

Nyack College SON- Concept Map

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Nursing Dx Risk for ineffective breast feeding. Related to lack of knowledge regarding maternal lactation. Evidenced by sore nipples and filled ducts after feedings.

Expected Outcome- Patient will be able to breastfeed efficiently by discharge.

Intervention

1. Promote a relaxation and comforting environment during breastfeeding.
2. Treat sore nipples with topical cream and educate she can breastfeed with cream on.
3. Teach mother proper position such as football and cradle to hold baby during feedings.
4. Teach and have mother demonstrate breastfeeding technique with nipple on tongue and as much areola in mouth as possible.
5. Teach mother to observe for suckling sounds and observe baby respirations
6. Teach mother how to correctly remove baby off breast using finger to remove nipple.

Expected outcome- Mother was able to breast feed effectively at the end of discharge

Nursing Dx- Risk for anxiety Related to interpersonal transmission as new mother.

Expected Outcome- patient will be able to recognized and learn new ways to decrease anxiety by the end of 12 hours shift.

Intervention-

1. Monitor vitals and changes in behavior signs such as crying and irritable.
2. Involve family member and friends with support and care of the baby.
3. Teach and encourage relaxation techniques such as self-care and calming environment.
4. Encourage client to express her emotions to someone close.
5. Encourage social contact, phone calls, facetime and interactive activities.
6. Determine family availability and support and care roles.

Expected outcome- woman is able to recognize emotion and used techniques taught in 12 hours.

Nursing Dx- Risk deficient fluid volume related to excessive amounts of blood loss during birth. Evidenced by blood pressure 100/60, delayed capillary refills, increase heart rate and change in level of consciousness

Expected Outcome- Patient will demonstrate improvement in the fluid balance and improved level of consciousness by the ends of 12-hour shift.

Intervention-

1. Monitor vital signs including systolic and diastolic blood pressure, pulse and heart rate. Every 30 mins for 2 hours.
2. Measure a 24-hour intake and output.
3. Start IV infusion of isotonic or electrolyte fluids with an 18-gauge catheter.
4. Administer fresh whole blood or other blood products
5. Assess and record the type, amount, and site of the bleeding; Count and weigh perineal pad
6. Note for the presence of vulvar hematoma and apply an ice pack if indicated.

Evaluation- patient fluid volume was balanced and had improved level of consciousness at the end of 12-hour shift.