# **VAGINAL**

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## INTERVENTIONS

	INTERVENTIONS		
Patient Care	8 - 16 HOURS		RVU
Categories	Date:		
	Assess of 1hr PR and BP		8
Assessment/	- LOC		
Treatments	- Reflexes		
	Assess q 4hrs. if WNL		
	BBS		
	Edema		
	Uterine Fundus and Lochia		
	Temperture		
	Assess q shift IV site for redness and edema		
	Foley care with peribottle, change pads, PRN		2
	Linen change/bed. Bath, if needed.		2
	HS care as needed		2
	I & O: Check urine protein g 1hr.		1
	* Apply ice packs to perineum as needed, change of 1hr. if needed		1
	* Administer medications as ordered		1
	*Administer PO pain medications		
	*MgSO4: 40 GMs in 1000cc D5W @2Gm/hr		· · · · · · · · · · · · · · · · · · ·
	D/C Pitocin when liter is completed. *Change to 1000cc D5LR at		
	75cc/hr		
Nutrition	*Clear liquid diet if bowel sounds present otherwise NPO		1
	Bedrest in L or R lateral position use pillows for support in a		1
Safety/	darkened quiet environment		
Activity	Assist with all aspects of infant care		
	*Mg level. Report non-therapeutic levels to MD. Report significant		1
Specimens/ Diagnostics	results to MD		,
Teaching/	Instruct in breastfeeding, if not previously done.		
Psychosocial	Instruct in bottle feeding, if not previously done.		
1	Assess bonding and notify Social Services PRN		
	Notify Lactation Consultant, if needed		
	Assess discharge needs; Notify Social Services or Discharge		
Discharge	Planner, if needed		
Plan			
	*indicates medical order peeded	TOTAL	

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	DESIRED OUTCO	MES		10 04 5
Problems/		0 -8 hrs.	8 - 16 hrs.	16 - 24 hrs.
Needs	Date:			
Hemodynamic	Vital signs are stable with BP 140/90 or less			4.5
Stability	Reflexes are +2			
	Urine output is >= 3000 per hr.			
	Urine protein is +1 or less			
	Breath sounds are clear bilitaterally			
				<u></u>
	Has pain relief			
Pain			r.	
Hemorrhage	Fundus is firm			
	Lochia rubra moderate or less			
	Episiotomy is intact without swelling or hematoma			
Teaching/	Bonding according to accepted cultural practices			
Psychosocial	Providing infant care according to capability			

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### INTERVENTIONS Patient Care 0-8 HOURS RVU Categories Date: Assess q 1hr. - PR and BP 8 Assessment/ - LOC Treatments - Reflexes Assess q 4hrs. if WNL BBS Edema Uterine Fundus and Lochia Temperture Assess g shift IV site for redness and edema Foley care with peribottle, change pads, PRN 2 Linen change/bed. Bath, if needed. 2 HS care as needed 2 \*Supply TUCK pads, dermoplast spray, instruct in use. 1 \* Apply ice packs to perineum as needed, change q 1hr. if needed 1 \* Administer medications as ordered 1 \*Administer PO pain medications \*MgSO4: 40 GMs in 1000cc D5W @2Gm/hr 1 \*Pitocin 20u in 1000cc Normosol-R @ 75cc/hr IV Site: Remove epidural catheter 1 \*Clear liquid diet if bowel sounds present otherwise NPO Nutrition Bedrest in L or R lateral position use pillows for support in a Safety/ darkened quiet environment Activity Assist with all aspects of infant care \*Order CBC for AM. Specimens/ Fetal cell screen if Rh Negative. Mg level g 6hrs. and other lab tests Diagnostics if ordered. Report results to MD. Review treatment plan with patient and family Teaching/ Psychosocial Instruct in breastfeeding. Assess breast/nipples condition g feedings Instruct in bottle feeding. Assess condition of breat daily Assess bonding Assess discharge needs; Notify Social Services or Discharge Discharge Planner, if needed Plan

TOTAL

# **VAGINAL**

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		Page 1

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