



G, K

Health Care Provider: S B

Sex: F	Weight:	Code Status: 00	Isolation: 00	Food Allergies: 00	Diet: 00	Hospital Floor:
Age: 27 Y	Height:	Alerts: 00	Drug Allergies: 00	Env. Allergies: 00		Women's Health

Student: Molly Mancini Assignment: NURS 325- MB- St. Francis Submitted: 02/17/2020 12:53

### Clinical Assignment Grading

#### Assignment Objectives

No assignment objectives entered.

#### Clinical Set-up Details

First Day of Clinical: 02/15/2020 Primary Diagnosis: Vaginal delivery, normal  
 Provider Name: B, S Secondary Diagnosis:

#### Student Details:

First Initial: M  
 Last Name: Mancini  
 Credentials: SN

#### Patient Details:

Identifier 1: K  
 Identifier 2: G  
 Gender: F  
 Age: 27 Years



#### Pre-Clinical Manager

Patient Info | Identifier: G, K | Gender: F | Age: 27 Y | Nurse Initials: M Mancini, SN

#### Diagnosis (1)

**Primary Diagnosis:** Vaginal delivery, normal

#### Patho-Physiology:

The patient experienced four phases of labor. "The first stage of labor begins with the onset of regular uterine contractions and ends with complete cervical effacement and dilation" (Perry, et. al, 337). The first phase included three different stages including latent, active, and transitional phases. In the second stage of labor, the baby was delivered. "This stage begins with full cervical dilatation and complete effacement and ends with the baby's birth" (Perry, et. al, 399). In the third stage, the placenta was delivered and the fourth, the involved the 1 to 4 hours following labor. The fourth stage "lasts until the woman is stable in the immediate postpartum period" (Perry, et. al, 412). After giving birth, the mother is assessed and monitored to ensure that she will have no complications.

Perry, S.E., Lowdermilk, D.L., Cashion, K., Alden, K.R., Olshansky, E.F., Hockenberry, M.J., Wilson, D., Rodgers, C.C., (2018). Maternal/Child Nursing Care (6th Ed.). St. Louis, MO: Mosby/Elsevier.

#### Therapeutic Regimen:

After giving birth, it's important to monitor the mother's vital signs as well as her pain level. It's also important to monitor the mother's lochia and the amount of lochia. If a mother fully saturated a pad in an hour, that can be a sign of postpartum hemorrhage. The nurse should also monitor the fundus of the uterus to make sure it is contracting back to its normal size. It's extremely important to provide the patient with teaching regarding the changes she is after following the birth of her baby as well as some tips on how to help her care for her baby.

#### Current Health Problems and Related Functional Changes:

The patient is not on any medications and was not taking any medications following the birth of her baby. She was a healthy 27-year-old woman who delivered her first child vaginally. She did have an epidural. She had a slight perlabial tear but it was not sutured and should heal on its own. She is very active and excited to be a parent.

#### Medications (2)

**Medication:** Vitamin K **Classification:** Hemostatics  
**Route:** Intramuscular **Dose:** --  
**Frequency:** Once **Date Ordered:** 02/13/2020

#### Comments and Additional Medication Info:

The baby needs vitamin K to help develop his clotting factors.

#### Therapeutic Effect:

The baby will develop more clotting factors.

#### Action:

Phytonadione is a synthetic compound that is chemically indistinguishable from naturally occurring vitamin K1 (phylloquinone). Vitamin K received its name in 1935 when it was called 'Koagulationsvitamin', which means 'clotting vitamin.'

#### Contraindications:

breast-feeding intramuscular administration thromboembolic disease biliary tract disease

#### Side Effects or Adverse Reactions:

cyanosis hemolysis jaundice hypotension

#### Life Threatening Considerations:

pregnancy

#### Recommended Dose Ranges:

1 to 3 mg IM

#### Nursing Interventions:

Monitor the baby for signs of bleeding Monitor the baby's vitamin K levels to make sure that it is not too much or too little

**Medication:** Hepatitis B Vaccine

**Classification:** Vaccines

**Route:** Intramuscular

**Dose:** --

**Frequency:** Once

**Date Ordered:** 02/13/2020

**Comments and Additional Medication Info:**

This baby is at risk for contracting Hepatitis B and this medication will help to prevent that.

**Therapeutic Effect:**

This vaccination will help to prevent the baby from contracting Hepatitis B.

**Action:**

Active immunization with hepatitis B vaccine stimulates the immune system to produce anti-HBs without exposing the patient to the risks of active infection

**Contraindications:**

renal failure breast-feeding intravenous administration fever

**Side Effects or Adverse Reactions:**

erythema headache fever injection site reaction

**Life Threatening Considerations:**

yeast hypersensitivity

**Recommended Dose Ranges:**

5 mcg for neonates

**Nursing Interventions:**

Monitor the baby for injection site reactions Monitor the baby for signs and symptoms of Hepatitis B

**Clinical Grading:**

Clinical Grade:

Remarks:

**Care Plan Details**

**Care Plan**

**Priority**

1

Created By: M Mancini, SN 02/15/2020 | 19:53

**Nursing Diagnosis: Constipation**

Status:

Active

Type:

Actual

**Related To**

Pharmacological factors  
ADDED-Receiving an epidural

**Evidenced By**

Distended abdomen  
Hypoactive bowel sounds  
Increased abdominal pressure  
Unable to pass stool

Expected Outcome	Measurement/Time Frame	Comments
Patient will express relief from discomfort of constipation.	By the end of shift	
Patient will identify measures to prevent or treat constipation.	Following nurse teaching	
Patient will maintain passage of soft, formed stool every 1 to 3 days without straining.	Following discharge	

Interventions	Rationale	Comments
Advising consumption of fluids, fruits, and vegetables	By consuming more fluids and foods with fiber, the stool will be easier to come out of her body.	
Auscultating bowel sounds	Listening to bowel sounds will determine if she is having movement and to see if her bowels are working.	
Encouraging the patient to resume walking and activities of daily living (ADLs)	Moving and ambulating will help to increase the movements of the bowel.	

**Care Plan Grading:**

Care Plan Grade:

Remarks:

**Charting Details**

**System Assessments**

**Postpartum Assessment**

Created By: M Mancini, SN 02/15/2020 | 19:32

**Rectum**

Hemorrhoids: None

**Perineum**

Color: Red  
 Incision or laceration: Edges well-approximated  
 Edema: Minimal

**Lochia**

Quantity: Scant  
 Color: Rubra

**Fundus**

Height: 2 cm below umbilicus  
 Position: Midline  
 Fundus characteristics: Firm

**LATCH Breastfeeding Assessment**

LATCH Score: High score correlates with good attachment of infant to breast.  
 10  
 Hold (Positioning): 2 = No assist from staff; mother able to position and hold infant  
 Comfort (Breast/Nipple): 2 = Soft; nontender  
 Type of Nipple: 2 = Everted (after stimulation)  
 Audible Swallowing: 2 = Spontaneous and intermittent (less than 24 hours old); spontaneous and frequent (more than 24 hours old)  
 Latch: 2 = Grasps breast; tongue down; lips flanged; rhythmical sucking

**Breasts**

Breastfeeding: Yes

**Behavioral**

Signs of depression or sadness: No

**Special Charts - SBAR Report****SBAR Report**

Created By: M Mancini, SN 02/17/2020 | 12:50

**Situation**

The patient gave birth to her son on February 13th at 9:08 am. She spent two days in the postpartum unit and was planning to be discharged today. Her son is perfectly healthy and scored a 9 on his APGAR both times.

**Background**

She is a primigravida with no previous health problems. She delivered vaginally on February 13th at 9:08 am. She had a perlabial tear that required no sutures. She is an avid runner and has a slower heart rate than normal. Her resting heart rate was 52 when breastfeeding. She is supported by her husband who consistently helps to take part in the infant's care.

**Assessment**

The patient's vital signs were blood pressure 112/78, 97.8 temperature, respirations 14, and pulse 52. Her fundus of the uterus was +2 and firm. She has lochia rubra and it was scant. She had not had a bowel movement since the delivery of the baby. She was not experiencing any urinary retention.

**Recommendation**

I would recommend monitoring the patient's vital signs and bowel movements as she is experiencing some constipation. I would recommend providing teaching on how to care for her newborn son, especially since she is a first-time mother. She is breastfeeding so I would suggest having a lactation specialist to help ease her mind regarding some questions she had about pumping.

**Patient Card**

Order Date/Time	Description	Category	Status	Last Performed	Discontinued By	Entry By
02/15/2020   19:53	-Constipation	Care Plan	Active	--	----	M Mancini, SN 02/15/2020 19:53

**Charting Grading:**

Charting Grade:

Remarks:

**Competencies**

No competencies entered.

Remarks:

**Overall Grading:**

Care Plan Grade:

Pre-Clinical Manager Grade:

Charting Grade:

Overall Grade: S

Remarks:

Molly, great work! Thorough Pre-clinical manager with appropriate APA! Good care plan selection: your interventions and outcomes align well. Your SBAR gave be a good understanding of your patient's situation and I agree with your recommendation. Well done!