N432 Postpartum Care Plan

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Lakeview College of Nursing

N432: Maternal-Newborn Care

Professor Kamradt

4/2/2024

Demographics (3 points)

| Date & Time of Admission

3/15/2024
1556 | Patient Initials

IS | Age

28 years old | Gender

Female |
|---|---|---|---|
| Race/Ethnicity

African American | Occupation

Unemployed | Marital Status

Not married but has a life partner | Allergies

N/A |
| Code Status

Full | Height

170.2 cm
5'7" | Weight

84.7 kg
186 lbs | Father of Baby Involved

Yes |

Medical History (5 Points)

Prenatal History: G2T2P0A0L2; Baby boy born on 4/8/22 from a cesarean birth due to cardiac anomaly, complicated pregnancy by fetal congenital heart disease, infant with previous GBS, postpartum hemorrhage

Past Medical History: Type II diabetes and mood disorder

Past Surgical History: Cesarean section on 4/8/22

Family History: Mother= hypertension; maternal grandfather= heart disease; maternal grandmother= dementia

Social History (tobacco/alcohol/drugs): The patient reports she is a former cigarette smoker, but she states she quit on 5/1/2023. The patient denies any drug or alcohol use.

Living Situation: The patient lives at home with her life partner who is the father of her baby.

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Education Level: Not charted in the chart.

Admission Assessment

Chief Complaint (2 points): Uncontrolled Type II Diabetes

Presentation to Labor & Delivery (10 points): G2T2P0A0L2 female 35 weeks and 5 days came to the ED on 3/13/2024 complaining of cramping in her abdomen. The patient was diagnosed with a UTI and was given IV Ancef and was prescribed Keflex and discharged to home. The patient went to the MFM clinic on 3/15/2024. The patient complained of back pain and stated she was taking Tylenol. The patient stated that she did not pick up her prescription for her UTI because she was not having any more symptoms. The patient was suggested by the MFM doctor to go to the ED to get admitted for close monitoring and to rule out DKA, pyelonephritis, and to control her glucose levels.

Diagnosis

Primary Diagnosis on Admission (2 points): Pre-existing Type II Diabetes/ uncontrolled type II diabetes

Secondary Diagnosis (if applicable): N/A

Laboratory Data (15 points)

CBC <mark>Highlight All Abnormal Labs</mark>**—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	3.50-5.20 10^6/uL	5.23 10^6/ uL	4.73 10^6/uL	4.42 10^6/uL	The patient has increased RBC

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	Normal Range	Prenatal Value	Value on Admission	Today's Value	Reason for Abnormal
					possibly due to the pregnancy and the extra O2 that is needed to be carried to the baby (Martin, 2023).
Hgb	11.00-16.0 g/dL	15.2 g/dL	13.8 g/dL	12.7 g/dL	N/A
Hct	34.0-47.0%	42.3%	39.7%	36.0%	N/A
Platelets	140-400 10^3/uL	157 10^3/uL	<mark>128 10^3/uL</mark>	<mark>113 10^3/uL</mark>	The patient has a decrease in platelet count possible due to the patient having a previous postpartum hemorrhage from her last pregnancy (Martin, 2023).
WBC	4.00-11.00 10^3/uL	6.55 10^3/uL	<mark>3.94 10^3/uL</mark>	6.79 10^3/uL	The patient has decreased WBC possibly due to an infection or inadequate nutrition (Martin, 2023).
Neutrophils	1.60-7.70 10^3/uL	4.44 10^3/uL	1.96 10^3/uL	4.69 10^3/uL	N/A
Lymphocytes	1.00-4.90 10^3/uL	1.37 10^3/uL	1.23 10^3/uL	1.22 10^3/uL	N/A
Monocytes	0.00-1.10 10^3/uL	0.67 10^3/uL	0.68 10^3/uL	0.82 10^3/uL	N/A
Eosinophils	0.00-0.50 10^3/uL	0.03 10^3/uL	0.03 10^3/uL	0.02 10^3/uL	N/A
Bands		72.8%	69.0%	49.6%	N/A

Other Tests <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
Blood Type	A-, A+, B-, B+, AB-, AB+, O-, and O+	B	B	B	N/A
Rh Factor	Positive	Positive	Positive	Positive	N/A

	or Negative				
Serology (RPR/VDRL)	Non-reactive	Non-reactive	Non-reactive	Non-reactive	
Rubella Titer	<10.00 iu/mL	<mark>47.00 Positive</mark>	<mark>Positive</mark>	<mark>Positive</mark>	The mother is positive for the antibodies of rubella, so no vaccine needed (Ricci et al., 2021).
HIV	Negative	Negative	Negative	Negative	N/A
HbSAG	Negative	Negative	Negative	Negative	N/A
Group Beta Strep Swab	Negative	<mark>Positive</mark>	<mark>Positive</mark>	<mark>Positive</mark>	The mother had a previous baby that had GBS, so the mother will always be treated as positive (Ricci et al., 2021).
Glucose at 28 Weeks	60-99 mg/dL	<mark>118 mg/dL</mark>	N/A	N/A	The patient has an increase in glucose levels because the patient is a noncompliant type II diabetic (Martin, 2023).
MSAFP (If Applicable)	N/A	N/A	N/A	N/A	N/A

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
Glucose	60-99 mg/dL	<mark>126 mg/dL</mark>	<mark>231 mg/dL</mark>	96 mg/dL	The patient has increased levels of glucose because the patient is a noncompliant type II diabetic (Martin, 2023).

<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)	0.71-1.65 g/24h	<mark>0.49 g/24h</mark>	N/A	N/A	The patient has a decrease in urine creatinine because the patient is a noncompliant type II diabetic, and it is causing harm to the patient's kidney's (Martin, 2023).

Lab Reference (1) (APA):

Martin, P. (2023). *Complete normal lab values reference guide cheat sheet.* Nurselabs.

   https://nurseslabs.com/normal-lab-values-nclex-nursing/#h-aspartate-aminotransferase-

       ast

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

   Kluwer.

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

	Your Assessment

History of labor:
 	
   Length of labor
 	
   Induced /spontaneous
 	
   Time in each stage
	The patient had a cesarean section, so the patient did not experience all the stages of labor. The patient was induced due to the cesarean section. The patient experienced the third stage of labor for one minute.

Current stage of labor	The patient had a cesarean section and was induced due to the patient having poorly controlled type II diabetes.

When a pregnant mother who does not properly control her diabetes puts her child at risk for birth defects and other health issues for the baby ("Diabetes," 2022). It also causes complications for the mother ("Diabetes," 2022). The patient did not experience all the stages of labor due to her having a scheduled cesarean section. The patient was currently in the fourth stage of labor. Even though the patient did not experience all the stages, the first stage usually lasts anywhere from 14 to 20 hours long, making the first stage the longest stage (Ricci et al., 2021). The second stage lasts 2 to 3 hours (Ricci et al., 2021). The third stage lasts anywhere between 5 to 30 minutes (Ricci et al., 2021). The fourth stage lasts 1 to 4 hours (Ricci et al., 2021). The fourth stage of labor consists of the complete delivery of the placenta and the membranes as well as the adjustment and stabilization of the mother (Ricci et al., 2021). The fourth stage also initiates the postpartum period (Ricci et al., 2021). I started to care for the mother during this time. In this stage the normal findings are that the mother is excited, wide awake, and super talkative (Ricci et al., 2021). The mother is super cuddly and excited to breastfeed (Ricci et al., 2021). The nurse should expect to find the mother's uterus to be firm and contracting (Ricci

	et al., 2021). The patient was super talkative with the nurse and I, as well as super initiative to her baby. The nurse and I did a fundal assessment on the patient and the patient's uterus was firm and 1 cm below the umbilicus. Some risk factors that the patient is at risk for during this stage is postpartum hemorrhage, bladder distention, and a DVT (Ricci et al., 2021). The patient had a previous postpartum hemorrhage with her last pregnancy, so this put her at a great risk for hemorrhaging. The nurse and I assessed the patient frequently for any bleeding. The patient's vital signs were all within normal range.

Stage of Labor References (2) (APA):

Diabetes. (2022, July 14). Centers doe Disease Control and Prevention.

https://www.cdc.gov/pregnancy/diabetes.html#:~:text=Poor%20control%20of%20

diabetes%20during,defects%20and%20other%20health%20problems.

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	Metformin (Glucophage)	Sertraline (Zoloft)
Dose	1,000 mg	50 mg
Frequency	2 times daily with meals	Daily

Route	Oral	Oral
Classification	Pharmacologic: Biguanide (NDH, 2023) Therapeutic: Antidiabetic (NDH, 2023)	Pharmacologic: Selective serotonin reuptake inhibitor (SSRI) (NDH, 2023). Therapeutic: Antianxiety, antidepressant, antiobessive-compulsant, antipanic, antiposttraumatic stress, antipremenstrual dysphoric (NDH, 2023).
Mechanism of Action	According to (NDH, 2023), it states, "May promote storage of excess glucose as glycogen in the liver, which reduces glucose production."	According to (NDH, 2023), it states, "Inhibits reuptake of the neurotransmitter serotonin by CNS neurons, thereby increasing the amount of serotonin available in nerve synapses."
Reason Client Taking	Type II diabetes	Depressive disorder
Contraindications (2)	1. Acute/chronic metabolic acidosis (NDH, 2023). 2. Severe renal disease (NDH, 2023).	1. Current use of oral disulfiram (NDH, 2023). 2. Hypersensitivity to any of the medication components (NDH, 2023).
Side Effects/Adverse Reactions (2)	1. Headache (NDH, 2023). 2. Hypoglycemia (NDH, 2023).	1. Abnormal dreams (NDH, 2023). 2. Atrial arrhythmias (NDH, 2023).
Nursing Considerations (2)	1. The nurse should hold the medication if the patient becomes dehydrated (NDH, 2023). 2. The nurse will need to monitor the patient's blood glucose (NDH, 2023).	1. The nurse needs to be aware that the medication is present in the milk during breastfeeding (NDH, 2023). 2. Monitor patient for suicidal ideations (NDH, 2023).
Key Nursing Assessment(s)/Lab(s) Prior to Administration	The nurse will need to monitor the patient closely for symptoms and signs of lactic acidosis and will need to monitor for hypoglycemia (NDH, 2023).	The nurse will need to monitor the patient's liver enzymes, BUN, and creatinine levels while on this medication. The nurse will also need to get a UA on the patient to monitor hyponatremia (NDH, 2023).
Client Teaching	1. Educate the patient to	1. Educate the patient that

needs (2)	take the medication during breakfast (NDH, 2023). 2. Educate the patient to not consume alcohol, because it can increase the risk of hypoglycemia and lactic acidosis (NDH, 2023).	this medication could cause pupil dilation (NDH, 2023). 2. Educate the patient that taking other medications such as NSAIDs while taking this medication will increase the risk for bleeding (NDH, 2023).

Hospital Medications (5 required)

Brand/ Generic	Ibuprofen (Advil)	Sennosides (Docusate)	Insulin Lispro Humalog	Famotidine Pepcid	Hydrocodone acetaminophen (Norco)
Dose	600 mg	8.6-50 mg	1-20 units	10 mg	5-325 mg
Frequency	Every 6 hours	At bedtime	After meals	BID	Every 4 hours PRN
Route	Oral	Oral	Sub Q	Oral	Oral
Classification	Pharmacologic: NSAID (NDH, 2023) Therapeutic: Analgesic, anti-inflammatory, antipyretic (NDH, 2023)	Pharmacologic: Laxatives (Multum, 2023) Therapeutic: Stool softener ("Docusate," 2024)	Pharmacologic: fast-acting insulin ("Insulin lispro," 2024) Therapeutic: Antidiabetic ("Insulin lispro," 2024)	Pharmacologic: Histamine-2 blocker (NDH, 2023) Therapeutic: Antiulcer agent (NDH, 2023)	Pharmacological: Opioid ("Hydrocodone," 2024) Therapeutic: Schedule II controlled substance ("Norco prescribing information," 2023).
Mechanism of Action	According to (NDH, 2023), it states, "blocks activity of cyclooxygenase, the enzyme	According to ("Docusate," 2024), it states, "increase in intracellular cyclic	According to ("Insulin lispro," 2024), it states, "binds to the insulin receptor (IR), a	According to (NDH, 2023), it states, "reduces HCl formation by binding with H2 receptors	According to ("Hydrocodone," 2024), it states, "binds to the mu opioid receptor (MOR) with the highest

	needed to synthesize prostaglandins, which mediate inflammatory response and cause local pain, swelling, and vasodilation."	AMP either directly through docusate or E series prostaglandins.:	heterotetrametric protein consisting of two extracellular alpha units and two transmembrane beta units."	on the surface of parietal cells."	affinity followed by the delta opioid receptors (DOR)."
Reason Client Taking	For pain	For constipation	Type II Diabetes	Heartburn	Moderate pain (rated 4-6)
Contraindications (2)	1. Congenital heart disease (NDH, 2023) 2. Coagulation defects (NDH, 2023)	1. Usage of mineral oil (Multum, 2023). 2. Stomach pain (Multum, 2023).	3. Kidney disease (Thornton, 2023). 4. Hypokalemia (Thornton, 2023).	5. Hypersensitivity (NDH, 2023). 6. Taking this medication with another medication that contains famotidine (NDH, 2023).	1. Alcohol use ("Hydrocodone combination product," 2024). 2. Taking another opioid medication ("Hydrocodone combination product," 2024).
Side Effects/Adverse Reactions	1. GI Bleeding (NDH	1. Rectal bleeding	1. Hypoglycemia	1. Headache (NDH,	1. Respiratory depression

(2)	, 2023). 2. Seizures (NDH, 2023).	(Multum. 2023). 2. Rash can occur (Multum, 2023).	(Thornton, 2023). 2. Weight gain (Thornton, 2023).	2023). 2. Arrhythmias (NDH, 2023).	("Hydrocodone combination product," 2024). 2. Can cause CNS depression ("Hydrocodone," 2024).
Nursing Considerations (2)	1. Use caution in patients who are at risk for bleeding (NDH, 2023). 2. Assess the patient's skin to look for any rashes that could indica	1. The nurse should measure the liquid medication carefully (Multum, 2023). 2. Monitor the patient for signs of an aller	1. Allergic reactions (Thornton, 2023). 2. The nurse should inject the medication into subcutaneous fat (Thornton, 2023).	1. Be cautious that the medication is present in the breast milk (NDH, 2023). 2. Patients who are using this medication will need to be evalu	1. The nurse needs to be careful when giving this medication to a patient who has a respiratory disorder ("Hydrocodone combination product," 2024). 2. Be cautio

	te hyper sensit ivity (NDH, 2023).	gic reac tion (Mul tum, 202 3).		ated for gastri c malig nancy (NDH, 2023).	us in patien ts who are pregn ant or could be pregn ant, this medic ation could cause life-threat ening withdr awal sympt oms in the baby after the birth ("Hydr ocodo ne combi nation produ ct," 2024).
Key Nursing Assessment (s)/Lab(s) Prior to Administrati on	The nurse will need to monitor the patient's BUN, creatinine, CBC, and liver enzymes (NDH,	The nurse should monitor the patient for any allergic reactions or monitor for rectal bleeding.	The nurse should check the patient's blood sugar before administeri ng the medication. If the	The nurse will need to monitor the patient for a reaction to the medication. Monitor for rash, fever, or chills	The nurse will need to monitor the patient's respiratory rate and the patient's pain levels while on this medication

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	2023).	The nurse should also monitor the patient's bowel movements (How many bowel movements, the type, and consistency) (Multum, 2023).	patient's blood sugar is low the nurse should not administer the medication (Thornton, 2023).	(NDH, 2023).	("Hydrocodone," 2024).
Client Teaching needs (2)	1. Educate the patient to take this medication with a full glass of water (NDH, 2023). 2. Educate the patient to take this medication with	1. Educate the patient that over-the-counter prescriptions such as vitamins or herbal medications can interact with	1. Educate the patient about signs and symptoms of hypoglycemia (Thornton, 2023). 2. Educate the patient about	1. Educate the patient to chew the chewable tablet fully before swallowing (NDH, 2023). 2. Educate the patient to avoid alcohol and smoki	1. Educate the patient that this medication can be taken with or without food ("Hydrocodone," 2024). 2. Educate the patient to not consume alcohol or

	food or after meals to help prevent GI upset (NDH, 2023).	this medication (Multum, 2023). 2. Educate the patient to take as prescribed and not overuse (Multum, 2023).	how to store the medication (Thornton, 2023).	ng while on this medication because it can cause stomach irritation (NDH, 2023).	other opioid drugs while on this medication ("Hydrocodone," 2024).

Medications Reference (1) (APA):

Docusate. (2024, March 31). DRUGBANK Online.

https://go.drugbank.com/drugs/DB11089

Hydrocodone. (2024, March 30). DRUGBANK Online.

https://go.drugbank.com/drugs/DB00956

Hydrocodone combination products. (2024, March 15). Medline Plus.

https://medlineplus.gov/druginfo/meds/a601006.html

Insulin lispro. (2024, March 30). DRUGBANK Online. https://go.drugbank.com/drugs/DB00046

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

Norco prescribing information. (2023, May 31). Drugs.com.

https://www.drugs.com/pro/norco.html#:~:text=NORCO%20contains%20hydrocodone%

2C%20a%20Schedule,see%20DRUG%20ABUSE%20AND%20DEPENDENCE%5D.

Multum, C. (2023, July 28). *Docusate (oral/rectal).* Drugs.com.

https://www.drugs.com/mtm/docusate-oral-rectal.html

Thornton, P. (2023, September 18). *Insulin lispro.* Drugs.com. https://www.drugs.com/insulin-

lispro.html#interactions

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	The patient was alert and oriented x4 to person, time, place, and situation. The patient is in no acute distress and well groomed.
INTEGUMENTARY (1 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds/Incision:** . **Braden Score:** **Drains present:** Y☐ N ☐ **Type:**	The patient's skin was normal for ethnicity. The patient's skin was warm and dry upon palpation. The patient had no rashes, bruises, or lesions upon inspection. The patient's skin turgor was normal. The patient had a wound/incision from her cesarean section on the 3/26/2024. The patient's Braden score was 21. No drains are present.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	The patient's head and neck were symmetrical. The trachea was midline. Carotid pulses were a 2+ bilaterally. The patient's sclera's were white bilaterally, conjunctive was pink and moist bilaterally, and eyelids were pink and moist with no drainage or lesions noted bilaterally. PERRLA was intact bilaterally. The patient's auricles were symmetrical with no lesions, drainage, or lumps present. The patient's septum was midline, turbinates were moist and pink bilaterally with no drainage or

	lesions present. Patient's oral mucosa is pink and moist, the soft palate rises and falls symmetrically, and the hard palate is intact. Uvula is midline. .
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:**	S1 and S2 are present with no gallops, murmurs, or rubs noted. Normal rate and rhythm. The PMI is palpable. The patient's peripheral pulses were a 2+ bilaterally. Capillary refill was 3 seconds or less. No vein distention in the neck. Slight edema was present in the patient's legs and ankles.
RESPIRATORY (1 points): **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	Respirations were symmetrical and non-labored. Normal rate and rhythm. Breath sounds were clear bilaterally with no wheezes, crackles, or rhonchi noted.

GASTROINTESTINAL (2 points):
Diet at Home:
Current Diet:
Height:
Weight:
Auscultation Bowel sounds:
Last BM:
Palpation: Pain, Mass etc.:
Inspection:
   Distention:
   Incisions:
   Scars:
   Drains:
   Wounds:
	The patient's abdomen was soft and nondistended. No masses or organomegaly inspection upon palpation. Bowels sounds are normoactive in all four quadrants bilaterally. The patient's diet at home is a regular diet, she is a non-compliant type II diabetic. Her current diet at the hospital is a diabetic diet. The patient's height is 170.2 cm, and her weight is 84.7 kg. The patient's last bowel movement was 3/27/2024. The patient has a wound/incision from her cesarean section. No scars or drains present.

GENITOURINARY (2 Points):
Quantity of urine:
Pain with urination: Y ☐   N ☐
Inspection of genitals:
Catheter: Y ☐   N ☐
   Type:
   Size:
	The patient's quantity of urine that was recorded was 150mL. The patient reports no pain with urination. There is no catheter present. The patient's urine is yellow with no foul odor.

MUSCULOSKELETAL (1 points): **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:**	The patient has full range of motion in all extremities. The patient needs no assistance with ADLs. The patient is not a fall risk with a score of 3. The patient is up independently with

Independent (up ad lib) ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	no assistance from equipment.
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:**	The patient is alert and oriented x4. PERRLA is intact bilaterally. The patient's hand grips, and pedal pushes are normal and equal bilaterally. The patient's speech is normal.
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	The patient stated she has no coping methods. The patient does not associate with a religion. The patient has a good support system, her mom, and her life partner.
Reproductive: (2 points) **Fundal Height & Position:** **Bleeding amount:** **Lochia Color:** **Character:** **Episiotomy/Lacerations:**	The patient's fundal height was 1cm below the umbilicus. 0mL of bleeding with light lochia. The lochia color was rubra. No episiotomy or lacerations present.
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:**	The patient had a scheduled c-section, and her membranes were ruptured on 3/26/2024 at 1038. The membranes were clear, and the amount was scant with no odor. The patient delivered on 3/26/2024 at 1039 by a cesarean section. The QBL was 622mL. The patient delivered a boy and apgars were 8 and 9. The baby's weight was 3400g (7lbs) and the patient is feeding the baby by breastfeeding.

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen

Prenatal 0830	86	121/67	20	98.3F	98
Labor/Delivery 1039	61	131/82	16	97.6F	95
Postpartum 0832	71	125/89	18	97.6F	97

Vital Sign Trends: The patient's vitals stay within normal limits. During her delivery the patient's systolic blood pressure increased a little, but nothing of concern. The patient was in good standing for her vital signs throughout the prenatal, labor/delivery, and postpartum.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0832	1-10	abdomen	10	Cramping	Gave ibuprofen
0940	1-10	abdomen	7	cramping	Gave Norco

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:**	The patient had an 18G in her left anterior lower forearm. The IV was placed on 3/26/2024. The patency was good and no signs of erythema or drainage. The IV dressing was dry and intact.

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Intake and Output (2 points)

Intake	Output (in mL)
400mL

75% for breakfast | 150mL |

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.
Assessment/fundal assessment (N)	Every 4 hours	The nurse does a physical assessment on the patient to make sure that the patient is doing good and to check for any bleeding and does a fundal assessment to make sure the mother's uterus is firm and is returning to normal size.
Prescribed pain medications (M)	Every 4 to 6 hours	The patient had a cesarean section and is taking pain medication to control the pain from the surgery.
Ambulate (N)	As tolerated	The patient needs to be up and ambulating as tolerated to help with blood flow and to prevent blood clots.
Glucose monitoring (N)	Before meals	The patient is a Type II Diabetic. The nurse needs to monitor the patient's blood sugar to help control it.

Phases of Maternal Adaptation to Parenthood (3 point)

What phase is the mother in?

The mother is in the dependent-independent phase (Ricci et al., 2021).

What evidence supports this?

The mother is in the phase because she was focused on her baby. The mother was

also asking guidance from the nurse, but the mother was in control (Ricci et al., 2021).

Discharge Planning (3 points)

Discharge location: The patient is being discharged home.

Equipment needs (if applicable): No equipment needed at this time.

Follow up plan (include plan for mother AND newborn): The patient's baby was

scheduled for a newborn follow up, but the patient had to stay an extra night due to her

pain levels.

Education needs: The patient could be educated on different breastfeeding positions

as well as diabetic management.

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)	Rational (1 pt each)	Intervention/Rational (2 per dx) (1 pt each)	Evaluation (2 pt each) How did the patient/family respond to the nurse's actions?
Identify problems that are specific to this patient. Include full nursing diagnosis with	Explain why the nursing diagnosis was chosen	Interventions should be specific and individualized for his patient. Be sure to include a time interval	• Client response, status of goals

"related to" and "as evidenced by" components		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.==	and outcomes, modifications to plan.
1. Risk for bleeding related to cesarean section as evidence by previous cesarean section and postpartum hemorrhage (Phelps, 2021).	The patient had a postpartum hemorrhage during her past cesarean section with her first baby.	**1.**Monitor the patient's vital signs and do frequent fundal assessments (Phelps, 2021). **Rationale:** Monitoring the patient's vital signs will help the nurse determine if the patient is hemorrhaging, the patient's heart rate will increase if she is hemorrhaging. Doing a fundal assessment is important because the uterine tone should be firm to help prevent hemorrhaging (Ricci et al., 2021). **2.**Examine surgical wounds (Phelps, 2021). **Rationale:** The nurse will want to assess the surgical wound incision for any bleeding or leakage (Phelps, 2021).	The patient responded well to the assessments and her fundus was 1cm below the umbilicus with no bleeding. The patient also was asking questions when the nurse was examining her surgical incision and asking for pain meds.
2. Deficient knowledge related to type II diabetes as evidence by uncontrolled blood glucose levels (Phelps, 2021).	The patient was a noncompliant type II diabetic and was having high blood sugars.	**1.** Find a quiet area to educate the patient on glucose control (Phelps, 2021). **Rationale:** Finding a quiet place will help eliminate the distractions and the patient will retain information more effectively (Phelps, 2021). **2.**Assess patient's basic knowledge (Phelps,	The nurse educated the patient about glucose control and the patient was compliant with her diabetic diet in the hospital and compliant with her medication.

		2021). **Rationale:** The nurse should assess the patient's knowledge to see if the patient needs retaught on the basics or if the patient needs reinforcement (Phelps, 2021).	
3. Deficient knowledge related to breastfeeding positions as evidence by the patient asking the nurse for help (Phelps, 2021).	The patient hit her call light and asked the nurse for help with breastfeeding positions.	**1.** Provide written and picture educational instructions (Phelps, 2021). **Rationale:** Providing pictures and written instructions can help the patient understand better and something that she can refer to later (Phelps, 2021). **2.** Have the patient demonstrate different learned positions (Phelps, 2021). **Rationale:** This builds confidence and will help the patient later, so she knows she is doing it right (Phelps, 2021).	The nurse provided the patient with a brochure on different breastfeeding positions. The nurse also helped reposition the patient and the patient demonstrated another position to the nurse.
4. Deficient knowledge related to circumcision care as evidence by the patient asking the nurse questions about circumcision care (Phelps, 2021).	The patient was asking the nurse about how to use Vaseline and how much to use to care for her baby's circumcision.	**1.** Answer the patient's questions in a way the patient will understand (Phelps, 2021). **Rationale:** Making sure the patient is understanding what the nurse is teaching them will help the patient later (Phelps, 2021). **2.** Provide all supplies needed (Phelps, 2021). **Rationale:** This is an aid for learning and helps reduce frustration from the patient (Phelps, 2021).	The nurse answered all the patient's questions about circumcisions and Vaseline. The nurse also provided Vaseline to the patient to use for her baby, but also gave some tips for buying Vaseline outside of the hospital. The nurse suggested that the patient buy a tub of Vaseline instead of the tube because it is significantly cheaper.

1/2/2024

Other References (APA)

Phelps, L. (2021). *Nursing diagnosis reference manual* (12th ed.). Wolters Kluwer.