

Nurse Dx:

Acute pain related to second degree laceration to perineal area.

S/S: facial grimace, leaning to the side while sitting, verbalized pain of 7/10.

Expected Outcome:

- The mother will not experience a pain level above 4/10 for the next 8 hours.

Interventions:

1. Provide ice packs for comfort.
2. Instruct the pt on supplemental relaxation techniques.
3. Encourage frequent rest periods.
4. Administer pain medications as ordered.

Evaluation: Goal was met. The mother verbalized a pain level of 3/10 after 6 hours.

Past Medical/Surgical Hx:

Mother: Previous c-section delivery

- G:4 P:2
- TPAL: 2,0,2,2

Medical Dx: Vaginal birth after c-section

Complications: Gestational diabetes

Dx tests: Sonogram

Assessments:

- Breasts soft, nipples flat
- Fundus firm, midline, 1cm below umbilicus
- Diastasis rectus absent
- 2nd degree laceration
- (-) Homans sign

Medications

Mother:

1. Famotidine tab 20mg
2. Enoxaparin 40 mg
3. Hydrocortisone cream 2x daily
4. Docusate sodium 100 mg 2x daily
5. Ferrous sulfate 325 mg 2x daily
6. Oxycodone -acetaminophen 5-325 mg per tab
7. Diphenhydramine 50 mg/mL

Newborn:

1. Erythromycin 5mg/g
2. Hepatitis B vaccine 0.5 mL
3. Vitamin K 1mg/0.5 mL

Nurse Dx:

Risk for infection related to second degree laceration to the perineal area during birth.

S/S: none

Expected Outcome:

- The mother will be free from infection during her hospitalization.

Interventions:

1. Emphasize the importance on proper hand hygiene.
2. Demonstrate to the pt how to use the peri bottle after voiding.
3. Inspect the suture site for signs of infection (i.e. warmth, erythema, approximation, discharge.)
4. Change sanitary pads every 4 hours to reduce risk of infection.

Evaluation: Goal was met. The mother was free from infection throughout her hospitalization.

Nurse Dx:

Deficient in knowledge in breast-feeding.

S/S: poor latch, flat nipples, and mother stating she does not have enough milk.

Expected Outcome

- The mother will effectively demonstrate proper breast-feeding technique during hospitalization.

Interventions

1. Refer the mother to a lactation consultant.
2. Instruct the father on ways to support the mother while breast feeding.
3. Demonstrate various positions for ease of feedings.
4. Teach the mother to roll her nipples between fingers before feedings.

Evaluation: Goal was met. The mother demonstrated proper breast feeding throughout hospitalization.