

**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) | | |
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Assessment

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| <p>Vital Signs: (lost the paper..)</p> <p>LOC/ orientation <u>AO*4</u> Activity <u>Assist*1 when out of bed</u></p> <p>Pain (scale, location, etc) <u>0/10</u></p> <p>Skin</p> |
|---|

Color__Brown with ethnicity_____ texture__smooth, dry____ turgor: good
integrity __intact_____ variations____none_____

IV- location, fluid & rate_____ disconnected_____

Chest- Respiratory/ Cardiovascular

Breath sounds____regular, normal_____ Heart sounds: S₁ S₂ 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: <input type="checkbox"/> normal Last BM_before visiting_ | | |
|---|---|------------------------|
| Psychological Stage: <input type="checkbox"/> letting go <input type="checkbox"/> 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 | |
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POSTPARTUM CARE PLAN-1

Student's Name: Siohn Zion Lee

Nursing Diagnosis**P:** Risk for infection**E:** R/t improper vaginal hygiene**S:** As evidenced by malodorous vagina**Patient's Initials:** SN**Date:** 1/20/2023**Admitting Diagnosis:** Vbac TOLAC

| Expected Outcomes | Nursing Interventions | Rationales | Evaluations |
|--|--|---|--|
| the patient is free of infection and perform vaginal hygiene during my shift | <ol style="list-style-type: none"> 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 | <ol style="list-style-type: none"> 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 at the end of my shift |

POSTPARTUM CARE PLAN-2

Student's Name: Siohn Zion Lee

Nursing Diagnosis

P: Deficient knowledge

E: R/t improper vaginal hygiene practices

S: As evidenced by malodorous vagina

Patient's Initials: SN

Date: 1/20/2023

Admitting Diagnosis: Vbac TOLAC

| Expected Outcomes | Nursing Interventions | Rationales | Evaluations |
|--|---|--|---|
| <p>the patient will demonstrate an understanding of proper vaginal hygiene practices after education on 1100</p> | <ol style="list-style-type: none"> 1. educate the pt to wash hands frequently, wiping front to back, and using a peri-bottle to clean the perineal area 2. allow verbalize cleaning the perineal area, and encourage practice 3. explain the importance of changing perineal pads frequently. 4. provide education on s/s of infection (fever, chills, or foul-smelling discharge), and when to contact PCP. 5. provide translated written materials. 6. encourage the pt to ask questions and express any concerns | <ol style="list-style-type: none"> 1. education on vaginal hygiene is essential to prevent infection and promote healing in the perineal area to postpartum mom 2. this ensures the pt understands the education and demonstrating also helps identify issues or concerns by addressing them 3. prolonged use of the same pad can lead to the growth of bacteria and increase the risk of infection 4. this helps recognize early infection identification and promote complication prevention, and increase seeking medical attention when needed. 5. this helps reinforce the education and continue the practice after discharge 6. this ensures the pt's understanding of the information and also provides encouragement in discussing issues or concerns may have. | <p>the patient verbalized understanding and demonstrated proper vaginal hygiene practices after education on 1100</p> |