

N432 Postpartum Care Plan
Lakeview College of Nursing
Savannah Woods

Demographics (3 points)

Date & Time of Admission 7-1-2020 @ 0815	Patient Initials A.D	Age 24	Gender Female
Race/Ethnicity African American	Occupation Loves Gas Station	Marital Status Single	Allergies NKA
Code Status No ACP docs	Height 5'6	Weight 238 lbs	Father of Baby Involved Yes

Medical History (5 Points)

Prenatal History: 1st visit 12/30/19, received Tdap immunization, takes iron, attended all prenatal visits

Past Medical History: postpartum depression, mental disorder, iron deficiency anemia, genital herpes

Past Surgical History: No previous surgeries

Family History: None known

Social History (tobacco/alcohol/drugs): former smoker, marijuana, not currently drinking

Living Situation: Lives with her other children and boyfriend

Education Level: College (CNA and phlebotomy certification)

Admission Assessment

Chief Complaint (2 points): Scheduled Induction

Presentation to Labor & Delivery (10 points): Patient came in for an induction at 0815 on 7-1-2020. Patient had a spontaneous rupture of membranes at around 12:45 am on 7-2-2020. She was in her first stage of labor for around 5 hr and 45min, second stage for about

13 min and her 3rd stage for 2 min. Patient also came in for her induction during an outbreak of HSV-2. Client was unaware that she had the virus until symptoms arose and states she has been taking medication for it. Client had not been taking the medication long enough before delivery to ensure infant would not be affected, will be monitoring infant. Client is currently in postpartum, her and baby are doing well and are expected to be discharged soon.

Diagnosis

Primary Diagnosis on Admission (2 points): Planned induction

Secondary Diagnosis (if applicable):NA

Postpartum Course (18 points)

The puerperium period begins after delivery and continues for about 6 weeks. During this time, the body begins to return to its normal state. The mother will experience lochia that continues for about 4-8 weeks. Lochia is bright red, mainly blood, decidual cells, red and white blood cells, and fibrinous products. The mother will also go through phases of maternal adaptation to parenthood. The first being the taking-in phase with right after birth when the mother needs rest, guidance, assistance and is taking in everything that has happened. Second phase being the taking-hold phase which begins 2-3 days after delivery when the mother is concerned for her health and is taking control of caring for her newborn. Third stage being the letting-go phase which is when she begins to reconnect her relationships with other people in her life and has assume her responsibly as a parent. A

true postpartum period can take 9-12 months and throughout this time the mother will slowly experience the changes in her body from her pregnancy back to normal. These changes include effects to all the body systems, weight loss, mood changes, and relationship changes.

Postpartum Course References (2) (APA): Ricci, S. S., Ricci, S., Kyle, T., & Carman, S. (2017). *Maternity and Pediatric Nursing*. Wolters Kluwer.

Belleza, R. M. N. (2017, January 18). *Postpartum Changes*. Nurseslabs.

<https://nurseslabs.com/postpartum-changes/>

Laboratory Data (15 points)

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

Lab	Normal Range	Prenatal Value	Admission Value	Today's Value	Reason for Abnormal Value
RBC	3.80-5.30 10 (6)/moL	4.03	3.92	NA	
Hgb	12.0-15.8 g/dL	10.6	10.4	NA	Iron deficiency
Hct	36.0- 47.0%	32.7%	31.6%	NA	Iron deficiency
Platelets	140-440 10 (3)/moL	159	140	NA	
WBC	4-12 10 (3)/moL	10.90	7.70	NA	
Neutrophils	47-73%	75.8%	75.7%	NA	HSV-2
Lymphocytes	18-42%	18.8%	20.1%	NA	
Monocytes	4-12%	4.5%	3.3%	NA	Anemia
Eosinophils	0-5%	0.3%	0.4%	NA	

Bands	NA	NA	NA	NA	
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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	O, A, B, AB	O	O	O	
Rh Factor	+/-	+	+	+	
Serology (RPR/VDRL)	Negative	Negative	Negative	negative	
Rubella Titer	Immune	Nonimmune	Nonimmune	nonimmune	
HIV	Negative	Negative	Negative	Negative	
HbSAG	Negative	Negative	Negative	Negative	
Group Beta Strep Swab	Negative	Negative	Negative	Negative	
Glucose at 28 Weeks	65-140	100			
MSAFP (If Applicable)	Normal risk	Normal risk			

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
NA					
NA					
NA					

NA					

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)	NA				

Lab Reference (APA): *Tests Index | Lab Tests Online.* (2020). AACC.

<https://labtestsonline.org/tests-index>

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

	Your Assessment
History of labor: Length of labor Induced /spontaneous Time in each stage	6 hours Induced 1st-5 hrs 45 min 2nd- 3min 3rd- 2min
Current stage of labor	Postpartum- Pt is currently in the taking-hold phase of

	<p>postpartum and doing well. She has voice concern for her HSV-2 and the treatment is involves for her and her daughter. She is calm when we explain the treatment process for both. Pt has other children at home and has quickly taken control of the caring process of her newborn. Newborn has had her hearing test and will have cardiac soon. Pt is showing expected progress in postpartum progress and will be discharged the next day while her newborn stays for a couple more days to ensure that she is not affected by the HSV-2.</p>
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Stage of Labor References (2) (APA): Ricci, S. S., Ricci, S., Kyle, T., & Carman, S. (2017).

Maternity and Pediatric Nursing. Wolters Kluwer.

Herpes Simplex Virus in the Newborn. (2011). New York State Department of Health .

https://www.health.ny.gov/diseases/communicable/herpes/newborns/fact_sheet.htm

Current Medications (7 points, 1 point per completed med)

7 different medications must be completed

Home Medications (2 required)

Brand/Generic	Docusate Sodium	Ferrous Sulfate			
Dose	100 mg	325 mg			
Frequency	Daily	daily			
Route	Oral	Oral			

Classification	stool softener	antianemia			
Mechanism of Action	Increases water absorption	Normalizes RBC production			
Reason Client Taking	constipation	Iron deficiency			
Contraindications (2)	Hypersensitivity to docusate salts, nausea	Hemochromatosis, hemosiderosis			
Side Effects/Adverse Reactions (2)	Stomach cramps, diarrhea	Dizziness, fever			
Nursing Considerations (2)	Expect long term use to cause dependence, expect possible electrolyte imbalances	Give tablets and capsules with full glass of water, give 1 hr. before or after meals			
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Assess for laxative abuse	Monitor for iron overdose			
Client Teaching needs (2)	Encourage fiber intake, notify provider if experience rectal bleeding	Do not chew any solid form of iron, eat vitamin C rich foods			

Hospital Medications (5 required)

Brand/Generic	Docusate Sodium	Ferrous Sulfate	Fluoxetine	Ibuprofen	Lansinoh lanolin
Dose	100mg	325 mg	20 mg	800mg	NA
Frequency	Daily	Daily	Daily	Every 8	Every 1 hr

				hrs PRN	PRN
Route	Oral	Oral	Oral	Oral	Topical
Classification	stool softener	antianemia	antidepressant	Analgesic	Skin protectant
Mechanism of Action	Increases water absorption	Normalize RBC production	Increased serotonin available	Reduces inflammatory symptoms and relieves pain	Treat sore or cracked nipples
Reason Client Taking	constipation	Iron deficiency	History of postpartum depression	Back and abdomen pain	Care for nipples
Contraindications (2)	Hypersensitivity to docusate salts, nausea	Hemochromatosis, hemosiderosis	Concurrent therapy with pimozone, hypersensitivity to fluoxetine	Asthma, angioedema	Open sores, bleeding
Side Effects/Adverse Reactions (2)	Stomach cramps, diarrhea	Dizziness, fever	Anxiety, chills	Dizziness, fluid retention	Redness, irritation
Nursing Considerations (2)	Expect long term use to cause dependence, expect possible electrolyte imbalances	Give tablets and capsules with full glass of water, give 1 hr before or after meals	Use cautiously in pts with history of seizures, expect to taper when being discontinued	Use cautiously in pt.'s with history of GI bleeding, may worsen anemia	Use sparingly after breastfeeding sessions, intestinal blockage can occur if swallowed in large amounts
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Assess for laxative abuse	Monitor for iron overdose	Monitor for GI bleeding	Monitor liver enzymes	Monitor for swelling, monitor for rash
Client Teaching needs (2)	Encourage fiber intake, notify provider if	Do not chew any solid form of iron, eat vitamin C rich	Do not stop abruptly, is excreted in breast milk	Take with food, avoid alcohol	Use only for skin, store at room

	experience rectal bleeding	foods	so breastfeedin g is not recommen ed		temp
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Medications Reference (APA): Jones & Bartlett Learning. (2018). *2019 Nurse’s Drug Handbook* (18th ed.). Jones & Bartlett Learning.

Drugs & Medications. (2020). WebMD. <https://www.webmd.com/drugs/2/index>

Medications A-Z List - M on MedicineNet.com. (2015, January 22). MedicineNet.

https://www.medicinenet.com/medications/alpha_m.htm

Assessment

Physical Exam (18 points)

GENERAL (0.5 point): Alertness: Orientation: Distress: Overall appearance:	Appears alert and oriented x3, well groomed, no acute distress except for when feeling fundus pt. shows guarding and wincing
INTEGUMENTARY (2 points): Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds/Incision: . Braden Score: 21 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:	Pt skin color good for race, warm and dry, turgor <3, no rashes, bruises, or wounds noted, pt. does have HSV-2 and has healed spots on genitals
HEENT (0.5 point): Head/Neck: Ears: Eyes: Nose: Teeth:	Head and neck are symmetrical, trachea is midline without deviation, thyroid is not palpable, no noted nodules, septum is midline, sinuses nontender, sclera is white, cornea clear, conjunctiva is pink, no visible drainage, lids are moist and pink without lesions or discharge noted, teeth are clean and well kept

<p>CARDIOVASCULAR (1 point): Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: 2+ throughout Capillary refill:< 3 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: lower legs +1</p>	<p>Clear S1 and S2 without murmurs gallops or rubs, PMI at 5th intercostal space</p>
<p>RESPIRATORY (1 points): Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Respirations are regular and nonlabored, symmetrical, lungs sound clear throughout bilaterally, no wheezes or crackles noted</p>
<p>GASTROINTESTINAL (5 points): Diet at Home: Normal Current Diet: Normal Height: 5'6 Weight:238 lbs Auscultation Bowel sounds: Last BM: before admission Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds: Fundal Height & Position: at umbilicus and centered</p>	<p>Bowel sounds are normoactive in all four quadrants, pain when checking fundus, no organomegaly or masses, no distension, incisions, scars, drains or wounds</p>
<p>GENITOURINARY (5 Points): Bleeding: Color: Character: Quantity of urine: 1600ml Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: herpes HSV-2 Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size: Rupture of Membranes: spontaneous Time: 12:35 am Color: clear Amount:300ml Odor: normal Episiotomy/Lacerations: NA</p>	<p>No blood in urine but is bleeding from genitals after delivery about 300ml (24 hrs), perineum and vulva checked by dr for herpes lesions; 1-2 healed lesions visualized</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: 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>Pt has obtained use of lower extremities following epidural, no DVT tenderness</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: present</p>	<p>Pt is alerted and oriented x3, had history or postpartum depression is considered a suicide risk, speaks well, and understands when communication with her</p>
<p>PSYCHOSOCIAL/CULTURAL (1 points): Coping method(s): Developmental level: appropriate for age Religion & what it means to pt.: Personal/Family Data (Think about home environment, family structure, and available family support):</p>	<p>Pt does marijuana as a coping/common hobby, lives with her other children and boyfriend</p>
<p>DELIVERY INFO: (1 point) Delivery Date: 7-2-2020 Time: 1:58am Type (vaginal/cesarean): vaginal Quantitative Blood Loss: normal lochia flow Male or Female: female Apgars: 8 @ 1, 9 @ 5 Weight: 8lbs 5.3 oz Feeding Method: bottle</p>	

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	102	124/70	18	97.6	95

Labor/ Delivery	57	112/56	20	97.8	98
Postpartum	62	122/67	16	98.8	100

Vital Sign Trends: Normal

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0635	0-10	Back	7	Cramping, aching, soreness	Ibuprofen
1445	0-10	Abdomen	6	Aching, soreness	ibuprofen

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 18g Location of IV: top of right hand Date on IV: 7-1-2020 Patency of IV: patent/open Signs of erythema, drainage, etc.: none IV dressing assessment: clean and dry	Saline lock

Intake and Output (2 points)

Intake	Output (in mL)
NA	1900 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.
Administer ibuprofen (T)	PRN	Client is experiencing back and

		abdomen pain following delivery
Provide a heat pack (N)	PRN	To help relieve back pain
Provide reassurance of HIPAA (N)	PRN	Client does not want anyone but nurse and provider to know about HSV-2, do not tell boyfriend either
Console pt regarding HSV-2 (N)	PRN	Client is very self-conscious about the diagnosis and how it affects her baby, needed reminder that it does not make her “dirty” and that her baby is health we are just keeping her longer to ensure her health

Phases of Maternal Adaptation to Parenthood (1 point)

What phase is the mother in? Taking-hold phase

What evidence supports this? Typically starts on the 2-3 day postpartum, patient has other children and has quickly taken charge of caring for baby.

Discharge Planning (2 points)

Discharge location: Home

Equipment needs (if applicable): NA

Follow up plan (include plan for mother AND newborn): return for 3 day check up

Education needs: postpartum depression, continuance of medication for HSV-2

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.”**

Nursing Diagnosis (2 pt each)	Rational (1 pt each)	Intervention/Rational (2 per dx) (1 pt each)	Evaluation (1 pt each)
Identify problems that are specific to this patient. Include	Explain why the nursing diagnosis was	Interventions should be specific and individualized for his patient. Be sure to	<ul style="list-style-type: none"> How did the patient/family respond to the nurse’s actions?

<p>full nursing diagnosis with “related to” and “as evidenced by” components</p>	<p>chosen</p>	<p>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>	<ul style="list-style-type: none"> Client response, status of goals and outcomes, modifications to plan.
<p>1. Risk for depression related to postpartum stage as evidenced by history of postpartum depression</p>	<p>Client has a history of postpartum depression</p>	<p>1. Advise mother to take time for herself everyday Rationale: promote mental health healing 2. Ensure mother has a good support system Rationale: Having a good support system with help her not feel alone</p>	<p>Client has boyfriend and family that are supportive and helpful. Mother states she will try to remember to take time for self-care.</p>
<p>2. Risk for fetal infection related to genital herpes as evidenced by vaginal birth during an outbreak</p>	<p>Mother delivered vaginally during a genital herpes outbreak</p>	<p>1. assess for signs and symptoms Rationale: cause symptoms and treat quickly 2. Preventative bath of infant Rationale: kills any bacteria that could be on baby’s skin after delivery</p>	<p>Mother understood the purpose of the bath and why the infant will need to stay longer to ensure no problems.</p>
<p>3. Deficient fluid volume related to excessive blood loss as evidenced by recent delivery</p>	<p>Pt delivered a baby vaginally</p>	<p>1. Monitor amount of blood loss when fundus is pushed on Rationale: this ensures that patient is bleeding excessively 2. Encourage drinking of water Rationale: rehydrate the pt after excessive fluid loss</p>	<p>Mother preferred to chew on ice, and blood loss during fundus check was within normal range amount.</p>
<p>4. Acute pain related to recent delivery as evidenced by patients by wincing and guarding</p>	<p>Pt complains of back and abdomen pain, also winces and guards when assessing fundus</p>	<p>1. administer ibuprofen Rationale: will help relieve pain 2. give heat pack for back Rationale: will help soreness of back</p>	<p>Mother was thankful for the ibuprofen and heat pack, stated it helps.</p>

Other References (APA)