

Alliance University
Cheryl Phenicie School of Nursing
Postpartum Care Plan

Treshawna Cook
Nursing Diagnosis:

P Acute Pain

E Pain related to perineal laceration 2nd degree

S Patient verbalized 7/10, perineal area inflamed (observed), pt stated perineal area is tender

Patient's Initials: A.J

Date: 1/30/23

Admitting Diagnosis: Labor

Expected Outcomes	Nursing Interventions	Rationales	Evaluations
1. Patient will describe satisfactory pain control of 3 or less out of 10 within 8 hours.	<ol style="list-style-type: none"> 1. Educate on sitz bath (not combined w/ ice pack) 2. Administer pain meds (analgesics) following orders 3. Apply ice pack to perineal area 4. Monitor vital signs every 2 hrs until pain is relieved 5. Encourage relaxation techniques 6. Increase fluid intake 128 oz daily to avoid constipation strain to area 	<ol style="list-style-type: none"> 1. Can reduce pain promote comfort 2. Pain meds can help relieve pain from laceration 3. Cold application to area can promote comfort 4. Pain is also a vital sign should be constantly assessed 5. Relaxation can help pt control pain 6. ↑ fluid will soften stool to ease bowel movement 	1. The goal was met Pain level decreased to a 2. Pt verbalized pain relief within 8 hours.

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Treshawna Cook

Nursing Diagnosis:

P Risk for Infection

E Related to perineal laceration 2nd degree

S

Patient's Initials: A.J

Date: 1/30/23

Admitting Diagnosis: Labor

Expected Outcomes	Nursing Interventions	Rationales	Evaluations
1. Patient will show no signs of infection for duration of shift. (8 hours)	<ol style="list-style-type: none"> 1. Educate on proper hand hygiene 2. Encourage diet high in protein & vitamin C 3. Educate to change peri pads frequently 4. Instruct pt to keep nails short & clean 5. Educate pt on sitz bath 6. Demonstrate correct perineal cleaning also using peri bottle 	<ol style="list-style-type: none"> 1. Good hand hygiene can eliminate harmful microorganisms from hands 2. Vit C/ protein is essential for wound healing & repair 3. Pad change will eliminate moisture which can cause infection 4. Long & unclean nails can carry bacteria 5. Warmth can increase blood flow to area & sitz bath helps to keep area clean 6. Pt should wipe from front to back to prevent infection. Peri bottle will help to prevent infection 	1. Goal met, pt had no signs & symptoms of infection

1st day

Alliance University
Postpartum Assessment

Student Name Treshawna C Date of care 1/20/23
Patient's initials AJ Age Marital status LMP / / EDC / /
Gravida/ Para 5 / 3 TPAL Blood Type Allergies
Date, time and type of delivery 1/19/23 VD? Induction/ Augmentation induction
Complication gestational diabetes EBL 300ml Anesthesia
Religion Educational level Occupation

Medications

Medication name	Dose/ Frequency	Use/ Action

Assessment

Vital Signs: Temp Pulse Resp BP O₂ sat
LOC/ orientation Activity
Pain (scale, location, etc)

Skin

Color good normal texture even/smooth turgor: good poor
integrity variations
IV- location, fluid & rate

Chest- Respiratory/ Cardiovascular

Breath sounds Heart sounds: S₁ S₂ murmurs: Other
 lactating nonlactating
Breasts: soft filling in firm engorged
Nipples: erect flat inverted
 intact impaired: sore red blistered cracked bleeding

Notes pt educated to rotate breast when feeding lone nipple was more erect than other.

GI/ Abdomen

Diet BS: normoactive hypoactive absent

