

Stephanie Duque

Nursing Diagnosis:

P: Risk for infection

E: r/t: Foul odor, Stained pads for more than 4 hrs, soiled linen

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Admitting Diagnosis: Vaginal Delivery

Patient Initials: J.A

Date: 2/1/23

Expected Outcomes	Nursing Interventions	Rationales	Evaluations
<p>The patient will verbalize and demonstrate effective technique for perineal care throughout the shift.</p>	<ol style="list-style-type: none"><li data-bbox="561 688 802 835">1. Educate the patient on how to use the peri bottle.<li data-bbox="561 982 802 1129">2. Educate the patient on proper hygiene.<li data-bbox="561 1171 802 1318">3. Educate the patient in her native language.<li data-bbox="561 1360 802 1528">4. Educate the patient to report signs and symptoms of infection.<li data-bbox="561 1570 802 1780">5. Educate the patient to change sanitary pads at least every 4 hrs.	<p>Proper use of the peri bottle promotes cleansing of the area and decreased discomfort to the perineum</p> <p>Proper Hand hygiene will decrease the risk of infection.</p> <p>Proper Communication skills will promote a better understanding to mother.</p> <p>Proper education will help patient seek medical attention.</p> <p>Changing sanitary pads every 4 hrs will decrease the risk of infection.</p>	<p>The goal was met; Patient demonstrated proper perineal care within 2hrs of patient education.</p>

	6. Educate the patient to perform a sitz bath after 48hrs of delivery.	Performing a sitz bath will relieve discomfort to the perineal area.	
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References

Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2014). Nursing care plans: Guidelines for individualizing client care across the life span. F.A. Davis.