

DYAD Concept Map

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Nursing Dx: Impaired tissue integrity R/T tissue trauma secondary to periurethral laceration.

Expected Outcome: The patient will verbalize understanding of wound care by day of discharge.

Interventions:

1. Monitor and record vital signs, including temperature, HR, RR, BP, and pulse ox, at the beginning and end of shift. Observe for any changes.
2. Assess and monitor characteristics of laceration every shift. Observe the color, size, edema, surface changes, presence of drainage, and its COCAF.
3. Provide a sitz bath to improve perineal blood flow and relieve tenderness.
4. Emphasize importance of frequent perineal care and changes of peripads.
5. Encourage an adequate intake of fluids and a diet high in protein, vitamin C, vitamin A, and zinc to promote proper wound healing, with the consultation of a dietitian.
6. Educate the patient on signs and symptoms of an infection.
7. Provide the active role for the patient.

Evaluation: The patient verbalized understanding of wound care by day of discharge.

Nursing Dx: Risk for ineffective coping R/T emotional changes and anxiety secondary to postpartum blues.

Expected Outcome: The patient will verbalize understanding of coping mechanisms by day of discharge.

Interventions:

1. Assess past history of illnesses and current psychological health.
2. Identify and assess patient's coping mechanisms, personal stressors, and both presence and availability of support system.
3. Encourage patient to express thoughts, feelings, and concerns. Use empathetic communication to promote coping.
4. Educate on coping mechanisms that are suitable for the patient.
5. Emphasize the importance of a support system and suggest patient to participate in support groups.
6. Assess and monitor risk of harming self and others. Immediately report if thoughts or attempts of suicide.
7. Monitor level of pain and/or discomfort. Provide prescribed analgesic if needed.

Evaluation: The patient verbalized understanding of coping mechanisms by the day of discharge.

Medical Diagnosis:

Dyad

Assessment:

Periurethral laceration, emotional distress, T:97.6, R. clavicular fracture

Medications

*Please see attached document.

Past Medical History

*Please see attached document.

Nursing Dx: Risk of ineffective thermoregulation R/T immature body mechanism to compensate environmental temperature changes.

Expected Outcome: The patient will maintain a temperature between 97.8° to 98.6° F (36.6° to 37° C) via auxiliary temperature till day of discharge.

Interventions:

- 1.) Assess and monitor the baby's body temperature via auxiliary every 2 hours.
- 2.) Monitor and record HR, apical pulse, and peripheral perfusion. Note presence of tachycardia, pallor, cyanosis, and absent/diminished pulses.
- 3.) Assess respiratory rate and effort every 30 minutes. Observe for signs and symptoms of respiratory distress, including nasal flaring, grunting, retractions, and presence of adventitious sounds.
- 4.) Keep the baby dry and wrapped in a blanket with head properly covered by a cap. If temperature is high, loosen the blanket.
- 5.) Place the baby under the radiant warmer if temperature is below the range and monitor every 5 minutes.
- 6.) Educate the caregiver on the importance of keeping the child warm with appropriate clothing, adjusted home temperature, and prevention of prolonged exposure to cold environment.

Evaluation: The patient maintained a temperature between 97.8° to 98.6° F (36.6° to 37° C) via auxiliary temperature till day of discharge.