Christie Benoit (DRAFT)

Concept Map

Nursing Diagnosis Baby
Risk for Hyperbilirubinemia
Expected Outcome
The Mother will be educated on preventing hyperbilirubinemia in neonate

Nursing Interventions
1.Encourage parent with frequent feedings every 2-3 hours
2.Monitor the baby's bilirubin levels every 6-12 hours
3.Assess for signs of dehydration
4.Monitor vital signs every 8 hours
5. Educate mother about the types of jaundice and future complication
Evaluation
The mother demonstrated how to prevent hyperbilirubimia in neonate

Assessment MOM
Past medication History
(Mother): AAO x4, Vitals: within normal range, no pain, soft breast, 2+ pedal pulse bilaterally, patient bonding with baby Rubria lochia, earthy odor, fundus firm 1finger width below, 2+ pedal pulses bilaterally, taking-in phase
Assessment BABY
Vitals within normal range, breasted, weight, length and head size AGA 10-90th percentile, new Ballard score 39, al reflexes positive, symmetrical, received erythromycin and vitamin k

Medication/ treatment
For Mom
Ferrous sulphate 350mg BD
Acetaminophen 250mgPRN
Motrin 100md PRN
Docusate sodium 100mg BD
Prenatal vitamins800 mg
Ursodiol 300mg /2x day
For Baby
Erythromycin 5mg/g eyes
Vitamins 1mg/0.5ml oral

Nursing Diagnosis
Constipation in Mom
Expected outcome
The patient will show no recurrence of constipation within 3 hours after medication administration 2/24/2023

Nursing Interventions
1.Educate the patient on the importance of increasing fluid intake, 2L daily.
2. Educate patient to increase fiber of at least 20 to 30G daily.
3.Assess the patient's bowel movements, including the frequency, consistency, and amount.
4.Administer any prescribed medications, including laxatives or stool softeners, as ordered by the healthcare provider.
5.Provide a comfortable and private environment for the patient to promote elimination
Evaluation
Goal met, Patient last bowel movement was 2/24/2023, within 2 hours after medication administration.

Nursing Diagnosis
Risk for infection due to 2nd degree perineum laceration.
Expected outcome
The patient will show no signs of infection during postpartum period.

Nursing intervention
1. Educate patient to Keep the area clean and dry
2.Monitor Vital every 4 hours
3.Educate patient about sign and symptoms of infection
4.Educate patient to Avoid sexual activity until the area is fully healed
Evaluation
Goal met, Patient perinium display healing without signs of redness, warmth and drainage

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