

PLU SCHOOL OF NURSING
N370 OB CLINICAL ROTATION:

Mother-Baby Unit Documentation

NAME of STUDENT KIM APPLEBEE DATE 4/14/09
CLINICAL SITE ST. JOSEPH'S MEDICAL CENTER
CLINICAL PROFESSOR RHONDA LIZZI

UNIT B

MOTHER

Pt. Initials: HH Age: 24 G:3 P: 1 Delivery Date: 04/13/09 Time: 1628

Blood type and Rh: O+ Rubella status: + Hepatitis status: - GBS status: + Any other lab values relating to this pregnancy : none

History	Significant Physical Examination findings	Nursing Diagnosis/Outcomes	Therapeutic Interventions (prioritized)	Evaluation
<ul style="list-style-type: none"> Pertinent history related to this pregnancy and this delivery -2 thyroid dysfunctions -Family/father's family as Hx of down syndrome -Hx of tobacco use (1-2 cig/day) -3rd degree lacerations -Elevated temperature after delivery (102) → given 3 doses of ampicillin -GBS + -SVD Past pregnancy history; past deliveries; and any complications of labor and delivery - Stillborn delivery @24 wks in 01/04 -Miscarriage in 09/07 -Chlamydia in 02/08 -Placental manually removed -Vacuum-assisted delivery -Prenatal care started in 09/08 -Contractions started @2300 on 04/12 	<p>Placental manually removed</p> <ul style="list-style-type: none"> -Vacuum-assisted delivery -Hard delivery; mom became exhausted half way through it. -Vital @0830: T: 98.7 P: 113 R: 18 BP: 113/60 -GBS + -The fundus is firm and midline -Mild to moderate flow -No pain in lower extremities -Pedal pulses' present -Voiding -No BM -Bowel tones are present and active -HCT: 25 asymptomatic Pain: 10/10 → Percocet 2 Tablet (headache related) Vitals @1200: T: 98 P: 64 R: 16 BP: 94/55 Pain: 6/10 → Percocet 2 Tablets 	<p>1. Acute pain r/t headache secondary to labor and delivery as manifested by patient stating "sharp, throbbing pain and stating pain is at a 10/10."</p> <p>Patient will state that pain is <u><10</u> within the next two hours.</p> <p><i>define an acceptable level = pt.</i></p> <p>2. Inadequate sleep r/t disturbances secondary to exhaustions from labor and delivery as manifested by the patient stating that they are tired and appear exhausted.</p> <p>Patient will get at least two 30minute naps before D/C.</p>	<p>1.</p> <ul style="list-style-type: none"> - medicate as doctor orders -encourage fluids <i>how much?</i> -teach relaxation techniques such as resting, massage, and imagery -reassess pain every hour -monitor VS <i>how often?</i> - have baby be with mom to ease stress and provide "couplet care" <p>2.</p> <ul style="list-style-type: none"> -teach mother to nap when the baby does. Have father remove baby once mom is done feeding to allow her to get a good, high-quality nap without having to worry where the baby is -advise mother limit activities and visitors (especially in the first few days) to allow body to recuperate and prevent further exhaustion -allow mom to rest without interruptions - have the nursing care/routine individualized to match the women's natural rhythm. 	<p>1. The pain level was stated as better and below the previous level of 10/10. The goal was met because @ 1230 pain was stated as a 6/10. The patient was given Percocet at 0900 and 1310 to aid in decreasing the pain scale value.</p> <p>2. The goal was unmet, at least at 1330 when I left the floor. They were not planned for D/C until after 1800. I know that mom stated she was going to nap as I left the floor.</p>

<ul style="list-style-type: none"> • Pertinent medical/surgery -removal of the L-Ovary • Psychosocial -Mother's first child -Father's third child -Father present at bedside -Father has a few weeks off to help with the baby at home 	<p>-Fundus is firm and midline and two fingers below the umbilicus.</p> <p>-Tenderness on the left side upon palpitation.</p> <p>-Urination still active</p> <p>-No BM; active and present</p> <p>-Scant flow</p> <p>Medications:</p> <p>Ibuprofen @1200</p> <p>Colace @0900</p> <p>Percocet @ 0900 & 1310</p>	<p>3. Risk for constipation r/t labor and delivery as manifested by no BM since delivery.</p> <p>Patient will have a BM before D/C.</p> <p><i>Is this necessary?</i></p>	<p>3.</p> <p>-Encourage fluids <i>how much?</i></p> <p>-Explain the importance and mechanism of Colace</p> <p>-encourage high fiber foods <i>examples?</i></p> <p>-have patient move around room and/or quad area. <i>how often?</i></p> <p><i>too</i></p>	<p>3. The goal was unmet at 1330. But again, is not planned for D/C until after 1800.</p>
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