

Lenore Hernandez
Dyad concept map

Post-partum mother: Normal VSD

Past Medical History: Anxiety

T-97.7, P-72, RR-18, BP-100/70, SPO2-98%

Medications- Tylenol 650 mg 1 tab every 4 hours prn pain, Tucks pad every 4 hours, Zoloft 50 mg one tab per day, Oxytocin 20 units/1000 ml 150 ml/hr X1

Newborn baby girl: Normal VSD

Born 2/24/2020 at 23:00

Apgar-9/9

T 98.3(axilla), P 113 (apical for 1 minute), RR 56

Wt-6 lb. 11 oz

Length-19 inches

Meds: vitamin K 1 mg one dose IM, Erythromycin ophthalmic ointment.5% / 1 cm (0.4 inch) long, is applied to the lower conjunctival sac of each eye within 1 to 2 hours after birth.

Nursing DX- acute pain r/t tissue trauma as evidenced by 2nd degree laceration in the perineum and patient reporting pain as a 7 on a 0-10 scale.

Expected outcome- Patient will verbalize lessening levels of pain by the end of the shift.

Interventions-

- 1) Give sitz bath as it reduces pain caused by swelling
- 2) Apply ice pack to promote vasoconstriction which reduces the swelling and also numb the area
- 3) Provide analgesics as ordered to reduce the pain
- 4) Advise patient to squeeze buttocks together prior to sitting, lower her weight slowly onto buttocks as this prevents impact and stretching of the perineal tissue.
- 5) Encourage patient to drink plenty of water, as this will make the urine less acidic therefore less painful

6) Teach patient how to use the squeeze bottle with warm water and spray from front to back being careful not to touch the perineum

7)

Evaluation- patient's pain decreased from a 7 to a 5 on a 0-10 scale prior to shift ending

Nursing DX- Ineffective breast-feeding r/t flat nipples

Expected outcome- prior to discharge effective milk transfer will be achieved

Interventions-

- 1) Prior to breast feeding have the mom roll her nipple between thumb and forefinger as this helps the nipple to protrude
- 2) Teach the mom to use the breast pump for a few minutes prior to feeding, put baby on the breast immediately after the pump helps the nipple stay erect.
- 3) Advise the mom to wear a breast shell in her bra which helps the nipples protrude
- 4) Teach the mom to avoid pacifier or bottles as it will confuse the baby
- 5) Provide a calm atmosphere for mom and baby to help them relax and focus only on breast feeding
- 6) Encourage skin to skin holding as it helps improve milk supply , and improved breastfeeding

Evaluation- prior to discharge baby was able to latch onto breast and receive milk effectively

Nursing DX- Risk for impaired attachment r/t anxiety

Expected outcome- mom will demonstrate positive signs of attachment by responding appropriately to baby's cues.

Interventions-

- 1) Encourage verbalization of feelings using therapeutic communication techniques
- 2) Encourage patient regarding normal infant behavior, their growth and development
- 3) Involve family in infant care
- 4) Teach about infant care to patient
- 5) Teach patient breathing techniques to help her relax

Evaluation- prior to shift ending, pt talked about her feelings, described her anxiety about being a new mom but also stated how happy she felt while nursing baby and attending to baby's needs.