# N432 Postpartum Care Plan

Lakeview College of Nursing

Hope Dykes

**Demographics (3 points)**

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| **Date & Time of Admission**<br>**7/3/2020 1301** | **Patient Initials**<br>**SH** | **Age**<br>**22** | **Gender**<br>**F** |
| **Race/Ethnicity**<br>**C/W** | **Occupation**<br>**Papa John's Shift Lead** | **Marital Status**<br>**Single** | **Allergies**<br>**NKA** |
| **Code Status**<br>**FULL** | **Height**<br>**5' 7"** | **Weight**<br>**115lbs** | **Father of Baby Involved**<br>**Yes** |

**Medical History (5 Points)**

**Prenatal History: Two previous pregnancies. Pt described labor with both as "quick and easy". Both children are healthy.**

**Past Medical History: Anemia, Asthma**

**Past Surgical History: No past surgical history**

**Family History: Maternal grandmother had diabetes.**

**Social History (tobacco/alcohol/drugs): Pt reports no history of smoking, alcohol, or illegal drugs.**

**Living Situation: Pt lives with significant other and 2 children.**

**Education Level: Education level does not affect ability to communicate or learn.**

**Admission Assessment**

**Chief Complaint (2 points): Active labor**

**Presentation to Labor & Delivery (10 points):**.

The patient reported she was at work and thought she might be having Braxton Hicks contractions. The patient described the contractions as "very mild, not painful at all". She said

these are the first she has had during this pregnancy. She had no prenatal care prior to admission.

She reported that earlier in the day, she had felt a “slight trickle” and thought it was normal discharge. She said she did not know what time, as it did not seem significant at the time. The patient reported she remembered that, during her last pregnancy, she thought she was having Braxton Hicks contractions and delivered shortly after they started. She decided to call her boyfriend, who lives about 30 minutes away. As they were driving to the hospital, they were stopped by a train. The patient reports that at this time, she thought “the baby might be coming now”. The time of arrival into the emergency room until the delivery of the baby was 12 minutes.

## Diagnosis

**Primary Diagnosis on Admission (2 points): Pregnancy**.

**Secondary Diagnosis (if applicable): Anemia**

## Postpartum Course (18 points)

The patient presented to the labor and delivery unit with no prior prenatal care. She had delivered less than one hour before I saw her. All of her vitals were within normal limits when I arrived, including pulse 64, BP 116/63, RR 16, and temperature 98.7F. Her O2 measured 99% on room air, and she reported a 0/10 on the numeric pain scale. Abnormal labs included a low RBC (3.21), a low hgb (8.5), and a low hct (25.7%). All of these lab values indicate that the patient experienced postpartum hemorrhage. The patient had a prior history of anemia and had delivered another child less than two years ago. Both of these factors put her at a higher risk for iron deficiency anemia during pregnancy (Mayo Clinic,

2019). The patient was struggling to make a decision about whether or not to put the baby up for adoption. She was in the dependent, taking-in phase that follows delivery (Ricci, 2017). Her boyfriend drove an hour round trip to get her clothing and food while she was recovering. She required emotional support from a nurse that had seen her earlier in the day.

Postpartum Course References (2) (APA):

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

Mayo Clinic. (2019). *Iron deficiency anemia during pregnancy: Prevention tips.* ***https://www.mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/in-depth/anemia-during-pregnancy/art-20114455***

**Laboratory Data (15 points)**
**CBC Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.**
****Pt had no prenatal care prior to admission.**

| Lab | Normal Range | Prenatal Value | Admission Value | Today's Value | Reason for Abnormal Value |
|---|---|---|---|---|---|
| **RBC** | **3.8-5.3** | **N/A** | **N/A** | **3.21** | **Anemia and postpartum hemorrhage cause decreased RBCs (CHOP, n.d.).** |
| **Hgb** | **12.0-15.8** | **N/A** | **N/A** | **8.5** | **Anemia and postpartum hemorrhage cause decreased hgb (CHOP, n.d.).** |
| **Hct** | **36.0-47.0 %** | **N/A** | **N/A** | **25.7** | **Low hct is an indication of postpartum hemorrhage (CHOP, n.d.).** |
| **Platelets** | **140-440** | **N/A** | **N/A** | **203** | |
| **WBC** | **4.0-12.0** | **N/A** | **N/A** | **10.1** | |
| **Neutrophils** | **47.0-73.0** | **N/A** | **N/A** | **72.0** | |

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| **Lymphocytes** | **18.0-42.0** | **N/A** | **N/A** | **20.0** | |
| **Monocytes** | **4.0-12.0** | **N/A** | **N/A** | **5.4** | |
| **Eosinophils** | **0.0-5.0** | **N/A** | **N/A** | **0.1** | |
| **Bands** | | **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.**
****Pt had no prenatal care prior to admission.**

| Lab Test | Normal Range | Prenatal Value | Value on Admission | Today's Value | Reason for Abnormal |
|---|---|---|---|---|---|
| **Blood Type** | | | | **A** | |
| **Rh Factor** | | | | **+** | |
| **Serology (RPR/VDRL)** | | | | **-** | |
| **Rubella Titer** | | | | **-** | |
| **HIV** | | | | **-** | |
| **HbSAG** | | | | **-** | |
| **Group Beta Strep Swab** | | | | **-** | |
| **Glucose at 28 Weeks** | | | | **-** | |
| **MSAFP (If Applicable)** | | | | **-** | |

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**Additional Admission Labs Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format. **No other patient labs were drawn or resulted during my shift due to patient's request and lack of insurance.**

| Lab Test | Normal Range | Prenatal Value | Value on Admission | Today's Value | Reason for Abnormal |
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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) | | | | | |

**Lab Reference (APA):**

**Children's Hospital of Pennsylvania. (n.d.)** ***Postpartum hemorrhage.***

***https://www.chop.edu/conditions-diseases/postpartum-hemorrhage#:~:text=Tests%20used%20to%20diagnose%20postpartum,rate%20and%20blood%20pressure%20measurement***

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

| | Your Assessment |
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| **History of labor:**<br><br>**Length of labor**<br><br>**Induced /spontaneous**<br><br>**Time in each stage** | **The patient reports she thought she was having braxton hicks and felt "a trickle". From the time she came in until she delivered was less than 20 minutes. Her labor was spontaneous, and her delivery was vaginal.** |
| **Current stage of labor** | **The patient came in during active labor and ready to deliver. Her pulse was slightly elevated to 120bpm, which is higher than the normal 60-100bpm (Capriotti & Frizzell, 2016). Immediately following her delivery, the patient's RBCs, hgb, and hct were decreased due to postpartum hemorrhage (CHOP, n.d.). Normal values of RBCs are 3.8-5.3, hgb is 12.0-15.8, and hct is 36.0-47.0 (Capriotti & Frizzell, 2016).** |

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

**Capriotti, T. & Frizzell, J. P. (2016).** ***Pathophysiology: Introductory concepts and clinical perspectives.***

**F.A. Davis Company.**

**Children's Hospital of Pennsylvania (CHOP). (n.d.)** ***Postpartum hemorrhage.***

*https://www.chop.edu/conditions-diseases/postpartum-hemorrhage#:~:text=Tests%20used%20to%20diagnose%20postpartum,rate%20and%20blood%20pressure%20measurement*

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

**Home Medications (2 required)** ****Pt was only taking one medication prior to admission.**

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|---|---|---|
| **Brand/Generic** | **Ferrous Sulfate (Iron)** | |
| **Dose** | **65mg** | |
| **Frequency** | **qam** | |
| **Route** | **oral** | |
| **Classification** | **Electrolyte replacement** | |
| **Mechanism of Action** | **To manage iron deficiency anemia by improving RBC production.** | |
| **Reason Client Taking** | **Anemia** | |
| **Contraindications (2)** | **Hemachromatosis; Hemosiderosis** | |
| **Side Effects/Adverse Reactions (2)** | **Bloody diarrhea.**<br>**Bluish-colored lips, hands, or fingernails.** | |
| **Nursing Considerations (2)** | **Iron may affect the results of certain medical tests.**<br><br>**Assess bowel function for constipation or diarrhea.** | |
| **Key Nursing Assessment(s)/Lab(s) Prior to Administration** | **Ferrous sulfate serum level** | |
| **Client Teaching needs (2)** | **Advise patient that stools may become dark green or black.**<br><br>**Do not crush or break tablets.** | |

**Hospital Medications (5 required)**

| **Brand/Generic** | **Zofran/ ondansetron** | **Methergine /Methylergonovine** | **Pitocin/ Oxytocin** | **Ancef/Cefazolin** | **Fer-In-Sol/Iron Supplements** |
|---|---|---|---|---|---|
| **Dose** | **4mg** | **200 mcg** | **60-300mL/ hr** | **2 mg** | **125 mL/hr** |
| **Frequency** | **q12h prn** | **q2h prn** | **Continued until gone** | **once** | **Continued** |
| **Route** | **IV** | **Oral** | **IV** | **IV** | **IV** |
| **Classification** | **Anti-nausea** | **Alkaloid** | **Stimulant** | **Antibiotic** | **Fluid/Electrolyte Replacement** |
| **Mechanism of Action** | **Blocks serotonin receptors to inhibit nausea** | **Prevents bleeding from the uterus that can happen after childbirth.** | **Helps cause or strengthen labor contractions during childbirth.** | **Treats or prevents serious infections caused by bacteria.** | **Treats low blood iron or anemia by helping your body** |
| | | | ***Also helps control bleeding after delivery.*** | | **make red blood cells.** |
| **Reason Client Taking** | **As needed for nausea during labor and induction process.** | **To prevent the client from hemorrhaging.** | **To stop bleeding following delivery.** | **To prevent infection in the client.** | **To manage iron deficiency /anemia.** |

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| **Contraindications (2)** | **Hypersensitivity; Use of apomorphine** | **Dopamine Receptor Agonist; High Blood Pressure** | **Hypersensitivity; Hypertonic Uterine Patterns** | **Probenecid ; Warfarin.** | **Hemachromatosis; Hemosiderosis** |
| **Side Effects/Adverse Reactions (2)** | **Anxiety; Arrhythmias** | **Seizures. Chest pain or discomfort.** | **Fast, slow, or uneven heartbeat. Sudden, severe headache.** | **Blistering, peeling, red skin rash. Diarrhea that may contain blood** | **Bloody diarrhea. Bluish-colored lips, hands, or fingernails.** |

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| **Nursing Considerations (2)** | **Give at the first complaints of nausea as this is a first-line defense. Assess for signs of allergic reaction like rash and tachypnea.** | **This medicine may cause contractions of the uterus and cause to give birth early.**<br><br>**Do not allow client to breastfeed**<br><br>**for at least 12 hours after last dose of this medicine.** | **Monitor client for any allergic reactions, such as itching, hives, swelling of the hands or face, etc.**<br><br>Monitor for tachycardia. | **Monitor client for any allergic reactions, such as itching, hives, swelling of the hands or face, etc.**<br><br>**This medicine may affect certain medical test results.** | **Iron may affect the results of certain medical tests.** |
| **Key Nursing Assessment(s)/Lab(s) Prior to Administration** | **Electrolytes (CMP)** | **BP** | **BP** | **BP** | **Ferrous sulfate serum levels.** |
| **Client Teaching needs (2)** | **This medication may cause drowsiness.**<br><br>**Immediately** | **Do not eat grapefruit or drink grapefruit juice while you are** | | **This medicine can cause diarrhea. Call your doctor if the** | **Your stools may be black or green.**<br><br>This medication should improve energy levels. |

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| | **report signs of hypersensitivity, such as rash** | **using this medicine.**<br><br>**Report signs of allergic reaction including shortness of breath or rash.** | | **diarrhea becomes severe. Diarrhea can occur 2 months or more after you stop taking this medicine.** |

**Medications Reference (APA):**

*2019 Nurse's Drug Handbook* (18th ed.). (2019). Jones & Bartlett Learning.

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

**Assessment**
**Physical Exam (18 points)**

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| **GENERAL (0.5 point):**<br>**Alertness:**<br>**Orientation:**<br>**Distress:**<br>**Overall appearance:** | **A&O x4, no distress noted. Patient appears calm and healthy.** |

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| **INTEGUMENTARY (2 points):**<br>**Skin color:**<br>**Character:**<br>**Temperature:**<br>**Turgor:**<br>**Rashes:**<br>**Bruises:**<br>**Wounds/Incision:** .<br>**Braden Score:**<br>**Drains present: N**<br>**Type:** | **Skin color, character, temperature, and turgot all WNL.**<br><br>**No rashes, wounds, incisions, or drains noted.**<br><br>**Pt has bruising on her left thigh. She reports it may have been due to labor.**<br><br>**BRADEN SCORE=21.** |

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| **HEENT (0.5 point):**<br>**Head/Neck:**<br>**Ears:**<br>**Eyes:**<br>**Nose:**<br>**Teeth:** | **All WNL**<br><br>**Pt has no loose or broken teeth.** |
| **CARDIOVASCULAR (1 point):**<br>**Heart sounds:**<br>**S1, S2, S3, S4, murmur etc.**<br>**Cardiac rhythm (if applicable):**<br>**Peripheral Pulses:**<br>**Capillary refill:**<br>**Neck Vein Distention: N**<br>**Edema N**<br>**Location of Edema:** | **All WNL.**<br><br>**No abnormal heart sounds, edema, or neck vein distention noted.** |
| **RESPIRATORY (1 points):**<br>**Accessory muscle use: N**<br>**Breath Sounds: Location, character** | All WNL<br>Breath sounds clear and unlabored on auscultation. |
| **GASTROINTESTINAL (5 points):**<br>**Diet at Home:**<br>**Current Diet:**<br>**Height: 5'7"**<br>**Weight:115lbs.**<br>**Auscultation Bowel sounds: Present in all 4 quadrants**<br>**Last BM: Right before she came into hospital.**<br>**Palpation: Pain, Mass etc.: Mild pain on palpation.**<br>**Inspection: All WNL.** | **Normal diet at home and currently in hospital.** |

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| **Distention:**<br>**Incisions:**<br>**Scars:**<br>**Drains:**<br>**Wounds:**<br>**Fundal Height & Position: +2, midline.** | |
| **GENITOURINARY (5 Points):**<br>**Bleeding: Y**<br>**Color: Bright red**<br>**Character: Clear urine with blood from delivery**<br>**Quantity of urine: Pt voided 2 times. There was no measurement taken.**<br>**Pain with urination: N**<br>**Inspection of genitals:**<br>**Catheter: N**<br>**Type:**<br>**Size:**<br>**Rupture of Membranes:**<br>**Time:**<br>**Color:**<br>**Amount:**<br>**Odor:**<br>**Episiotomy/Lacerations: None.** | **Pt reports she is unsure of time of ROM. She reports she felt a slight "trickle" prior to coming into the hospital. She said it was clear and had no odor, and she thought it was "just normal drainage".** |
| **MUSCULOSKELETAL (2 points):**<br>**ADL Assistance: N**<br>**Fall Risk: N**<br>**Fall Score: 0**<br>**Activity/Mobility Status:**<br><br>**Independent (up ad lib) Y**<br><br>**Needs assistance with equipment N**<br><br>**Needs support to stand and walk N** | **FALL SCORE= 0**<br><br>**NO FALL RISK NOTED** |

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| **NEUROLOGICAL (1 points):**<br>**MAEW: Y**<br>**PERLA: Y**<br>**Strength Equal: Y**<br>**if no - Legs ☐ Arms ☐ Both ☐**<br>**Orientation:**<br>**Mental Status:**<br>**Speech:**<br>**Sensory:**<br>**LOC:**<br>**DTRs:** | Pt alert and oriented x4. No distress noted.<br><br>No speech or sensory deficits.<br><br>No LOC.<br><br>All WNL |

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| **PSYCHOSOCIAL/CULTURAL (1 points):**<br>**Coping method(s):**<br>**Developmental level:**<br>**Religion & what it means to pt.:**<br>**Personal/Family Data (Think about home environment, family structure, and available family support):** | Patient reports no religious affiliation. She lives with her boyfriend, two young children, and two puppies. She says they are struggling financially and there is “no way” they can support a new baby. |
| **DELIVERY INFO: (1 point)**<br>**Delivery Date:**<br>**Time:**<br>**Type (vaginal/cesarean):**<br>**Quantitative Blood Loss:**<br>**Male or Female**<br>**Apgars:**<br>**Weight:**<br>**Feeding Method:** | <br>**07/02/2020**<br>**1313**<br>**Vaginal**<br>**Unknown**<br>**F**<br>**8, 9**<br>**7lbs 5oz.**<br>**Formula** |

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

| Time | Pulse | B/P | Resp Rate | Temp | Oxygen |
|---|---|---|---|---|---|
| **Prenatal** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** |
| **Labor/Delivery** | **120** | **118/75** | **20** | **98.5F t** | **98% room air** |

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| **Postpartum** | **64** | **116/63** | **16** | **98.7F t** | **99% room air** |

**Vital Sign Trends: The pulse was the only abnormal vital when the patient arrived to the unit. It dropped significantly after birth. All other vitals started and remained stable.**

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

| Time | Scale | Location | Severity | Characteristics | Interventions |
|---|---|---|---|---|---|
| **1345** | **5** | **Lower abdomen** | **"Slight and intermittent. Not too bad."** | **Sharp, Cramping** | **None.** |
| **1940** | **2** | **Thigh** | **"Not bad at all"** | **Achy** | **None.** |

**IV Assessment (2 Points)**

| IV Assessment | Fluid Type/Rate or Saline Lock |
|---|---|
| **Size of IV:** | 20g |
| **Location of IV:** | Right AC |
| **Date on IV:** | 07/02/2020 |
| **Patency of IV:** | Good patency, flushes easily |
| **Signs of erythema, drainage, etc.:** | No signs of erythema or drainage |
| **IV dressing assessment:** | Dry and intact |

**Intake and Output (2 points)**

| Intake | Output (in mL) |
|---|---|
| **625mL** | **Pt voided 2 times during shift. (not measured)** |

**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. |
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| Intravenous Oxytocin (T) | **500mL bolus, then 60mL/hr. following.** | **The patient was experiencing some postpartum hemorrhage. The oxytocin causes contractions to slow bleeding.** |

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| Iron tablet (T) | **65mg tablet** | **The patient had experienced postpartum hemorrhage with a history of anemia, and her iron level was 8.5. This is low enough to need an intervention, but high enough that IV ferrous sulfate was not necessary.** |
| **Education regarding birth control options, support resources, and when to seek medical care (N)** | **Throughout patient's stay** | **Patient was dealing with questions and concerns regarding insurance, finances, and affording to seek future medical care.** |
| **Calling in case management to help with hospital bills and insurance questions (N)** | **One time, prior to discharge** | **Patient shared financial concerns. As collaboration is one of our roles as nurses, calling in case management is an appropriate nursing intervention.** |

**Phases of Maternal Adaptation to Parenthood (1 point)**

**What phase is the mother in? The mother is in the dependent, taking-in phase. She is relying on others to support her physically and emotionally.**

**What evidence supports this? The patient asked her significant other to drive home to get her clothing and dinner.**

**Discharge Planning (2 points)**

**Discharge location: Patient will be discharged to home.**

**Equipment needs (if applicable): None.**

**Follow up plan (include plan for mother AND newborn): Mother declined follow-up appointment. She says she has no insurance and cannot afford to go to a doctor. Follow-up plan for newborn is to be placed with an adoption agency.**

**Education needs: Patient needs education on when to seek emergency care, support resources for financial and emotional concerns.**

**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 full nursing diagnosis with "related to" and "as evidenced by" components | Explain why the nursing diagnosis was chosen | 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. | ●How did the patient/family respond to the nurse's actions?<br>●Client response, status of goals and outcomes, modifications to plan. |

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| **1.Deficient knowledge related to anemia and bleeding risk as evidenced by patient's postpartum hemorrhage and her statement that she "could not afford a follow-up appointment".** | **This nursing diagnosis was chosen as top priority because it is the one that most directly affects the patient's current physical health and is not in the "risk for" category.** | **1. Provide patient with both verbal and written information regarding when to seek treatment.**<br><br>**Rationale**<br><br>**The patient has just had a major life event and may not remember what was said. Giving written information can give her something to refer back to after she goes home. If she tries to talk herself out of going in when she needs treatment, these materials might help to convince her otherwise.**<br>**2. Educate significant other to watch for signs of hemorrhage and let him know when it is necessary to call for help or bring patient in for treatment.** | **Patient argued with verbal instructions on when to seek treatment and kept saying she would be "just fine". She did place the written instructions into her take-home bag.**<br><br>**Significant other seemed open to education and asked questions about whether or not patient's bruising was due to her anemia.** |



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| | | **Rationale**<br><br>**If patient hemorrhages at home, she may not be able to seek treatment and may have to rely on family intervention.** | |

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| **2. Deficient knowledge of birth control options and/or adherence related to unplanned pregnancy as evidenced by patient's statement she "already has two babies at home" that she cannot afford to support financially.** | **Patient stated she "never intended to have three babies this early". It is important to determine the reason why this happened and prevent future unplanned pregnancies. There are many safe, highly effective options for birth control that are available free of charge.** | **1. Identify barriers to patient's acceptance of teaching. Is the patient's significant other supportive? Are there any religious factors in play? How motivated is the patient to learn?**<br><br>**Rationale**<br><br>**Assessment will provide guidance for an effective teaching approach. Identifying underlying issues can help them to be addressed.**<br><br>**2. Provide a non-judgemental environment where the patient can share her thoughts, feelings, and concerns.** | **The patient was open to suggestions by the nurse to attend the health department for affordable birth control options. She reported no religious aversions to birth control, and her significant other appeared to be supportive.** |



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| | | **Rationale**<br><br>**The patient will be more open to learning and accept information better if she feels safe from judgement.** | |

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| **3.Readiness for enhanced decision-making related to making an appropriate choice to take care of infant as evidenced by patient's request to discuss adoption options with another nurse and admission she knew she "could not take care of another baby financially".** | | **1. Listen to the patient's reasoning about options and identify room for education or guidance.**<br><br>**Rationale**<br><br>**It is likely the patient already has a plan in mind,, but she may need guidance on how to carry it out. It is also possible that the patient is at a crossroads and still needs guidance to determine the best option for herself and her family.**<br><br>**2. Let the patient know her choice is supported and okay. Do not pass judgement on the patient.**<br><br>**Rationale**<br><br>**If we pass judgement on patients, they may not seek help in the future and put themselves into dangerous situations.** | **The patient requested a nurse come in and discuss adoption options with her. The nurse had seen her earlier in the day and established trust with the patient.**<br><br>**The patient ultimately decided to place the infant in an adoption agency.** |
| **4.Interrupted family process due to situational crisis of unplanned pregnancy as evidenced by patient and** | **Patient and significant other were discussing how stressful it would be to bring a baby home when** | **1. Provide patient with options for support groups around the area for mothers who have given their babies up for adoption.**<br><br>**Rationale** | **Patient was open to the idea of support groups.** |

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| **significant other discussing how stressful it would be to bring a new baby into their home.** | **they "already have two children and two puppies". Stress can lead to physical and emotional complications including lack of sleep and high blood pressure.** | **Support groups can provide a safe space for patients to share feelings with others who have been in similar situations.**<br><br>**2. Utilize interprofessional collaboration and call in a case manager or social worker to help family discover healthy coping mechanisms.**<br><br>**Rationale**<br><br>**Case managers may be able to help patient with insurance issues that have prevented her from seeking treatment and provide counseling if needed.** | **Patient was open to support from a case manager to help with financial, insurance, and emotional issues.** |

**Other References (APA)**

**Gulanick, M. & Myers, J. L. (2017).** ***Nursing care plans: Diagnoses, interventions, & outcomes*** **(9th ed.). Elsevier.**