Alliance University
Postpartum Assessment

Student Name ___SL_____ Date of care _1/20/2023_____

Patient's initials __HT_____ Age _36__ Marital status _Married____ LMP _10_/22__/2022__ EDC 1__/15__/2023__

Gravida/ Para_2_/ 2_ TPAL 2__ 0__ 0__ 2__ Blood Type _A+_ Allergies ____None_____

Date, time and type of delivery __1/19/2023 VBac TOLAC___

induction/ Augmentation_N/A_____

Complication_____N/A_____ EBL __N/A_____ Anesthesia ___N/A_____

Religion ___Catholic_____ Educational level __N/A_____ Occupation ___N/A_____

Medications

Medication name	Dose/ Frequency	Use/ Action
(Didn't get a chance to access to computer on the 1st day)		

Assessment

Vital Signs: (lost the paper..) LOC/ orientation_____AO*4_____ Activity__Assist*1 when out of bed_____ Pain (scale, location, etc)_____0/10_
Skin

Color___Brown with ethnicity_____ texture__smooth, dry____ tugor: □ good

integrity ___intact_____ variations_____none_____

IV- location, fluid & rate_____disconnected_____

Chest- Respiratory/ Cardiovascular

Breath sounds____regular, normal_____ Heart sounds: □ S_1 S_2 □ murmurs:_____

□ lactating Breasts: □ soft □ filling in □ engorged

Nipples: □ erect □ intact _____

GI/ Abdomen

Diet___Regular_____ BS: □ normoactive

Diastasis recti: □ absent Hemorrhoids _____none_____

Incision: □ None

fundal assessment: □ firm with massage

□ midline

Fingerwidths/ fingerbreaths: 1fingerwidth below umbilicus_____

Genitalia

Perineum: □ intact

Condition: □ approximated

Lochia: color__Rubra_____ amount___Scant_____
odor_____malodorous_____

Note:pt was told importance of hygiene care_____

Extremities

Varicosities__none_____ pedal pulses___+2_____ homan's sign ___negative_____

Edema: □ none

Elimination

Voiding pattern: □ normal

Last BM_before visiting_

Psychological

Stage: □ letting go

□ Edinberg depression scale score___N/A_____

Bonding

Describe interaction between mother and infant

_Mother showed close bonding to her baby_____

Client Education Topic	**Patient verbalize or demonstrate understanding or needs reinforcement**	**Additional information**
Necessity of postpartum Hygiene care	pt verbalized understanding	

POSTPARTUM CARE PLAN

Student's Name: Siohn Zion Lee

Nursing Diagnosis **Patient's Initials:** SN

P: Risk for infection **Date:** 1/20/2023

E: R/t improper vaginal hygiene **Admitting Diagnosis:** Vbac TOLAC

S: As evidenced by malodorous vagina

Expected Outcomes	Nursing Interventions	Rationales	Evaluations
the patient is free of infection and perform vaginal hygiene after education on 1100	1. Provide the patient with education about the importance of proper vaginal hygiene, including the risks of infection and how to prevent it. 2. Instruct the patient to use a gentle cleanser and warm water to clean the vaginal area. 3. Instruct the patient to use a squeeze bottle or peri-bottle filled with warm water to cleanse the vaginal area after urination or bowel movements. 4.Assess the patient's cultural beliefs and practices related to vaginal hygiene and tailor education accordingly. 5. Teach the patient proper technique for cleaning the vaginal area from front to back. 6. teach the patient proper hand washing before, during, and after touching the baby	1. Proper vaginal hygiene is important to prevent infection and promote healing after delivery. 2. Use of gentle cleanser and warm water will prevent trauma to the vagina and give relaxation 3. Education about proper vaginal hygiene techniques will empower the patient to take an active role in their own care. 4. Assessing the patient's cultural beliefs and practices related to vaginal hygiene will help tailor education to meet their individual needs. 5. Lack of knowledge regarding vaginal hygiene can put the patient at risk for infection. 6. proper hand washing prevents infection transmission to the newborn who has weak immunity	the patient was free of infection and performed vaginal hygiene after education on 1130