

Alliance University
Cheryl Phenicie School of Nursing
NURSING CARE PLAN DRAFT (POST-PARTUM)

Student's Name: Shanique Spence

Nursing Diagnosis: ~~Risk for infection related to perineal tear~~

P- Risk for Infection

E- related to perineal tear ~~and stitches~~

S-

Patient's Initials:

Date 02/03/23

Admitting Diagnosis: Vaginal Birth

Expected Outcomes	Nursing Interventions	Rationales	Evaluations
<p>The patient's wound will show the progression of healing before discharge. <u>What is the progression expected?</u></p>	<ol style="list-style-type: none"> 1. Observe for localized signs of infection at the wound site 2. Encourage the use of peri-bottle after using the bathroomurinating/defecating 3. Stress proper hand hygiene for both patient and healthcare team 4. Educate on not pushing too hard when having a bowel movement.<u>provide stool softener.. as ordered</u> 5. Maintain a clean technique when assessing the wound. 6. Educate on frequent changing of perineal pads. 	<ol style="list-style-type: none"> 1. Observing the wound will establish the presence of infection. 2. Cleaning the site of the wound after using the bathroom will help prevent infections. 3. Hand hygiene is a first-line defense against infections. 4. This will decrease the occurrence of reopening the wound. <u>It will not open</u> 5. Clean technique will prevent any introduction of pathogens. 6. Changing pads removes the moist environment that is favored for bacterial growth. 	<p>Goal met. Upon assessment before ending of my shift, the patient's wound edges were well approximated and showed progression of healing. <u>What progression-describe</u></p>