

**Alliance University  
Postpartum Assessment**

Student Name SUNITA PAJOU Date of care 02/03/23  
 Patient's initials HE Age 42 Marital status SINGLE LMP 4/13/22 EDC 02/07/23  
 Gravida/ Para 1 / 1 TPAL 1 0 0 1 Blood Type B+ Allergies NKA  
 Date, time and type of delivery 02/02/2023 8:33AM Induction/ Augmentation OXYSITOCIN 300 / 500ml INFUS  
 Complication NONE EBL 300ml Anesthesia FENTANYL + BUPIVACAINE 0.125% 2mg/ml 1.25mg/ml  
 Religion NOT DISCUSS Educational level NOT DISCUSS Occupation NOT DISCUSS

**Medications**

Medication name	Dose/ Frequency	Use/ Action
SERTRALINE	50mg QD	
ONDANSETRON	2mg/ml	NAUSEA / BLOCKING THE ACTION OF SEROTONIN -
FERROUS SULFATE	325mg BID	LOW IRON / PREVENT ANEMIA
DOCUSATE SODIUM CAP	100mg QD	STOOL SOFTENER / ALLOW WATER TO ENTER STOOL
ACETAMINOPHEN	650mg PRN 6HRS	FEVER REDUCER / PAIN / COOL BLOOD CRYSTALS SENSITIVE
GLUCAGON	1mg Q 15min PRN	LOW GLUCOSE / CAUSE LIVER TO RELEASE STORED GLUCOSE
DIPHENHYDRAMINE	50mg/ml EVERY 6HRS PRN	RELAX CERVIX / INVERSE PERINEAL MUSCLES
HYDROCORTISONE TOPICAL	2.5% RECTAL	SWELLING / DECREASE SWELLING

**Assessment**

Vital Signs: Temp 97.7° Pulse 67 Resp 16 BP 121/74 O<sub>2</sub> sat 99  
 LOC/ orientation A+O x 4 Activity \_\_\_\_\_  
 Pain (scale, location, etc) 2/10

**Skin**  
 Color APPROPRIATE TO BACKGROUND texture DEY / SMOOTH turgor:  good  poor  
 integrity \_\_\_\_\_ variations \_\_\_\_\_  
 IV- location, fluid & rate L FOREARM

**Chest- Respiratory/ Cardiovascular**  
 Breath sounds NO ADVENTITIOUS Heart sounds:  S<sub>1</sub> S<sub>2</sub>  murmurs: \_\_\_\_\_ Other \_\_\_\_\_  
 lactating  nonlactating BREATH SOUNDS  
 Breasts:  soft  filling in  firm  engorged  
 Nipples:  erect  flat  inverted  
 intact  impaired:  sore  red  blistered  cracked  bleeding  
 Notes PATIENT HAD BREAST REDUCTION 1998

**GI/ Abdomen**  
 Diet NO RESTRICTION BS:  normoactive  hypoactive  absent

Diastasis recti:  absent  present Hemorrhoids NONE  
 Incision:  None  
 Type:  transverse  vertical  umbilical  
 Closure:  staples  sutures  steri-strips  
 Condition:  approximated  redness  swelling  discharge  other \_\_\_\_\_  
 Dressing: \_\_\_\_\_  
 fundal assessment:  firm  boggy  firm with massage  
 midline  displaced:  right  left  
 Fingerwidths/ fingerbreaths: 2 FINGER WIDTHS BELOW

**Genitalia**  
 Perineum:  intact  episiotomy  laceration/ repaired:  1°  2°  3°  4° Extension \_\_\_\_\_  
 Condition:  approximated  redness  swelling  discharge  other \_\_\_\_\_  
 Lochia: color RUBAR amount MODERATE odor NORMAL / EARTH ODOR  
 Note: \_\_\_\_\_

**Extremities**  
 Varicosities NONE pedal pulses LT1 R+2 homan's sign NEGATIVE  
 Edema:  none  non-pitting  pitting:  1+  2+  3+  4+  
 thrombophlebitis

**Elimination**  
 Voiding pattern:  normal  incontinence  distended  catheter type: \_\_\_\_\_  
 Last BM N/A  constipation  diarrhea  hemorrhoid (PT DOESN'T REMEMBER)

**Psychological**  
 Stage:  taking in  taking hold  letting go  
 postpartum blues  history of depression  history of psychiatric diagnosis  
 Edinberg depression scale score \_\_\_\_\_

**Bonding**  
 Describe interaction between mother and infant  
SKIN TO SKIN, EYE CONTACT, SMOELING

Client Education Topic	Patient verbalize or demonstrate understanding or needs reinforcement	Additional information
COMFORT MEASURES	USE ICE TO PERINEUM TO REDUCE SWELLING	DRINK PLENTY OF FLUIDS

Additional Comments:  
PATIENT HAS HEARTY APPETITE ATE FULL TRAY, BREAKFAST, LUNCH