

N432 Postpartum Care Plan
Lakeview College of Nursing
Jessica Donnelly

Demographics (3 points)

Date & Time of Admission 6/24/20 (due 6/22)	Patient Initials M.B.	Age 37	Gender Female
Race/Ethnicity Unknown	Occupation Exercise Instructor	Marital Status Married	Allergies NKA
Code Status Full Code	Height Not provided (5'5" or 165.1cm based on BMI 37)	Weight 220 lbs (110 kg)	Father of Baby Involved Present

Medical History (5 Points)

Prenatal History: With this pregnancy and delivery, the patient is assessed as a GTPAL 11001 (gravida 1, term 1, preterm 0, abortions 0, living children 1). She has a history of infertility and at 37 is considered high-risk based on advanced maternal age. She had not progressed to labor by her estimated due date of 6/22/20, so was admitted to labor and delivery for induction on 6/24/20. She reports no history of sexually transmitted infections. The pre-pregnancy weight was 193 lbs. compared to 220 lbs. at the time of delivery, for an expected weight gain of 27 lbs. during the pregnancy.

Past Medical History: Infertility

Past Surgical History: C-section required on 6/24/20 due to dystocia

Family History: Patient's husband was born with a cleft palate

Social History (tobacco/alcohol/drugs): The patient is a non-smoker (10 years), social drinker, and no substance use is reported.

Living Situation: The patient lives in a home with 4 adopted boys, her husband, and their newborn. She is the main caretaker and housekeeper, doing most of the shopping and cooking, with some assistance from her husband. She receives financial assistance through the WIC program.

Education Level: Information not provided.

Admission Assessment

Chief Complaint (2 points): High risk pregnancy based on advanced maternal age, has been admitted for an induction due to reaching estimated gestational term for the pregnancy.

Presentation to Labor & Delivery (10 points): The patient arrived for a scheduled induction based on reaching gestational term with a high-risk pregnancy. Application of prostaglandin agents to soften and dilate the cervix did not result in any change. The birth plan included a preference for a vaginal delivery, but caesarean delivery was necessitated by failure of the cervix to dilate and efface, lack of fetal engagement, and the additional risks associated with advanced maternal age (infertility, pregnancy loss, fetal anomalies, stillbirth, and obstetric complications) (Ricci, Kyle, & Carmen, 2017). The patient was given spinal anesthesia prior to the procedure, which she tolerated well. Baby girl was delivered in three minutes, weighing 3050 g, with the umbilical cord wrapped once around the neck in a true knot. This was concerning; however, Apgar scores were 8 at the first minute and 9 five minutes later, which are within normal limits for a healthy baby.

Diagnosis

Primary Diagnosis on Admission (2 points): High risk pregnancy due to advanced maternal age

Secondary Diagnosis (if applicable): Pregnancy reaching term, history of infertility

Postpartum Course (18 points)

The first postpartum assessment was performed 14 hours and 45 minutes after delivery, with the patient reporting no pain and all vital signs measured were within expected reference ranges.

Auscultation demonstrated absence of adventitious lung sounds, with clear sounds bilaterally and equal rise and fall of the chest. The patient denied feeling any shortness of breath at this time. Her breasts were non-tender and nipples were normal, with evidence that her milk was coming in. She expressed a preference for breastfeeding but the baby was having difficulty latching, so each feed was followed by supplementation with formula and the lactation consultant was notified. The abdominal incision is well-approximated with little to no drainage and the dressing is clean, dry, and intact. During the fourth stage of labor, normal uterine contraction and progression was evidenced by the fundus being firm, midline, and at the level of the umbilicus (Ricci, Kyle, & Carmen, 2017). The patient is voiding without trouble and bowel sounds are active in all four quadrants. She is ambulating well with no report of dizziness, numbness/tingling, or headaches and no apparent alterations in gait, although she does have 2+ pitting edema of the lower extremities. Overall, the patient appears to be stable emotionally and physically with skin to skin contact initiated, and patient is currently breastfeeding, cuddling, and holding baby indicating that bonding is going well. A second assessment was performed at ~20 hours post-partum with all findings similar to the first, with vital signs remaining stable.

Postpartum Course References (2) (APA):

ATI Nursing Education (2019). *RN maternal newborn nursing* (11th ed.) Assessment

Technologies Institute, LLC.

Ricci, S.S., Kyle, T., Carman, S. (2017). *Maternity and pediatric nursing* (3rd ed.). Wolters

Kluwer.

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
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RBC	4.2-5.4 million/mm ³	N/A	4.18 million/mm ³ (low)	3.58 million/mm ³ (low)	Anemia is an expected finding in pregnancy related to increased metabolism and oxygen demands of the fetus. This is exacerbated by blood loss during the caesarean delivery (Ricci, Kyle, & Carmen, 2017).
Hgb	12-16 g/dL	12.8	12.8 g/dl	11.5 (low)	Anemia is an expected finding in pregnancy related to increased metabolism and oxygen demands of the fetus. This is exacerbated by blood loss during the caesarean delivery (Ricci, Kyle, & Carmen, 2017).
Hct	38-47%	37.6%	37.6%	32.7 (low)	Anemia is an expected finding in pregnancy related to increased metabolism and oxygen demands of the fetus. This is exacerbated by blood loss during the caesarean delivery (Ricci, Kyle, & Carmen, 2017).
Platelets	140-400x10 ³ /mcl	N/A	261,000/mm ³	229,000	
WBC	4-11,000/mm ³	N/A	8820	14670 (high)	Elevated WBC counts are an expected post-operative finding,

					but may be indicative of infection if accompanied by a fever and/or other signs and symptoms, such as purulent drainage from the abdominal incision (Ricci, Kyle, & Carmen, 2017).
Neutrophils	1.6-7.7 x 10 ³ /mcl	N/A	N/A	N/A	N/A
Lymphocytes	1-4.9 x 10 ³ /mcl	N/A	N/A	N/A	N/A
Monocytes	0-1.1 x 10 ³ /mcl	N/A	N/A	N/A	N/A
Eosinophils	0-0.5 x 10 ³ /mcl	N/A	N/A	N/A	N/A
Bands	0-0.09 x 10 ³ /mcl	N/A	N/A	N/A	N/A

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

Lab Test	Normal Range	Prenatal Value	Value on Admission	Today's Value	Reason for Abnormal
Blood Type	A, B, AB, O	O	O	N/A	N/A or not tested
Rh Factor	+ or -	+	+	N/A	N/A or not tested
Serology (RPR/VDRL)	Non-reactive	Non-reactive	N/A or not tested	N/A or not tested	N/A or not tested
Rubella Titer	Immune	Immune	N/A or not tested	N/A or not tested	N/A or not tested
HIV	+ or -	N/A or not tested	N/A or not tested	N/A or not tested	N/A or not tested
HbsAG	+ or -	N/A or not tested	N/A or not tested	N/A or not tested	N/A or not tested

Group Beta Strep Swab	+ or -	-	N/A or not tested	N/A or not tested	Not explicitly stated in the case study, but also doesn't mention administration of I.V. antibiotics, which would be required with a + result (Ricci, Kyle, & Carmen, 2017).
Glucose at 28 Weeks (1 hr)	<126 mg/dL	91	N/A or not tested	N/A or not tested	Within expected or normal limits.
MSAFP (If Applicable)	10-150 ng/mL	WNL	N/A or not tested	N/A or not tested	Within expected or normal limits.

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
Urine C&S	Negative	Negative	N/A	N/A	N/A
Chlamydia	Negative	Negative	N/A	N/A	N/A
Gonorrhea	Negative	Negative	N/A	N/A	N/A
Pap smear	Normal or no atypical cells	Normal	N/A	N/A	To be repeated in the postpartum period (comprehensive exam at 12 weeks postpartum) as pregnancy can increase the risk of developing abnormal cervical changes or cervical cancer (American College of Obstetricians and Gynecologists, 2016).
Quad Screen	Normal AFP, UE, hCG and inhibin A levels	Elevated	N/A	N/A	Elevation and advanced maternal age increase the risk for fetal anomalies or Down syndrome (Ricci, Kyle, & Carmen, 2017). However, ultrasound suggested that no fetal anomalies were present.
1 hour glucose tolerance	<140 mg/dL	91	N/A	N/A	Within normal limits.

test					
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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)	N/A	N/A	N/A	N/A	N/A

Lab Reference (APA):

American College of Obstetricians and Gynecologists. (2018, May). ACOG Committee Opinion:

Optimizing postpartum care. *Obstetrics & Gynecology*, 131(5), e140-150.

Ricci, S.S., Kyle, T., Carman, S. (2017). *Maternity and pediatric nursing* (3rd ed.). Wolters

Kluwer.

Stage of Labor Write Up, APA format (15 points):

	Your Assessment
<p>History of labor:</p> <p>Length of labor</p> <p>Induced /spontaneous</p> <p>Time in each stage</p>	<p>Labor was induced and was initially progressing vaginally, however dystocia related to lack of dilation/effacement of cervix, poor fetal engagement, and advanced maternal age led to a C-section that lasted 3 minutes. Time in the first stage of labor was not reported, but essentially the client did not truly enter this stage as no cervical effacement or dilation occurred. In terms of time in this beginning period of delivery, with interventions such as Cervidil, it probably lasted 12-24 hours. The second and third stage of labor occurred over minutes given that delivery occurred via C-section. The fourth stage of labor occurred over 1-4 hours as expected with any delivery.</p>
Current stage of labor	<p>The patient is no longer in labor but is in the post-partum period or the taking-in phase of maternal adaptation.</p>

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Stage of Labor References (2) (APA):

ATI Nursing Education (2019). *RN maternal newborn nursing* (11th ed.) Assessment Technologies Institute, LLC.

Ricci, S.S., Kyle, T., Carman, S. (2017). *Maternity and pediatric nursing* (3rd ed.). Wolters Kluwer.

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

Home Medications (2 required)

Brand/Generic	Prenatal 27
Dose	1 mg, tablet
Frequency	Daily
Route	P.O.
Classification	Vitamin supplement
Mechanism of Action	Ensures nutritional needs of client by providing specific dose of vitamins, minerals, and folic acid.
Reason Client is Taking	Prophylactic for pregnancy and during pregnancy
Contraindications (2)	Levels of vitamins or minerals outside published reference ranges.

Side Effects/Adverse Reactions (2)	Stomach cramping or constipation, electrolyte imbalances
Nursing Considerations (2)	OTC preparations should be compared to prescriptions forms to compare strength and efficacy. A well-balanced diet is still important in maintain nutrition to support fetal growth and development.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Metabolic panel, including folate and iron levels
Client Teaching Needs (2)	Reinforce importance of prophylactic and first trimester use to avoid neural defects. Must be taken daily with food to help with absorption of fat-soluble vitamins.

Brand/Generic	N/A, no other medications reported.
Dose	N/A
Frequency	N/A
Route	N/A
Classification	N/A
Mechanism of Action	N/A
Reason Client is Taking	N/A
Contraindications (2)	N/A
Side Effects/Adverse Reactions (2)	N/A
Nursing Considerations (2)	N/A
Key Nursing Assessment(s)/Lab(s) Prior to Administration	N/A
Client Teaching Needs (2)	N/A

Hospital Medications (5 required)

Brand/Generic	Tylenol/acetaminophen
Dose	650 (2 tablets)
Frequency	q6h PRN
Route	P.O.
Classification	Analgesic
Mechanism of Action	Inhibits action of COX enzymes responsible for prostaglandin production.
Reason Client is Taking	Mild pain relief
Contraindications (2)	Severe hepatic impairment or severe, active liver disease. Hypersensitivity to the drug or its components.
Side Effects/Adverse Reactions (2)	Hepatotoxicity, hypotension or hypertension
Nursing Considerations (2)	Maximum daily dose is 4 g in 24 hours. Do not give to patients with hepatic impairment,

	active hepatic disease, alcoholism, chronic malnutrition, severe hypovolemia, or severe renal impairment.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Liver function panel, renal function laboratories.
Client Teaching Needs (2)	Tablets can be crushed or swallowed whole. Use caution not to exceed maximum daily dose when taking medications that also contain acetaminophen.

Brand/Generic	ketorolac/Toradol
Dose	15 mg/mL
Frequency	q8h PRN
Route	I.V.
Classification	Analgesic
Mechanism of Action	Blocks prostaglandin synthesis by inhibiting COX enzymes
Reason Client is Taking	For severe pain relief during first 24 hours post-op
Contraindications (2)	Advanced renal impairment or risk, breastfeeding, or a history of bleeding
Side Effects/Adverse Reactions (2)	Acute pancreatitis, elevated liver enzymes, hepatitis
Nursing Considerations (2)	Don't not use I.M. and I.V. formulations interchangeably. Give I.V. injection over at least 15 seconds.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Liver and renal function labs, vital signs, cardiac assessment
Client Teaching Needs (2)	To avoid serious adverse effects, do not use for more than 5 days. Patient should report any cardiovascular or GI symptoms immediately, especially any indication of blood in stool.

Brand/Generic	Roxicet/oxycodone
Dose	1-2 tablets (actual dosage not provided)
Frequency	q4h PRN
Route	P.O.
Classification	Analgesic
Mechanism of Action	Alters pain perception by blocking signaling initiated by acetylcholine and gamma-aminobutyric acid.
Reason Client is Taking	For moderate to severe pain relief
Contraindications (2)	Acute or severe bronchial asthma, GI obstruction, or hypersensitivity to the drug or

	its components
Side Effects/Adverse Reactions (2)	Sedation, respiratory depression, constipation
Nursing Considerations (2)	Use extreme caution in patients with asthma, COPD, or cor pulmonale. Assess pain level regularly and administer before pain is rated as severe.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Vital signs and cardiopulmonary assessment, assess pain level before administering.
Client Teaching Needs (2)	Do not break, chew, or crush tablets before taking. Report signs of toxicity such as excessive lightheadedness, extreme dizziness, itching, swelling, and trouble breathing.

Brand/Generic	Motrin/ibuprofen
Dose	600 mg (1 tablet)
Frequency	q6h PRN
Route	P.O.
Classification	Analgesic
Mechanism of Action	Blocks prostaglandin synthesis by inhibiting COX enzymes
Reason Client is Taking	For mild to moderate pain relief
Contraindications (2)	Angioedema, asthma, bronchospasm, nasal polyps, rhinitis, or urticaria caused by hypersensitivity. Hypersensitivity to the drug or any of its components.
Side Effects/Adverse Reactions (2)	Fluid retention, GI symptoms, bronchospasm or wheezing
Nursing Considerations (2)	For short term use only in patients with a GI bleed. Monitor patient closely for thrombotic events, such as MI or stroke.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Liver and renal function laboratories, vital signs with pain assessment, and cardiopulmonary assessment.
Client Teaching Needs (2)	Take with a full glass of water and remain upright for 30 minutes. Take with food or meals to alleviate GI distress.

Brand/Generic	Ambien/zolpidem
Dose	5 mg (1 tablet)
Frequency	qhs PRN
Route	P.O.
Classification	Sedative-hypnotic
Mechanism of Action	Blocks activation by GABA.
Reason Client is Taking	Insomnia
Contraindications (2)	Ritonavir therapy or severe hepatic

	impairment
Side Effects/Adverse Reactions (2)	Behavioral changes or CNS stimulation, hepatic injury
Nursing Considerations (2)	Reduce dosage if taken with other CNS depressants. Depression may worsen so monitor closely for suicidal tendencies.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Liver function panel, vital signs, mental health assessment.
Client Teaching Needs (2)	Do not increase dosage without provider approval. Take immediately before bed on an empty stomach.

Medications Reference (APA):

Jones & Bartlett Learning. (2019). *Nurse’s Drug Handbook* (18th ed.). Burlington, MA: Jones & Bartlett Learning, LLC.

Assessment

Physical Exam (18 points)

<p>GENERAL (0.5 point): Alertness: Orientation: Distress: Overall appearance:</p>	<p>Patient is alert and oriented x4. Calm and cooperative, with husband present. Breasts are filling with milk, non-tender, nipples are normal.</p> <p>Difficult latching, breastfeeding followed by formula with lactation consultant notified.</p>
<p>INTEGUMENTARY (2 points): Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds/Incision: . Braden Score: Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>Hyperpigmentation is apparent with linea nigra and striae of the abdomen. Skin is warm to the touch, with no rashes, bruises, or wounds, elastic with good turgor.</p> <p>Braden Score: 21, low risk for skin breakdown.</p>
<p>HEENT (0.5 point): Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Head and neck are symmetrical, carotid pulses are palpable and strong. Teeth and oral mucosa appear healthy.</p>

<p>CARDIOVASCULAR (1 point): Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Location of Edema:</p>	<p>Clear S1 and S2 sounds auscultated without murmurs, gallops, or rubs. PMI at 5th intercostal space, MCL. Peripheral pulses are strong (2+) and equal bilaterally in all extremities. Capillary refill is >2 sec, likely related to anemia. Bilateral 2+ pitting edema of the lower extremities.</p>
<p>RESPIRATORY (1 points): Accessory muscle use: Y <input type="checkbox"/> N <input type="checkbox"/> Breath Sounds: Location, character</p>	<p>Respiratory rate (0930 and 1500) within normal limits. Patient denies shortness of breath. Lung sounds clear bilaterally and chest rises and falls equally.</p>
<p>GASTROINTESTINAL (5 points): Diet at Home: Current Diet: Height: Weight: Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds: Fundal Height & Position:</p>	<p>Regular diet, good appetite, stress snacker, drinks 3-4 cups of fluid per day at home.</p> <p>Incision well-approximated, no erythema or drainage. Dressing is dry and intact.</p> <p>Fundus firm, midline, and at the level of the umbilicus.</p> <p>Bowel sounds active in all four quadrants.</p>
<p>GENITOURINARY (5 Points): Bleeding: Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size: Rupture of Membranes: Time: Color: Amount: Odor: Episiotomy/Lacerations:</p>	<p>LMP estimated to be September 2019.</p> <p>Voiding adequately, up to bathroom on 2 occasions.</p> <p>Moderate amount of lochia rubra of uterine contents.</p> <p>Rupture of membranes occurred concomitantly with incision of uterus and delivery of baby via C-section. Amniotic fluid clear with no odor or other indications of infection.</p>

<p>MUSCULOSKELETAL (2 points): ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Score: 35 Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	<p>Up with assistance, reports no adverse effects of ambulation.</p> <p>Morse Fall Risk Score: 35 Low risk for falls under current conditions and status</p>
<p>NEUROLOGICAL (1 points): 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: Mental Status: Speech: Sensory: LOC: DTRs:</p>	<p>No numbness, tingling, dizziness, headaches reported at rest or with ambulation. DTRs 2+ (normal).</p>
<p>PSYCHOSOCIAL/CULTURAL (1 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):</p>	<p>Christian, exercises 45/day 3x week.</p> <p>6 week birthing class to prepare for delivery and experience as adoptive mother of 4 boys.</p> <p>Mom emotionally stable and bonding well with baby as evidenced by cuddling, talking, holding baby. Receiving WIC benefits, social work notified given potential financial barriers and large family size.</p>
<p>DELIVERY INFO: (1 point) Delivery Date: Time: Type (vaginal/cesarean): Quantitative Blood Loss: Male or Female Apgars: 8 (1 min) and 9 (5 min) Weight: Feeding Method:</p>	<p>Delivery of female baby 6/24/20 at 1848 by c-section at 40 weeks, 3 days gestation weighing 3050 g. Unfavorable cervix or failure of cervix to thin dilate, fetal head unengaged, advanced maternal age.</p> <p>Quantitative blood loss ~1000 mL based on method of delivery.</p> <p>Epidural (spinal anesthesia or local anesthetic injected into the spinal fluid)</p> <p>Umbilical cord wrapped around baby's neck one time in a true knot but Apgar scores 8 and 9 at 1 and 5 minutes after delivery.</p>

	<p>Breasts are filling with milk, non-tender, nipples are normal.</p> <p>Baby is having difficulty with latching, breastfeeding followed by formula with lactation consultant notified.</p>
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Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	N/A or not	N/A or not	N/A or not	N/A or not	N/A or not
	provided	provided	provided	provided	provided
Labor/Delivery	N/A or not	N/A or not	N/A or not	N/A or not	N/A or not
	provided	provided	provided	provided	provided
Postpartum (0930) (1500)	80 bpm	102/58	18 breaths/min	36.7°C	N/A
	84 bpm	110/60	16 breaths/min	37.0°C	N/A

Vital Sign Trends: All vital signs are stable and within expected reference ranges.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0930	Numeric	N/A	0/10	N/A	N/A
1500	Numeric	N/A	0/10	N/A	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
<p>Size of IV: 20G Location of IV: Left antecubital Date on IV: 6/24/20 Patency of IV: Patent Signs of erythema, drainage, etc.: No IV dressing assessment:</p>	<p>The I.V. was placed upon patient’s arrival to L&D, flushes well, and patient reports no associated pain. No signs of infiltration or phlebitis. Dressing is clean, dry, and intact. Heplock placed in postpartum period.</p>

Intake and Output (2 points)

Intake	Output (in mL)
Not reported in the case study.	2 voids of moderate volume. Estimated total ~400 mL.

Nursing Interventions and Medical Treatments During Postpartum (6 points)

Nursing Interventions and Medical Treatments (Identify nursing interventions with “N” after you list them, identify medical treatments with “T” after you list them.)	Frequency	Why was this intervention/ treatment provided to this patient? Please give a short rationale.
0850 Heplock, N	Once	This was performed once and the patient tolerated the transition and assessment of the I.V. site well. Heplock is patent. I.V. fluids discontinued as client shows no signs of dehydration or blood loss outside expected ranges, and is also exhibiting pitting edema which could be exacerbated by continued administration (Ricci, Kyle, & Carmen, 2017).
0900 Foley discontinued, N	Once	After the anesthetic effects were gone the Foley was discontinued so that the patient could attempt to void independently, which is expected to occur within 4-6 hours of removal and is a prerequisite for discharge (Ricci, Kyle, & Carmen, 2017). Patient tolerated removal of the catheter well and no resistance was met. Patient has been up to void several times.
1055 Dressing Change, N	Once.	Dressing changes should occur each shift or more frequently if soiled or large amounts of discharge are present (Ricci, Kyle, & Carmen, 2017). Patient tolerated well and the incision is well approximated with minimal amount of

		drainage.
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Phases of Maternal Adaptation to Parenthood (1 point)

What phase is the mother in? This mother is in the first 24-48 hours after giving birth, which we call the taking-in period. Priorities are recovery, sleep, spending time bonding with baby, and initiating breastfeeding while taking a more passive role as far as completion of self-care activities (Ricci, Kyle, & Carmen, 2017).

What evidence supports this? The focus on breastfeeding going well and the majority of the focus being on touching, cuddling, and talking to the baby and meeting their needs (Ricci, Kyle, & Carmen, 2017).

Discharge Planning (2 points)

Discharge location: To home.

Equipment needs (if applicable): Given that the patient receives WIC benefits, consultation or follow-up should be made in order to assure breast pump and supplies or supplemental formula are available and covered by the patient's benefits. Sleep environment and car safety should be discussed, with confirmation of learning and evidence provided that a car seat is safely installed in the vehicle upon discharge.

Follow up plan (include plan for mother AND newborn): Well baby visits should be completed at 2 weeks, and then 2, 4, 6, 9, 12, 15, and 18 months to allow for meeting the CDC guidelines for immunizations, ensure appropriate growth and development, and to provide support for mom and baby (Ricci, Kyle, & Carmen, 2017). Mom should have a comprehensive follow-up exam at approximately 12 weeks post-partum unless questions or concerns arise in the interim (American College of Obstetricians and Gynecologists, 2018).

Education needs: Lactation consultant and social work have been notified to meet with the client before discharge. Appropriate self-care and nutrition for mom and baby have been provided, as well quantifiable outcomes to expect (8-10 dirty diapers initially, for example, care of umbilical stump and related bathing requirements). Sleep hygiene and best practices to avoid SIDS were discussed. Expectations of mom in terms of healing of the surgical incision and limiting physical activity and listed were also introduced.

Nursing Diagnosis (30 points)

***Must be NANDA approved nursing diagnosis and listed in order of priority*
Two of them must be education related i.e. the interventions must be education for the client.”**

<p>Nursing Diagnosis (2 pt each) Identify problems that are specific to this patient. Include full nursing diagnosis with “related to” and “as evidenced by” components</p>	<p>Rational (1 pt each) Explain why the nursing diagnosis was chosen</p>	<p>Intervention/Rational (2 per dx) (1 pt each) Interventions should be specific and individualized for his patient. Be sure to include a time interval such as Assess vital signs q 12 hours.” List a rationale for each intervention and using APA format, cite the source for your rationale.</p>	<p>Evaluation (1 pt each)</p> <ul style="list-style-type: none"> How did the patient/family respond to the nurse’s actions? Client response, status of goals and outcomes, modifications to plan.
<p>1. Risk for imbalanced nutrition: less than body requirements r/t increased caloric demand of breastfeeding, additional caregiver role, stress eating, socioeconomic status AEB patient report of “stress snacking”, 4</p>	<p>All breastfeeding mother’s need an additional 500 calories/day to support milk production combined with adequate food intake. Stress and inadequate support can negatively impact dietary choices at this time.</p>	<p>1. Conduct a nutrition screen on the client within 24 hours of admission and refer to nutritionist as necessary</p> <p><u>Rationale:</u> Inadequate intake can lengthen time to heal and best outcomes are achieved with prompt intervention in the inpatient setting (Ackley, et al, 2019). 2.Set up a follow-up appointment for one week after discharge with WIC sponsored lactation consultant or La Leche</p>	<p>Patient helps develop a well-balanced, nutrient dense weekly meal plan and understands how to modify for the future.</p> <p>Attends La Leche League meetings or seeks services of a lactation consultant at least once, and continually if problems in supply seem to persist. Secondly, contacts primary care provider.</p>

<p>children and a newborn in the household, mom as primary caregiver, and WIC participation.</p>		<p>League who can assess milk production and offer nutritional recommendations. <u>Rationale:</u> The earlier you can identify a problem with intake and its effect on milk production the easier it will be to correct it and maintain supply (American College of Obstetricians and Gynecologists, 2013).</p>	
<p>2. Disturbed body image r/ t pregnancy and labor AEB weight gain and change in BMI, alteration in normal exercise regimen, unplanned caesarean due to physiologic complications with history of infertility</p>	<p>This patient has struggled with infertility and experienced dystocia due to her anatomy. She will also have to step away from her normal role as an exercise instructor periodically as she recovers. Pregnancy leads to changes in physical appearance for all women.</p>	<p>1. Identify local new mother groups that the patient can attend with baby, where body image issues and feelings can be discussed <u>Rationale:</u> Social support is one of the determinants of the client's recovery and emotional health (Ackley, et al., 2019). 2.Acknowledge body image changes can affect all individuals, regardless of culture, race, ethnicity. Assess for these influences during head-to-toe assessment. Follow up with adaptive techniques associated with identifiers the client uses. <u>Rationale:</u> Many cultures report being under or overweight is associated with worse quality of life (Ackley, et al., 2019).</p>	<p>Patient will identify and change irrational beliefs or expectation regarding body size and a return to her pre-baby weight. Patient will be open to social involvement instead of avoidance and display adaptive coping.</p>
<p>3. Readiness for enhanced knowledge regarding risk for</p>	<p>This patient has low levels of RBCs, Hgb, and Hct as a result of her</p>	<p>1. Introduce the client to interactive and Web-based platforms in the hospital that they can continue to use after discharge, with</p>	<p>Patient is able to explain how diet and supplements combined will improve cardiovascular function and oxygen available,</p>

<p>anemia related to blood loss during surgical delivery AEB patient's expression of learning more about preventing anemia through diet and vitamins.</p>	<p>cesarean delivery. She will need to increase intake of vitamin B, iron, and folate in order to prevent the anemia from persisting, especially with the additional nutritional demands of breastfeeding and continued blood loss with lochia.</p>	<p>dedicated time to address questions. For example, HemaApp can perform a non-invasive check to demonstrate interventions are improving condition. <u>Rationale:</u> Qualitative studies demonstrate adults are more likely to seek health-related information online (Ackley, et al., 2019) 2. Provide patient education regarding how iron supplements will affect bowel patterns during discharge and provide written materials to support this. <u>Rationale:</u> Iron will cause constipation and changes in the color of stool that may be alarming to patients. Vitamin C can aid in absorption, and iron should be taken on an empty stomach which are important pieces of patient information (Ricci, Kyle, & Carmen, 2017).</p>	<p>resulting in less fatigue. Demonstrates understanding of and appropriate use of the smartphone application or any others discussed.</p>
<p>4. Readiness for enhanced family processes r/t new child in the family AEB husband and adopted children expressing interest in modifying daily schedule to accommodate .</p>	<p>The patient is the primary caretaker for the entire family and meeting the needs of the couple, four adopted children, and a newborn would be a challenge for anyone.</p>	<p>1. Conduct formal or informal family interviews with any members present prior to discharge, particularly patient and husband, to identify needs and strengths. <u>Rationale:</u> This helps shape the nurses understanding of family expectations and allows for better recommendations about lifestyle modifications (Ackley, et al., 2019). 2. Help form a plan that</p>	<p>The patient's adopted children express interest in sibling and desire to help family in this transition. Before discharge, patient and family begin to express their feelings and have a plan for how normal routines will shift to accommodate mom's recovery and baby's introduction into the household, for example how childcare duties will be split between mother,</p>

		<p>allows for commitment to family meals, combined with scheduled meal drop-off from family and friends. <u>Rationale:</u> Eases caregiving burden on new parents and research shows dinnertime rituals can help mediate the effects of parenting stress on child outcomes (Ackley, et al., 2019).</p>	<p>father, and other identified support people.</p>
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