
<b>Reason Client Taking</b>	<b>To relieve pain</b>	<b>To assist her baby in getting the vitamins and minerals essential for diet needs and overall health.</b>
<b>Contraindications (2)</b>	<b>Bleeding disorders, current or recent GI disorders (NDH, 2023).</b>	<b>Cirrhosis of the liver, hemolytic anemia (Multum, 2023).</b>
<b>Side Effects/Adverse Reactions (2)</b>	<b>GI Bleed, prolonged bleeding. (NDH, 2023).</b>	<b>Constipation, headache (Multum, 2023).</b>
<b>Nursing Considerations (2)</b>	<b>“Advice patient to take aspirin with food or after meals</b>	<b>Advice the patient to “avoid the</b>

	<p>because it may cause GI upset if taken on an empty stomach” (NDH, 2023, 107).</p>	<p>regular use of potassium supplements or salt substitutes if your prenatal multivitamins contains potassium” (Multum, 2023). Monitor the patient for stomach pain and/or vomiting and instruct them to contact the provider if these side effects occur (Multum, 2023).</p>
<p><b>Key Nursing Assessment(s)/Lab(s) Prior to Administration</b></p>	<p>“Monitor salicylate levels in patients receiving long-term therapy” (NDH, 2023, p 107) Ensure the patient is not display flu-like symptoms and hold medication if so. This is due to the risk of Reyes syndrome (NDH, 2023).</p>	<p>Ensure the patient understands the proper dose to take (Multum, 2023).</p>
<p><b>Client Teaching needs (2)</b></p>	<p>Educate the patient that taking aspirin may alleviate any discomfort she experiences with her varicose veins. Educate the patient that (HealthinAging.org , 2023). Educate the patient</p>	<p>Educate the patient on why prenatal vitamins are promoted for use during pregnancy. Educate the patient that it is possible to overdose on</p>

	to avoid consuming alcohol while taking aspirin to reduce the risk of developing ulcers (NDH, 2023).	prenatal vitamins (Multum, 2023).
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### Hospital Medications (5 required)

<b>Brand/ Generic</b>	<b>Acetaminophen/Tylenol</b>	<b>Lorazepam/Ativan</b>	<b>Ibuprofen/Advil</b>	<b>Carboprost tromethamine/Hemabate</b>	<b>Hydrocodone-acetaminophen/Norco</b>
<b>Dose</b>	<b>1000 mg</b>	<b>0.5 mg</b>	<b>600 mg</b>	<b>250 mcg</b>	<b>5-325 mg</b>
<b>Frequency</b>	<b>Every 6 hours</b>	<b>Every 4 hours prn</b>	<b>Every 6 hours</b>	<b>PRN</b>	<b>Every 4 hours prn</b>
<b>Route</b>	<b>oral</b>	<b>intravenous</b>	<b>oral</b>	<b>Intramuscular</b>	<b>oral</b>
<b>Classification</b>	<b>Analgesic/antipyretics, non-salicylate (NDH, 2023).</b>	<b>Anti-anxiety - benzodiazepines</b>	<b>NSAIDS, Cyclooxygenase inhibitor</b>	<b>Oxytocic</b>	<b>Opioid analgesics and non-salicylate analgesics</b>
<b>Mechanism of Action</b>	<b>Relieves mild pain or fever (NDH, 2023).</b>	<b>Treats anxiety (NDH, 2023).</b>	<b>To relieve pain or reduce fever (NDH, 2023).</b>	<b>Stimulates uterine contractions (Multum, 2023).</b>	<b>To relieve pain (Drugs.com, 2023).</b>
<b>Reason Client Taking</b>	<b>Pain management</b>	<b>To treat anxiety</b>	<b>Pain management</b>	<b>Management of Postpartum hemorrhage</b>	<b>Pain management (Drugs.com, 2023).</b>

<b>Contraindications (2)</b>	<b>Hepatic impairment, severe liver disease (NDH, 2023).</b>	<b>Acute angle-closure glaucoma, Respiratory insufficiency (NDH, 2023).</b>	<b>Angioedema, Asthma (NDH, 2023).</b>	<b>Acute pelvic inflammatory disease, kidney disease (Multum, 2023).</b>	<b>Asthma, a blockage in your stomach (Drugs.com, 2023).</b>
<b>Side Effects/Adverse Reactions (2)</b>	<b>Hypotension, Abdominal pain (NDH, 2023).</b>	<b>Seizures, suicidal ideation (NDH, 2023).</b>	<b>Aseptic meningitis, CVA (NDH, 2023).</b>	<b>Severe pelvic pain, high fever (Multum, 2023).</b>	<b>Shallow breathing, bruising easily (Drugs.com, 2023).</b>
<b>Nursing Considerations (2)</b>	<b>Use cautiously in patients with hepatic impairment or disease (NDH, 2023). Use cautiously in patients with alcoholism (NDH, 2023).</b>	<b>Use drug cautiously in patient with encephalopathy or hepatic insufficiency because drug may worsen hepatic encephalopathy (NDH, 2023).</b>	<b>Avoid using this medication in patient who have had a recent myocardial infarction due to risk of reinfarction (NDH, 2023). Use in caution in patients who have a history of ulcers and GI bleeds due to the increased risk for GI bleeds and</b>	<b>Ensure the patient does not have pelvic inflammatory disease if prescribed carboprost tromethamine (Multum, 2023). Ensure the correct site for injection is being utilized (Multum, 2023).</b>	<b>Ensure the proper and safe dosage is to be administered (Drugs.com, 2023).  Use caution in patients with respiratory disorders because hydrocodone - acetaminophen may depress breathing (Drugs.com, 2023).</b>

			ulcers (NDH, 2023).		
<b>Key Nursing Assessment(s)/Lab(s) Prior to Administration</b>	<b>Calculate total intake of acetaminophen or products containing acetaminophen daily to avoid going over the safe daily limit (NDH, 2023).</b>	<b>“Before starting lorazepam therapy in a patient with depression, make sure he already takes antidepressant, because of increased risk of suicide in patients with untreated depression” (NDH, 2023).</b>	<b>Assess the patient’s hemoglobin and hematocrit prior to administration due to the increased risk for anemia associated with ibuprofen (NDH, 2023).</b>	<b>Ensure the correct dose will be given prior to administration (Multum, 2023).</b>	<b>Ensure the correct dose will be given prior to administration (Drugs.com, 2023).</b>
<b>Client Teaching needs (2)</b>	<b>Educate the patient that if the tablets they use are the extended-release forms they should not crush or split them (NDH, 2023).</b>  <b>Caution the patient to not exceed recommended daily dosage or take other drugs</b>	<b>“Instruct patient to avoid alcohol while taking lorazepam because it increases drug’s CNS depressant effects and can cause severe respiratory depression</b>	<b>“Instruct the patient to take tablets with a full glass of water, and caution him not to lie down for 15 to 30 minutes, to prevent esophageal</b>	<b>Ensure the client understands the reason for receiving carboprost tromethamine.</b>  <b>Ensure the client understands</b>	<b>Instruct the client to not consume alcohol while taking Norco (Drugs.com, 2023).</b>  <b>Ensure the client understands they may consent or refuse the use of this medication.</b>

	containing acetaminophen at the same time because of the risk of liver damage” (NDH, 2023).	n which may lead to death” (NDH, 2023).  “Instruct patient to report excessive drowsiness and nausea” (NDH, 2023, p 812).	changes” (NDH, 2023, p 678).  “Advise patient to take drug with food or after meals to reduce GI distress” (NDH, 2023, p 678).	they have the right to refuse this medication.	
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### Medications Reference (1) (APA):

HealthinAging.org. (2023, January). *Varicose Veins And Other Vein*

*Disorders*. [https://www.healthinaging.org/a-z-topic/varicose-veins-and-other-vein-disorders/care-treatment#:~:text=Medications,\(mg\)%20aspirin%20once%20a%20day](https://www.healthinaging.org/a-z-topic/varicose-veins-and-other-vein-disorders/care-treatment#:~:text=Medications,(mg)%20aspirin%20once%20a%20day)

Multum, C. (2023). *Prenatal multivitamins uses, side effects & warnings*.

Drugs.com. <https://www.drugs.com/mtm/prenatal-multivitamins.html>

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

## Assessment

### Physical Exam (18 points)

<b>GENERAL (1 point): A&amp;O x4</b> Alertness: Alert Orientation: Oriented Distress: Not distressed Overall appearance: Normal for situation, well groomed.	
<b>INTEGUMENTARY (1 points):</b> Skin color: Normal for ethnicity, white	

<p>Character: Dry and intact  Temperature: Warm  Turgor: 2+  Rashes: None noted  Bruises: none noted  Wounds/Incision: <b>Low transverse incision</b>  Braden Score:  Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  Type:</p>	
<p>HEENT (1 point):  Head/Neck: Head and neck and symmetrical  Ears: Auricles are pink, moist, no lesions noted.  Eyes: Corneas are clear, sclera is white, conjunctiva is pink, EOMS intact, no drainage noted.  Nose: Septum is midline, no drainage noted.  Teeth: Good dentition.</p>	
<p>CARDIOVASCULAR (2 point):  Heart sounds: S1 and S2 present with no gallops, murmurs, or rubs. S1, S2, S3, S4, murmur etc.  Cardiac rhythm (if applicable):  Peripheral Pulses: 2+ bilaterally  Capillary refill: <b>&gt;3 seconds</b>  Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  Edema <b>Y</b> <input checked="" type="checkbox"/> 3+ bilaterally N <input type="checkbox"/>  Location of Edema: Bilateral feet</p>	
<p>RESPIRATORY (1 points):  Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  Breath Sounds: Location, character  Posterior and anterior breath sounds clear bilaterally, no wheezes, crackles, or rhonchi noted.</p>	
<p>GASTROINTESTINAL (2 points):  Diet at Home: General  Current Diet: General  Height: 5'5"  Weight: 182 lbs.  Auscultation Bowel sounds: Bowel sounds active in all four quadrants</p>	

<p>Last BM: 03/20/2024  Palpation: Pain, Mass etc.: No pain or mass noted  Inspection: No lesions noted  Distention: No distention noted  Incisions: <b>Low transverse incision noted</b>  Scars: <b>Low transverse incision beginning to scar</b>  Drains: No drains present  Wounds: <b>Low transverse incision noted</b>  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><b>GENITOURINARY (2 Points):</b>  Quantity of urine: 125 mL  Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  Inspection of genitals: Not preformed  Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  Type:  Size:</p>	
<p><b>MUSCULOSKELETAL (1 points):</b>  ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  Fall Score: 25; low risk  Activity/Mobility Status: Weak Independent (up ad lib) <input checked="" type="checkbox"/>  Needs assistance with equipment <input checked="" type="checkbox"/>  Needs support to stand and walk <input type="checkbox"/></p>	<p>The patient is able to slowly move a short distance, to the bathroom and back. If the patient moves further than this distance, she requires a wheelchair.</p>
<p><b>NEUROLOGICAL (2 points):</b>  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: A&amp;O x4  Mental Status: Alert and oriented, anxious.  Speech: Clear, talkative  Sensory: No noted deficit  LOC: Alert  DTRs: Present</p>	<p>.</p>

<p><b>PSYCHOSOCIAL/CULTURAL (2 points):</b>  <b>Coping method(s): Medication</b>  <b>Developmental level: Formal operational stage</b>  <b>Religion &amp; what it means to pt.: Christian, important to both parents.</b>  <b>Personal/Family Data (Think about home environment, family structure, and available family support): Patient claims to be close with her family and states she has support and help at home due to the family. Patient lives in house with husband, two dogs, and one cat.</b></p>	
<p><b>Reproductive: (2 points)</b>  <b>Fundal Height &amp; Position: -2</b>  <b>Bleeding amount: Scant</b>  <b>Lochia Color: Serosa</b>  <b>Character: WDL</b>  <b>Episiotomy/Lacerations: Low transverse incision noted.</b></p>	
<p><b>DELIVERY INFO: (1 point)</b>  <b>Rupture of Membranes: AROM</b>  <b>Time: 10:28</b>  <b>Color: clear, no meconium</b>  <b>Amount: normal</b>  <b>Odor: No foul odor</b>  <b>Delivery Date: 03/18/2024</b>  <b>Time: 10:30 a.m.</b>  <b>Type (vaginal/cesarean): Cesarean</b>  <b>Quantitative Blood Loss: 1350 mL</b>  <b>Male or Female: Baby is male</b>  <b>Apgars: 1 minute – 8, 5 minutes - 9</b>  <b>Weight: 7.5 lbs.</b>  <b>Feeding Method: Breast milk</b></p>	

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	N/a	126/82	N/a	N/a	N/a
Labor/Delivery	81	134/84	16	98.6 F oral	98
Postpartum	79	132/82	16	98.2 F oral	99

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**Vital Sign Trends:** The patients’ pulse rate has lowered. The patients’ BP has been stable without significant changes. The patients’ respiratory rate has remained the same. The patients’ temperature has decreased slightly. The patients’ oxygen level has improved slightly. The patient’s vital signs indicate a stable condition.

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

<b>Time</b>	<b>Scale</b>	<b>Location</b>	<b>Severity</b>	<b>Characteristics</b>	<b>Interventions</b>
<b>10:00 a.m.</b>	<b>0-10 numeric pain rating scale</b>	<b>Incision site</b>	<b>4/10</b>	<b>Pulling/cramping</b>	<b>Hot packs and pain medication</b>
<b>12:00 a.m.</b>	<b>0-10 numeric pain rating scale</b>	<b>Incision site</b>	<b>4/10</b>	<b>Pulling/cramping</b>	<b>Hot packs and pain medication</b>

**IV Assessment (2 Points)**

<b>IV Assessment</b>	<b>Fluid Type/Rate or Saline Lock</b>
<b>Size of IV: N/a</b> <b>Location of IV: N/a</b> <b>Date on IV: N/a</b> <b>Patency of IV: N/a</b> <b>Signs of erythema, drainage, etc.: N/a</b> <b>IV dressing assessment: N/a</b>	No Iv

### Intake and Output (2 points)

Intake	Output (in mL)
1400 mL IV fluids, oral intake not accounted for.	125 mL urine

### 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.
0.5 mg of Ativan was given intravenously M  <b>Provider ordered; Nurse administered</b>	Once	The patient had an anxiety attack and expressed that she takes Ativan in an 'emergency' situation such as this to calm down.
Ibuprofen was given orally M  <b>Provider ordered; Nurse administered</b>	Every 6 hours	Ibuprofen was given to control the patient's pain. The patient reports incision pain and cramping.
Edema was assessed N	Every 8 hours	Edema was monitored to ensure it was not worsening. The nurse explained that she was not concerned as she sees edema in the feet of many postpartum patients, and it usually subsides on its own given time.
Hot packs were made available to the patient as well as education on how to use them.	As needed	The patient was educated on hot packs for safe and effective usage of them. The patient was given hot packs for pain management due to her incision site.

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

What phase is the mother in? Taking hold phase

What evidence supports this? This stage begins on day 2 or 3 and lasts 10 days to several weeks. In this stage, the nurse should focus on baby care and improving the parent's caregiving competency which includes providing education. In this stage, the mother often begins to take hold of the baby's care and grow her confidence in her caregiving abilities. The mother is three days post-op, emotional, in mild pain, and is beginning to take charge of her baby's care.

### Discharge Planning (3 points)

Discharge location: Home, her house which she shares with her husband, two dogs and a cat.

Equipment needs (if applicable): Wheelchair for transport.

Follow up plan (include plan for mother AND newborn): The mother will accompany her baby to the 2-week-old checkup appointment.

Education needs: The mother needs education on breastfeeding, swaddling, and 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

Nursing Diagnosis (2 pt each)	Rational (1 pt each)	Intervention/Rational (2 per dx) (1 pt each)	Evaluation (2 pt each) How did
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<p>Identify problems that are specific to this patient. Include full nursing diagnosis with “related to” and “as evidenced by” components</p>	<p>Explain why the nursing diagnosis was chosen</p>	<p>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>the patient/family respond to the nurse’s actions?</p> <ul style="list-style-type: none"> <li>Client response, status of goals and outcomes, modifications to plan.</li> </ul>
<p>1. Deficient knowledge of breastfeeding related to first pregnancy as evidence by G1P0.</p>	<p><b>New mothers should receive education on breastfeeding because they have never performed this act. Proper breastfeeding allows for proper nutrition for the baby as well as avoidance of some nipple pains that result from improper breastfeeding technique.</b></p>	<p><b>1. Educate the mother on breastfeeding techniques.</b>  <b>Rationale: The nurse should educate the mother on several breastfeeding education topics such as how to position the baby. The mother should know how to breastfeed her infant for proper nutrition (Ricci et al., 2021).</b></p> <p><b>2. Assist the mother with breastfeeding.</b>  <b>Rationale: Assisting the mother in breastfeeding enhances the mother’s knowledge. Showing the mother how to breastfeed is effective in boosting her confidence to succeed in this task alone (Ricci et al., 2021).</b></p>	<p><b>The patient and husband were fully engaged in the conversation educating them about breastfeeding. They responded positively by thanking me for the information. The education goal has been met. We were unable to assist the mother with breastfeeding due to her baby being outside of the patient room. Therefore, that goal has not been met but is anticipated to be met. No modifications to the plan need to be made.</b></p>
<p>2. Inadequate education related to pain</p>	<p><b>This patient has reported using pain</b></p>	<p><b>1. Educate the patient on alternative pain management</b></p>	<p><b>The patient received the education well.</b></p>

<p>management as evidenced by frequent use of medications.</p>	<p><b>medication frequently. The frequent use of medications can lead to harmful effects. For example, overuse can manifest stomach ulcers, GI bleeds, and liver damage. Developing a tolerance to frequently used medications can also occur. Using medication to treat pain is not always the best solution and therefore the patient should be educated on other pain management methods.</b></p>	<p><b>strategies. Rationale: Educating the patient on alternative pain medication strategies may aid her in choosing management techniques other than medications which when used too frequently can damage (Mayo Clinic Staff, 2023).</b></p> <p><b>2. Provide the patient with alternative pain management such as heat compress.</b></p> <p><b>Rationale: Providing the patient with a heat compress effectively manages the patient's pain, as she reports that it helps. This further solidifies educating the patient on effective ways to avoid medication usage (Jira et al., 2020).</b></p>	<p><b>She expressed understanding that she utilizes pain medications frequently. The client has also been using heat compresses and state they help manage the pain. No modifications to the goals are necessary. The goals have been met.</b></p>
<p><b>3. At risk for bleeding related to postpartum hemorrhage as evidence by above 1000 mL of blood loss.</b></p>	<p><b>The patient experienced a post-partum hemorrhage of 1350 mL. Experiencing a post-partum hemorrhage places the patient at risk for bleeding. Furthermore,</b></p>	<p><b>1. Monitor the patient's heart rate to detect hemorrhage early (Ricci et al., 2021). Rationale: An increasing heart rate is an early sign of postpartum hemorrhage. Monitoring for this is advantageous in preventing a sharp</b></p>	<p><b>The patient and husband appeared appreciative for the care. They responded positively by thanking me for the checking on them. The goal has been met. Frequently monitoring the</b></p>

	<p>when a patient experiences a postpartum hemorrhage with a delivery, they are more likely to experience postpartum hemorrhaging in a future delivery (March Of Dimes, 2020).</p>	<p>decline in the patient by losing blood rapidly. Early detection improves patient outcomes (Ricci et al., 2021).</p> <p>2. Assess amount of bleeding frequently to ensure that the discharge is still within normal limits. Rationale: If the amount of blood expelled is concerning, the nurse would be alerted of a postpartum hemorrhage. Frequently monitoring the patient is imperative in detecting bleeding early (McLintock, 2020).</p>	<p>mother's bleeding was completed. The patient and husband appeared appreciative for the care. No modifications to the plan need to be made.</p>
<p>4. Anxiety related to postpartum as evidence by inadequate coping strategies</p>	<p>Postpartum can be anxiety educating. The mother agreed that she is in need of coping strategies. Mental wellness in a new mom will positively impact the entire family (Ricci et al., 2021).</p>	<p>1. Aid the mother in identifying coping strategies that she feels comfortable utilizing. Rationale: Mental health for a new mother should be a priority. Effective coping strategies will offer the mother and by extension, the family, improved overall well-being (Ricci et al., 2021).</p> <p>2. Accept help from trusted family members. Rationale: Accepting help from people you trust can offer relaxation for a new</p>	<p>The patient was successful in developing coping strategies. She expresses that she believes going for a walk will help her with anxiety. The father of the baby was supportive. The goal was successful. No modifications are necessary. The patient plans to accept help from family members to relieve stress and anxiety. The husband is supportive of this. The goal has been</p>

		<p><b>mother. This time may be used to improve the relationship between her husband and herself and allow for time to decompress which can aid anxiety (Ricci et al., 2021).</b></p>	<p><b>met. No modifications are necessary.</b></p>
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### Other References (APA)

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Lecturio Nursing. (2023, June 28). *Postpartum hemorrhage: Nursing Interventions*. <https://www.lecturio.com/nursing/free-cheat-sheet/postpartum-hemorrhage-nursing-interventions/>

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McLintock, C. (2020, December 4). *Prevention and treatment of postpartum hemorrhage: Focus on hematological aspects of management*. PubMed Central (PMC). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7727513/>

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