

MATERNAL NEWBORN NURSING PLAN OF CARE

Your
Hospital's
Logo
Here

Admission Date: _____ Time: _____

Admission Nurse: _____

Plan Reviewed with Patient / Family: YES NO

PATIENT IDENTIFICATION

PROBLEM / ALTERATION RELATED TO ...	DATE	INITIALS	PATIENT OUTCOMES	TARGET DATE	NURSING PLAN	RESOLVE DATE	INITIALS
1. BLEEDING: <input type="checkbox"/> Actual <input type="checkbox"/> Potential LACERATION UTERINE HEMATOMA			1A. Daily progressive fundus decent 1B. Firm fundus 1C. Absence of excessive bleeding 1D. Hg < 1gm decrease HCT < 3% decrease		Implement the "Alteration in Bleeding" Patient Care Standard		
2. INFECTION OF:			2A. Temp < 100.4 after first 24 hours 2B. Absence of S&S of infection 2C. Absence of foul-smelling lochia		Implement the "Postpartum Infection" Patient Care Standard		
3. SKIN INTEGRITY: INCISION(S) NIPPLES OTHER			3A. No edema, redness, drainage 3B. Intact incision(s) 3C. Intact nipple(s)		Implement the "Alteration in Skin Integrity" Patient Care Standard		
4. COMFORT: ABDOMINAL INCISION PERI (EPIS / LAC / HEMA) BREASTS / NIPPLES CONTRACTIONS FLATUS OTHER			4A. No verbalization of pain 4B. Performs ADL without difficulty 4C. Absence of hard, lumpy breasts 4D. + Bowel sounds; soft abdomen		Implement the "Alteration in Comfort" Patient Care Standard		
5. TISSUE PERFUSION: HYPERTENSION THROMBOSIS			5A. BP at baseline 5B. No extremity pain (- Homan's)		Implement the "Alteration in Tissue Perfusion" Patient Care Standard		
6. ELIMINATION: BLADDER BOWEL			6A. Spontaneous voiding with s.q. 6B. + Bowel signs 6C. Passing flatus		Implement the "Alteration in Elimination" Patient Care Standard		

PART OF THE MEDICAL RECORD

PROBLEM / ALTERATION RELATED TO ...	DATE	INITIALS	PATIENT OUTCOMES	TARGET DATE	NURSING PLAN	RESOLVE DATE	INITIALS
7. NEWBORN TRANSITION/CARE VITAL SIGNS COLOR RESPIRATORY EFFORT CRY & ACTIVITY BOWEL / BLADDER			7A. Stable vital signs 7B. Absence of duskiness / jaundice 7C. Absence of S&S of RDS 7D. Appropriate cry / activity 7E. Voiding s.q. / passing of meconium / transitional stools		Implement the "Daily Newborn Care" Patient Care Standard		
8. INFANT FEEDING / BREAST - BREAST LATCHING ON MOM / BABY SEPARATION KNOWLEDGE DEFICIT - BOTTLE BABY'S ABILITY TO FEED KNOWLEDGE DEFICIT			8A. Baby nursing on demand 8B. Maternal knowledge of milk collection techniques 8C. Bottle feeds well every 3-4 hrs 8D. Mom demonstrates correct bottle feeding techniques		Implement the "Infant Feeding / (Breast or Bottle)" Patient Care Standard		
9. POSTPARTUM ADJUSTMENT BONDING FAMILY SUPPORT SUPPLIES / EQUIPMENT EMOTIONAL STATUS			9A. Positive bonding behaviors 9B. Participation in baby daily care 9C. Support systems identified 9D. Appropriate supplies available 9E. Absence of excessive maternal crying / social withdrawal		Implement: Infant / Maternal Discharge Teaching Promotion of Bonding Patient Care Standard		
10. LEARNING NEEDS MATERNAL SELF CARE INFANT CARE			10A. Verbalization of understanding / demonstration of self & infant care		Implement the "Infant / Self-Care Teaching" Patient Care Standard		
11. OTHER							
INITIALS / SIGNATURE / TITLE / REVIEW DATES (each 12 hour shift)							

Initials	NURSE'S Signature / Title:	Date	Initials	NURSE'S Signature / Title:	Date
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