

N432 Postpartum Worksheet

Name:

This assignment should be submitted to the Dropbox by the date assigned in the syllabus.

Describe the nursing assessment of the postpartum patient in table (15 points) **Include in-text citations in APA format for entire assignment. Attach Reference page**

	What area is being assessed?	Normal findings
B	The Breasts are being assessed. Inspect and palpate the breasts for signs of engorgement: Tenderness, firmness, warmth, or enlargement. Assess the nipples for signs of irritation and nipple tissue breakdown (Durham et al, 2023).	Normal findings would include, soft initially with filling by day 2-3. Nipples intact with no cracks or bleeding, Colostrum present. No redness, warmth, or localized pain. Breasts without severe pain. Breast engorgement: Caused by an increase in the vascular and the lymphatic systems within the breast and milk accumulation (Durham et al, 2023).
U	The uterus is being assessed. Assess the uterus for location, position, and tone of the fundus. Frequent assessment of uterine tone and placement allows identification of complications such as uterine atony (decreased uterine muscle tone) that may cause postpartum hemorrhage. Before assessment, inform the woman that you will be palpating her uterus to evaluate for normal involution and bleeding. Remove her peripads to evaluate lochia at the same	Normal finding include, the uterus begins the process of involution to return to its nearly prepregnant size, shape, and location as the placental site heals. This occurs through uterine contractions, atrophy of the uterine muscle, and a decrease in the size of uterine cells. Involution of the uterus takes between 6 and 8 weeks postdelivery. Primiparous women usually do not experience discomfort related to uterine contractions during the postpartum period because the uterus remains contracted. Multiparous women or women who are breastfeeding may experience “afterpains” caused by strong intermittent uterine contractions during the first few postpartum days. Afterpains are moderate to severe cramp-like pains related to the uterus working to remain contracted or the increase of oxytocin released in response to infant suckling. The intensity of afterpains will typically decrease after the third postpartum day. The uterus must be contracted during the postpartum period to decrease the risk of postpartum hemorrhage. The contracted uterine muscle compresses the open vessels at the placental site and decreases the amount of blood loss.

	<p>time the fundus is palpated. Measure the distance between the fundus and umbilicus with your fingers. Each finger-breadth equals 1 cm (Durham et al, 2023).</p>	<p>Immediately after birth, the uterine fundus is palpated midway between the umbilicus and symphysis pubis and is firm and midline. In the next few hours, it is palpated at the umbilicus. Within 12 hours after birth of the placenta, the fundus is located at the level of the umbilicus or 1 cm above the umbilicus and is firm and midline. 24 hours after birth of the placenta, the fundus is located at 1 cm below the umbilicus and is firm and midline. The uterus descends 1 cm per day; by day 14, the fundus has descended into the pelvis and is not palpable. Subinvolution is the failure of the uterus to involute or descend as expected. Causes include retained placental fragments, infection, and overdistended uterus. Subinvolution may lead to prolonged or excessive bleeding during the postpartum period (Durham et al, 2023).</p>
B	<p>The bladder is being assessed. Assess for urinary disturbances. Measure urinary output postbirth. The woman should be able to void at least 300 mL within 2 to 4 hours of delivery. If the patient is voiding less than 150 mL, the nurse must palpate for bladder distention, as this is indicative of urinary retention. Assess for frequency, urgency, and burning on urination (Durham et al, 2023).</p>	<p>Normal findings include, bladder distention, rapid bladder filling, incomplete emptying, and inability to void are common during the first few days postbirth. These are related to administration of intravenous fluids in the postdelivery period, decreased sensation of the urge to void due to anesthesia or analgesia, edema around the urethra, perineal lacerations or episiotomy, operative vaginal delivery, or bladder trauma. Diuresis caused by decreased estrogen levels occurs within 12 hours after birth and aids in the elimination of excess tissue fluids. During this time urine output may be 3,000 mL or more per day. The woman spontaneously voids within 2 to 4 hours postbirth. Each voiding is at least 300 mL. The woman does not have frequency, urgency, and burning on urination (Durham et al, 2023).</p>
B	<p>The bowel is being assessed. Assess bowel sounds at each shift. Assess for constipation. Assess for hemorrhoids. Assess appetite. Ask the woman if she is nauseous or has vomited (Durham et al, 2023).</p>	<p>Normal findings include, women are at risk for constipation due to decreased GI motility from the effects of progesterone; decreased physical activity; dehydration and fluid loss from labor; fear of having a bowel movement after perineal lacerations or episiotomy; and perineal pain and trauma. Women commonly develop hemorrhoids during pregnancy or the birthing process. Hemorrhoids often slowly resolve but can be painful. Sometimes hemorrhoids persist postpartum. Women are hungry after the birthing experience and can be given a regular diet, unless they are on a prescribed diet such as for pregestational diabetes. Women are exceptionally hungry during the first few</p>

		postpartum days and may require snacks between meals. Most women will experience significant weight loss during the first 2 to 3 weeks postpartum. Immediately after birth, women lose approximately 11 to 12 pounds as the result of delivery and blood loss. Diuresis results in the loss of approximately another 5 to 8 pounds postdelivery. The average American woman at the end of 6 months postpartum is approximately 3 pounds above prepregnancy weight (Durham et al, 2023).
L	Lochia is being assessed. Assess lochia color. Assess lochia amount, documented as scant, light, moderate, or heavy. Assess lochia for odor. Lochia has a fleshy odor and smells similar to menstrual blood. Assess for clots, which occur when the lochia has been pooling in the lower uterine segment (Durham et al, 2023).	Normal findings include, lochia rubra days 1-3: bloody with small clots, moderate to scant amount, increased flow on standing or breastfeeding, fleshy odor. Lochia serosa days 4-10: Pink or brown color, scant amount, increased flow during physical activity, fleshy odor. Lochia alba day 10: Yellow to white in color, scant amount, fleshy odor (Durham et al, 2023).
E	Episiotomy, lacerations, perineum, hemorrhoids is being assessed. Assess the perineum anteriorly, then place the woman in the side-lying position to inspect the perineal area and assess the amount of lochia present on the entire peripad. While the woman is in the side-lying position, assess the rectal area for hemorrhoids. Assess for discomfort and provide comfort measures. Assess for diastasis recti abdominis. Assess for muscle	Normal findings include, mild edema, minor ecchymosis, approximation of the edges of the episiotomy or laceration if visible; most lacerations are internal and not visible, mild to moderate pain. After birth, the abdominal muscles experience reduced tone and the abdomen appears soft and flabby. Some women experience a separation of the rectus muscle, which is noted as diastasis recti abdominis. This separation becomes less apparent as the body returns to a prepregnant state. Women may experience muscular soreness related to the labor and birth experience. Lower body nerve sensation may be diminished for women who have received an epidural during labor. Delay ambulation until full sensation returns (Durham et al, 2023).

	tenderness. Assess for decreased nerve sensation. Assess for headache. Assess for fatigue (Durham et al, 2023).	
H	Lower extremities are being assessed (Durham et al, 2023).	Normal findings include, mild bilateral pedal edema, no redness, warmth, or calf pain, negative Homan's sign, and ambulation without difficulty (Durham et al, 2023).
E	Emotions, bonding with infant, fatigue, psychosocial factors are being assessed (Durham et al, 2023).	Normal findings include, appropriate mood fluctuations (baby blues), positive bonding behaviors, engaging in infant care, and verbalizing needs and asking questions (Durham et al, 2023).

1. Identify 3 patient education topics a postpartum patient would require. How would you educate the patient on each topic? (15 points)

Signs of complications that need to be reported to the physician or midwife: I would have a discussion regarding all this information with printouts of everything gone over.

Heavy lochia (saturating a pad in 1 hour) indicates possible secondary postpartum hemorrhage.

The return of bright red, heavy bleeding after lochia has diminished or that becomes serosa or alba, or the passage of clots the size of an egg or larger indicates possible secondary postpartum.

Foul-smelling lochia indicates possible infection.

Increased temperature (100.4°F [38°C] or higher) indicates possible infection.

Pelvic or abdominal tenderness or pain indicates possible infection.

Frequency, urgency, or burning on urination indicates possible cystitis.

Unilateral breast tenderness, warm reddened area, and chills and fever indicate possible mastitis, which often occurs 3 to 4 weeks after delivery.

Blurry vision, severe headaches, epigastric abdominal pain, and fluid retention may be associated with preeclampsia.

Leg pain, swelling, and redness may indicate venous thrombosis. Chest pain and difficulty breathing may be associated with pulmonary embolism.

Thoughts of harming the infant or self, difficulty caring for self or the infant, difficulty sleeping or sleeping too much, and persistent feelings of depression and sadness are associated with postpartum depression (Durham et al, 2023).

Expected physical changes: I would have a discussion with the patient with printouts of everything discussed.

Uterine involution, afterpains, progression of lochia

Breast changes, engorgement

Diaphoresis and diuresis

Weight loss

Women can expect to lose approximately 12 pounds immediately after delivery, and an additional 5 to 8 pounds due to fluid losses associated with uterine involution and diuresis (Durham et al, 2023).

Self-care: I would have a discussion with the patient regarding this information with printouts available for reference.

Hygiene

Perineal care; continue to change pad frequently and use peri-bottle until lochia has stopped

Breast care for lactating and nonlactating women

Pharmacological and nonpharmacological pain control measures (Durham et al, 2023).

2. Define postpartum hemorrhage. What intervention would be completed? (10 points)

Postpartum hemorrhage is an excessive blood loss after childbirth that is >500ml after a vaginal delivery or >1000ml cesarean birth, or any amount of blood loss that causes signs of hypovolemia (Durham et al, 2023).

Nursing interventions include:

Assess the position, tone, and location of the fundus.

If the uterus is boggy, massage it.

If the uterus is boggy and displaced to the side, instruct the patient to void and reevaluate.

Ambulate the patient to the bathroom and measure void. Use a bladder scanner when available.

Quantify blood loss (QBL) by weighing all blood-soaked peripads and materials/ assessing lochia.

1 g equals 1 mL of fluid.

Realtime completion of QBL reduces delay in interventions and may reduce the need for additional interventions such as administration of uterotonic medication, unnecessary procedures, and blood transfusions.

QBL promotes team awareness improving response time for additional resources and improves patient outcomes.

A scale with an attached laminated card with the dry weights of peripads or chux should be available on units providing care to postpartum patients.

Notify the health-care team of excessive bleeding and QBL.

If uterine atony continues, utilize health-care's staging algorithm to guide interventions (Durham et al, 2023).

3. What is the primary cause of uterine subinvolution? What interventions would be done to alleviate this issue? (5 points)

Subinvolution of the uterus means the uterus does not decrease in size and does not descend into the pelvis (arrest or delay of involution). This usually occurs later in the postpartum period. Subinvolution can occur in women who have fibroids, endometritis, or retained placental tissue (Durham et al, 2023).

Ultrasound evaluation is used to identify intrauterine tissue or subinvolution of the placental site. Medical intervention depends on the cause of the subinvolution. A D&C is performed for retained placental tissue. Methergine PO is prescribed for fibroids. Antibiotic therapy is initiated for endometritis (Durham et al, 2023).

4. What is Rhogam? Why is this given to a postpartum patient? (5 points)

Rhogam prevents production of anti-Rho(D) antibodies in Rho(D)-negative women exposed to Rho(D)-positive blood. Prevention of antibody response and hemolytic diseases of the newborn (erythroblastosis fetalis) in future pregnancies of women who have conceived an Rho(D)-positive fetus (Durham et al, 2023).

Rho immune globulin is given to Rh-negative women at 28 weeks' gestation. Rh-negative women who gave birth to an Rh-positive neonate are screened for anti-Rh antibodies (Coombs' test). A second injection of Rho immune globulin is given to the woman in the postpartum period if her baby is Rh positive and she is Coombs' negative (Durham et al, 2023).

5. Identify 2 nursing diagnoses for a postpartum patient. (10 points)

Problem 1: Risk for bleeding

Goal: The amount of vaginal bleeding will be within normal limits.

Outcome: The woman's lochia amount will be moderate to small; the woman's fundus is firm and midline. The woman's vital signs will be within normal limits. Urine output will be within normal limits. The woman will verbalize when to notify the provider if bleeding is excessive (Durham et al, 2023).

Problem 2: Risk for infection

Goal: Reduce risk of infection.

Outcome: The woman will remain free from signs of infection. The woman will identify ways to prevent infection and when to call the nurse or health-care provider for signs of infection (Durham et al, 2023).

6. Define mastitis. How is this prevented? (5 points)

Mastitis is an inflammation or infection of the breast tissue common among lactating women. It usually occurs in just one breast, most often in the upper outer breast quadrant. Although it usually develops in the first 3 to 6 months of breastfeeding, it can happen at any time (Durham et al, 2023).

Mastitis is less likely to occur with complete emptying of the breasts and good breastfeeding technique. Postpartum nurses must teach breastfeeding patients proper latch-on technique and stress regular breastfeeding and complete emptying of both breasts. Breastfeeding patients are also encouraged to avoid missing feedings, which causes the breasts to become engorged. Treatment for mastitis typically involves antibiotic therapy and regular breastfeeding or pumping the breast. Nurses can encourage these patients to apply cold or

warm compresses to ease discomfort and to take analgesics as needed. Mastitis usually resolves quickly if patients continue to breastfeed or pump regularly. Explain to the woman the importance of washing her hands before feeding to decrease the spread of bacteria. Proper hand washing technique is encouraged by hospital personnel. Teach the woman methods to decrease nipple irritation and tissue breakdown, such as correct infant latch-on and removal from the breast, more than one breastfeeding position, and air-drying nipples after feedings. Teach the woman the importance of a healthy diet and adequate fluids to decrease risk for any infection. Recommend that the patient consider a larger bra size as breast size changes. Recommend massaging the breast during breastfeeding, especially over tender areas and under the armpit, which is a common location of engorgement. Empty both breasts fully during breastfeeding (Durham et al, 2023).

7. Identify 3 nursing interventions for the perineal area of a postpartum vaginal delivery patient. Explain why each of these interventions are important. **(10 points)**

Apply ice to the perineum or encourage the use of cold sitz baths for the first 24 to 48 hours to manage swelling.

Rationale: Ice causes local vasoconstriction, which decreases edema and provides an anesthetic effect (Durham et al, 2023).

Instruct the woman to take warm sitz baths, starting 24 hours after delivery twice a day for 20 minutes.

Rationale: Warm sitz baths promote circulation, healing, and comfort (Durham et al, 2023).

Encourage the woman to lie on her side.

Rationale: The side-lying position decreases pressure on the perineum (Durham et al, 2023).

8. What 3 nursing interventions are completed to prevent a thromboembolic condition? **(10 points)**
 1. Apply elastic stockings (Durham et al, 2023).
 2. Encourage early and frequent ambulation (Durham et al, 2023).
 3. Encourage adequate hydration (Durham et al, 2023).

Complete table (15 points) Include in-text citations in APA format

Mood Disorder	Definition	Signs and Symptoms
Baby Blues	<p>Postpartum blues, also known as baby blues, occur during the first few postpartum weeks, last for a few days, and affect the majority of women. During this period, the woman feels sad and cries easily but is still able to take care of herself and her infant (Durham et al, 2023).</p>	<ul style="list-style-type: none"> • Anger • Anxiety • Mood swings • Sadness • Weeping • Difficulty sleeping • Difficulty eating (Durham et al, 2023).
Postpartum Depression	<p>PPD is a mood disorder characterized by severe depression that occurs within the first 6 to 12 months postpartum and affects about 11.5% of postpartum women (Durham et al, 2023).</p>	<ul style="list-style-type: none"> • Significant weight loss or gain: a change of more than 5% of body weight in a month • Insomnia or hypersomnia • Changes in psychomotor activity: agitation or retardation • Decreased energy or fatigue • Feelings of worthlessness or guilt • Decreased ability to concentrate; inability to make decisions • Decreased interest in normal activities (Durham et al, 2023).
Postpartum Psychosis	<p>According to the DSM-5, brief psychotic</p>	<ul style="list-style-type: none"> • Paranoia, as well as grandiose or bizarre

	<p>disorder with peripartum onset is the official diagnosis for postpartum psychosis. The onset of symptoms is rapid and can occur as early as 2 to 3 days after childbirth. Women who have PPD require immediate medical attention and acute inpatient psychiatric treatment because maternal suicide and infanticide are major concerns. Women with preexisting bipolar disorder have the highest risk for developing postpartum psychosis. Because this can occur as early as 3 days after delivery postpartum, nurses may be the first to identify these symptoms in mothers before discharge (Durham et al, 2023).</p>	<p>delusions, usually associated with the baby</p> <ul style="list-style-type: none"> • Mood swings • Extreme agitation • Depressed or elated moods • Distraught feelings about ability to enjoy infant • Confused thinking • Strange beliefs, such as that the mother or her infant must die • Disorganized behavior (Durham et al, 2023).
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Attach Reference page

DURHAM, ROBERTA MILLER, CONNIE. *Davis Advantage for Maternal-Newborn Nursing: Critical Components of Nursing Care*. F A DAVIS, 2023.

N432 Postpartum Worksheet Grading Rubric

Criteria	15 points	7.5 points	0 points	Comments
<ul style="list-style-type: none"> ▪ B 	<p>Includes complete and accurate information on all criteria:</p>	<p>Missing 3-4 or inaccurate information of the following:</p>	<p>Missing 5 or more or inaccurate information of the following:</p>	

<ul style="list-style-type: none"> o Identified what is being assessed. o Identified normal findings. ▪ U <ul style="list-style-type: none"> o Identified what is being assessed. o Identified normal findings. ▪ B <ul style="list-style-type: none"> o Identified what is being assessed. o Identified normal findings. ▪ B <ul style="list-style-type: none"> o Identified what is being assessed. o Identified normal findings. ▪ L <ul style="list-style-type: none"> o Identified what is being assessed. o Identified normal findings. 	<ul style="list-style-type: none"> ▪ B <ul style="list-style-type: none"> o Identified what is being assessed. o Identified normal findings. ▪ U <ul style="list-style-type: none"> o Identified what is being assessed. o Identified normal findings. ▪ B <ul style="list-style-type: none"> o Identified what is being assessed. o Identified normal findings. ▪ B <ul style="list-style-type: none"> o Identified what is being assessed. o Identified normal findings. ▪ L <ul style="list-style-type: none"> o Identified what is being assessed. o Identified normal findings. 	<ul style="list-style-type: none"> ▪ B <ul style="list-style-type: none"> o Identified what is being assessed. o Identified normal findings. ▪ U <ul style="list-style-type: none"> o Identified what is being assessed. o Identified normal findings. ▪ B <ul style="list-style-type: none"> o Identified what is being assessed. o Identified normal findings. ▪ B <ul style="list-style-type: none"> o Identified what is being assessed. o Identified normal findings. ▪ L <ul style="list-style-type: none"> o Identified what is being assessed. o Identified normal findings. 	<ul style="list-style-type: none"> ▪ B <ul style="list-style-type: none"> o Identified what is being assessed. o Identified normal findings. ▪ U <ul style="list-style-type: none"> o Identified what is being assessed. o Identified normal findings. ▪ B <ul style="list-style-type: none"> o Identified what is being assessed. o Identified normal findings. ▪ B <ul style="list-style-type: none"> o Identified what is being assessed. o Identified normal findings. ▪ L <ul style="list-style-type: none"> o Identified what is being assessed. o Identified normal findings. 	
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<ul style="list-style-type: none"> ▪ E <ul style="list-style-type: none"> ○ Identified what is being assessed. ○ Identified normal findings. ▪ H <ul style="list-style-type: none"> ○ Identified what is being assessed. ○ Identified normal findings. ▪ E <ul style="list-style-type: none"> ○ Identified what is being assessed. ○ Identified normal findings. ▪ Include in-text citations in APA format. 	<p>findings.</p> <ul style="list-style-type: none"> ▪ E <ul style="list-style-type: none"> ○ Identified what is being assessed. ○ Identified normal findings. ▪ H <ul style="list-style-type: none"> ○ Identified what is being assessed. ○ Identified normal findings. ▪ E <ul style="list-style-type: none"> ○ Identified what is being assessed. ○ Identified normal findings. ▪ Include in-text citations in APA format. 	<p>findings.</p> <ul style="list-style-type: none"> ▪ E <ul style="list-style-type: none"> ○ Identified what is being assessed. ○ Identified normal findings. ▪ H <ul style="list-style-type: none"> ○ Identified what is being assessed. ○ Identified normal findings. ▪ E <ul style="list-style-type: none"> ○ Identified what is being assessed. ○ Identified normal findings. ▪ Include in-text citations in APA format. 	<p>findings.</p> <ul style="list-style-type: none"> ▪ E <ul style="list-style-type: none"> ○ Identified what is being assessed. ○ Identified normal findings. ▪ H <ul style="list-style-type: none"> ○ Identified what is being assessed. ○ Identified normal findings. ▪ E <ul style="list-style-type: none"> ○ Identified what is being assessed. ○ Identified normal findings. ▪ Contains no in-text citations. 	
Criteria	10 points	5 points	0 points	Comments
<p>Postpartum Education</p> <ul style="list-style-type: none"> ▪ 3 patient education topics identified. ▪ Each topic as 	<p>Includes complete and accurate information on all criteria:</p> <p>Postpartum Education</p> <ul style="list-style-type: none"> ▪ 3 patient education topics identified. ▪ Each topic as 	<p>Missing 1 or inaccurate information of the following:</p> <p>Postpartum Education</p> <ul style="list-style-type: none"> ▪ 3 patient education topics identified. ▪ Each topic as 	<p>Missing 2 or more or inaccurate information of the following:</p> <p>Postpartum Education</p> <ul style="list-style-type: none"> ▪ 3 patient education topics identified. ▪ Each topic as 	

<p>examples as of how this education would be presented.</p> <ul style="list-style-type: none"> Response written in complete sentences. Include in-text citations in APA format. 	<p>examples as of how this education would be presented.</p> <ul style="list-style-type: none"> Response written in complete sentences. Include in-text citations in APA format. 	<p>examples as of how this education would be presented.</p> <ul style="list-style-type: none"> Response written in complete sentences. Include in-text citations in APA format. 	<p>examples as of how this education would be presented.</p> <ul style="list-style-type: none"> Response not written in complete sentences. Contains no in-text citations. 	
Criteria	10 points	5 points	0 points	Comments
<p>Postpartum Hemorrhage</p> <ul style="list-style-type: none"> Complete definition Interventions identified. Response written in complete sentences. Include in-text citations in APA format. 	<p>Includes complete and accurate information on all criteria:</p> <p>Postpartum Hemorrhage</p> <ul style="list-style-type: none"> Complete definition Interventions identified. Response written in complete sentences. Include in-text citations in APA format. 	<p>Missing 1 or inaccurate information of the following:</p> <p>Postpartum Hemorrhage</p> <ul style="list-style-type: none"> Complete definition Interventions identified. Response written in complete sentences. Include in-text citations in APA format. 	<p>Missing 2 or more or inaccurate information of the following:</p> <p>Postpartum Hemorrhage</p> <ul style="list-style-type: none"> Complete definition Interventions identified. Response not written in complete sentences. Contains no in-text citations. 	
Criteria	5 points	2.5 points	0 points	
<p>Uterine subinvolution</p> <ul style="list-style-type: none"> Primary cause identified. Interventions listed to alleviate this issue. Response written in complete sentences. 	<p>Includes complete and accurate information on all criteria:</p> <ul style="list-style-type: none"> Primary cause identified. Interventions listed to alleviate this issue. Response written in complete sentences. 	<p>Missing 1 or inaccurate information of the following:</p> <ul style="list-style-type: none"> Primary cause identified. Interventions listed to alleviate this issue. Response written in complete sentences. 	<p>Missing 2 or more or inaccurate information of the following:</p> <ul style="list-style-type: none"> Primary cause identified. Interventions listed to alleviate this issue. Response not written in complete 	

<ul style="list-style-type: none"> ▪ Include in-text citations in APA format. 	<ul style="list-style-type: none"> ▪ Include in-text citations in APA format 	<ul style="list-style-type: none"> ▪ Include in-text citations in APA format 	<p>sentences.</p> <ul style="list-style-type: none"> ▪ Contains no in-text citations. 	
Criteria	5 points	2.5 points	0 points	Comments
<p>Rhogam</p> <ul style="list-style-type: none"> ▪ Complete definition ▪ Identified why a patient would receive this medication. ▪ Response written in complete sentences. ▪ Include in-text citations in APA format 	<p>Includes complete and accurate information on all criteria:</p> <p>Rhogam</p> <ul style="list-style-type: none"> ▪ Complete definition of ▪ Identified why a patient would receive this medication. ▪ Response written in complete sentences. ▪ Include in-text citations in APA format 	<p>Missing 1 or inaccurate information of the following:</p> <p>Rhogam</p> <ul style="list-style-type: none"> ▪ Complete definition of ▪ Identified why a patient would receive this medication. ▪ Response written in complete sentences. ▪ Include in-text citations in APA format 	<p>Missing 2 or more or inaccurate information of the following:</p> <p>Rhogam</p> <ul style="list-style-type: none"> ▪ Complete definition of ▪ Identified why a patient would receive this medication. ▪ Response not written in complete sentences. ▪ Contains no in-text citations. 	
Criteria	10 points	5 points	0 points	Comments
<ul style="list-style-type: none"> ▪ Nursing diagnosis <ul style="list-style-type: none"> ○ 2 diagnoses identified that include related to and 	<p>Includes complete and accurate information on all criteria:</p> <ul style="list-style-type: none"> ▪ Nursing diagnosis <ul style="list-style-type: none"> ○ 2 diagnoses identified that include related to and 	<p>Missing 1 or inaccurate information of the following:</p> <ul style="list-style-type: none"> ▪ Nursing diagnosis <ul style="list-style-type: none"> ○ 2 diagnoses identified that include related to and 	<p>Missing 2 or more or inaccurate information of the following:</p> <ul style="list-style-type: none"> ▪ Nursing diagnosis <ul style="list-style-type: none"> ○ 2 diagnoses identified that include related to and 	

as evidenced by	as evidenced by	as evidenced by	as evidenced by	
Criteria	5 points	2.5 points	0 points	Comments
Mastitis <ul style="list-style-type: none"> ▪ Completed definition identified. ▪ Methods for prevention identified. ▪ Response written in complete sentences. ▪ Include in-text citations in APA format. 	Includes complete and accurate information on all criteria: Mastitis <ul style="list-style-type: none"> ▪ Completed definition identified. ▪ Methods for prevention identified. ▪ Response written in complete sentences. ▪ Include in-text citations in APA format. 	Missing 1-2 or inaccurate information of the following: Mastitis <ul style="list-style-type: none"> ▪ Completed definition identified. ▪ Methods for prevention identified. ▪ Response written in complete sentences. ▪ Include in-text citations in APA format. 	Missing 3 or more or inaccurate information of the following: Mastitis <ul style="list-style-type: none"> ▪ Completed definition identified. ▪ Methods for prevention identified. ▪ Responses not written in complete sentences. ▪ Contains no in-text citations. 	
Criteria	10 points	5 point	0 points	Comments
Perineal Care <ul style="list-style-type: none"> ▪ 3 nursing interventions identified. ▪ Explanation for each intervention ▪ Response written in complete sentences. ▪ Include in-text citations in APA format. 	Includes complete and accurate information on all criteria: Perineal Care <ul style="list-style-type: none"> ▪ 3 nursing interventions identified. ▪ Explanation for each intervention ▪ Response written in complete sentences. ▪ Include in-text citations in APA format. 	Missing 1-2 or inaccurate information of the following: Perineal Care <ul style="list-style-type: none"> ▪ 3 nursing interventions identified. ▪ Explanation for each intervention ▪ Response written in complete sentences. ▪ Include in-text citations in APA format. 	Missing 3 or more or inaccurate information of the following: Perineal Care <ul style="list-style-type: none"> ▪ 3 nursing interventions identified. ▪ Explanation for each intervention ▪ Responses not written in complete sentences. ▪ Contains no in-text 	

			citations.	
Criteria	10 points	5 points	0 points	
Thrombolytic Condition <ul style="list-style-type: none"> ▪ 3 nursing intervention identified. ▪ Response written in complete sentences. ▪ Include in-text citations in APA format. 	Includes complete and accurate information on all criteria: Thrombolytic Condition <ul style="list-style-type: none"> ▪ 3 nursing intervention identified. ▪ Response written in complete sentences. ▪ Include in-text citations in APA format. 	Missing 1 or inaccurate information of the following: Thrombolytic Condition <ul style="list-style-type: none"> ▪ 3 nursing intervention identified. ▪ Response written in complete sentences. ▪ Include in-text citations in APA format. 	Missing 2 or more or inaccurate information of the following: Thrombolytic Condition <ul style="list-style-type: none"> ▪ 3 nursing intervention identified. ▪ Response not written in complete sentences. ▪ Contains no in-text citations. 	
Criteria	15 points	7.5 points	0 points	Comments
Mood disorder <ul style="list-style-type: none"> ▪ Baby blues <ul style="list-style-type: none"> ○ Definition ○ Signs and 	Includes complete and accurate information on all criteria: Mood disorder	Missing 2 or inaccurate information of the following: Mood disorder	Missing 3 or more or inaccurate information of the following: Mood disorder	

<ul style="list-style-type: none"> <ul style="list-style-type: none"> Symptoms ▪ Postpartum Depression <ul style="list-style-type: none"> ○ Definition ○ Signs and Symptoms ▪ Postpartum Psychosis <ul style="list-style-type: none"> ○ Definition ○ Signs and Symptoms ▪ Response written in complete sentences. ▪ Include in-text citations in APA format. 	<ul style="list-style-type: none"> ▪ Baby blues <ul style="list-style-type: none"> ○ Definition ○ Signs and Symptoms ▪ Postpartum Depression <ul style="list-style-type: none"> ○ Definition ○ Signs and Symptoms ▪ Postpartum Psychosis <ul style="list-style-type: none"> ○ Definition ○ Signs and Symptoms ▪ Response written in complete sentences. ▪ Include in-text citations in APA format. 	<ul style="list-style-type: none"> ▪ Baby blues <ul style="list-style-type: none"> ○ Definition ○ Signs and Symptoms ▪ Postpartum Depression <ul style="list-style-type: none"> ○ Definition ○ Signs and Symptoms ▪ Postpartum Psychosis <ul style="list-style-type: none"> ○ Definition ○ Signs and Symptoms ▪ Response written in complete sentences. ▪ Include in-text citations in APA format. 	<ul style="list-style-type: none"> ▪ Baby blues <ul style="list-style-type: none"> ○ Definition ○ Signs and Symptoms ▪ Postpartum Depression <ul style="list-style-type: none"> ○ Definition ○ Signs and Symptoms ▪ Postpartum Psychosis <ul style="list-style-type: none"> ○ Definition ○ Signs and Symptoms ▪ Response not written in complete sentences. ▪ Contains no in-text citations 	
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Criteria	5 points	2.5 points	0 points	Comments
<p>APA Format</p> <ul style="list-style-type: none"> ▪ The student used appropriate APA in-text citations and listed all appropriate references in APA format. ▪ Source(s) utilized should be 5 or less years old. <ul style="list-style-type: none"> ○ Source(s) greater than 5 years old will not be accepted. ▪ Professional writing style, grammar, and spelling was used in all narrative sections. 	<ul style="list-style-type: none"> ▪ APA format was completed and appropriate. ▪ Grammar, spelling, and overall writing style were professional and without errors. 	<ul style="list-style-type: none"> ▪ APA format was used but not correct with 1-2 errors noted. ▪ 1-2 grammar, spelling, or overall poor writing style was used. ▪ Content was difficult to understand. 	<ul style="list-style-type: none"> ▪ No APA format or 3 or more errors noted. ▪ Source(s) utilized were greater than 5 years old. ▪ Grammar, spelling, or writing style did not demonstrate collegiate level writing with 3 or more errors noted 	
Instructor comments:				TOTAL /100