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Nursing care plan for pain related to episiotomy

Nursing care plan for episiotomy pain. Nursing care plan for postpartum pain. Acute pain related to episiotomy nursing care plan. Wound pain nursing care plan.

100%(2)100% found this document useful (2 votes)13K views1 page Introduction Episiotomy is a surgical incision that widens the opening of the vagina during childbirth to assist delivery of the baby by providing more room. It is usually done if the baby needs to be delivered quickly or if there is risk of feto-maternal injury or trauma. Assessment When conducting an assessment of episiotomy care, it is important to assess the patient's: Pain - This can be assessed by asking questions about the severity of pain localization and type of pain. Bleeding - Assessing for any bleeding and determining the type (uterine, vaginal, etc). Vital Signs - Checking the patient's temperature and pulse rate regularly post delivery will provide valuable information about the patient's condition. Infection - Any signs of infection such as swelling, redness, tenderness, etc should be noted and reported. India ink stain - India ink stain should be assessed to determine if any un-dissolved ink remains after the procedure. Symptoms - Noting any reports of fever, chills, nausea and other symptoms. Nursing Diagnosis The nursing diagnosis for the care of episiotomy include: Acute Pain - Related to incision site and labor. Risk for Infection - Related to wounds from delivery, use of instruments and manual labor. Risk of Hemorrhage - Related to trauma to delicate tissue during delivery. Disturbed Body Image - Related to trauma to genital area and changes in body anatomy during labor and delivery. Ineffective Tissue Perfusion - Related to presence of stitches, bruising, swelling and inflammation. Outcomes The outcomes desired from the care plan for episiotomy are: The patient will express minimal pain associated with episiotomy. The patient will not have any signs of infection. The patient will not experience any further hemorrhaging. The patient will demonstrate positive self-image. The patient will show improved tissue perfusion in the area. Interventions The interventions to be carried out in the care plan of episiotomy include: Pain Management - Pain medication or topical anesthetics may be applied to reduce discomfort. Infection Surveillance - Monitoring temperature and vital signs, inspecting the episiotomy stitches and incision site for signs of infection.

PROBLEM	DESIRE	INTERVENTION	CRITERIA	ASSESSMENT	REMARKS
1. Pain related to episiotomy	1. Patient will express minimal pain	1. Administer analgesic as ordered	1. Patient will report pain level less than 3 on a scale of 0-10	1. Patient reports pain level 2	1. Administered analgesic as ordered
2. Risk of infection	2. Patient will not have any signs of infection	2. Monitor temperature and vital signs	2. Patient will not have fever, chills, or other signs of infection	2. Patient has no fever, chills, or other signs of infection	2. Monitor temperature and vital signs
3. Risk of hemorrhage	3. Patient will not experience any further hemorrhaging	3. Monitor for signs of hemorrhage	3. Patient will not have excessive bleeding or other signs of hemorrhage	3. Patient has no excessive bleeding or other signs of hemorrhage	3. Monitor for signs of hemorrhage
4. Disturbed body image	4. Patient will demonstrate positive self-image	4. Provide emotional support	4. Patient will express confidence in her appearance	4. Patient expresses confidence in her appearance	4. Provide emotional support
5. Ineffective tissue perfusion	5. Patient will show improved tissue perfusion	5. Apply warm compresses	5. Patient will show improved tissue perfusion	5. Patient shows improved tissue perfusion	5. Apply warm compresses

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therapy: Reduction of psoriasis, diabetes-related complications such as diabetic foot ulcers, inflammation and pain from rheumatoid arthritis, skin grafts, infected wounds, and trapping injuriesOther uses of a sitz bath: Pain relief and reduction of stiffness and secondary muscle spasm in chronic arthritis, acute temporomandibular joint-closed lock condition, and pain and muscle spasms on posterior neck and back in patients with ankylosingBoth procedures can be used and are effective in the prevention and fast healing of the wound. However, puerperal mothers who received infrared lamp therapy on their episiotomy wound experienced faster wound healing and less pain than those who took a warm sitz bath. The application of infrared lamp therapy has a significant effect on reducing episiotomy pain and promoting wound healing among postnatal mothers [32]. The primary goal of medical treatment in the modern era, when medical care and treatment expenses are increasing, is to offer affordable care to patients. If nurses and midwives recognise the importance of their care in episiotomy wound healing, they can provide therapies that are both effective and affordable. The greatest method to give consideration is to enable nurses and other medical professionals to adjust their routines [33].Nurses and midwives play a vital role in the overall management of perineal pain and wound healing after episiotomy, including continuous pain assessment and wound healing evaluation, application of interventions for episiotomy wounds, instruction for the new mothers about perineal self-assessment and care, and communication of relevant information about pain and healing process that every postnatal mother have [24,34].Between the pretest and post-test, a statistically significant difference was discovered. It was found that both dry and moist heat therapies were successful [35]. However, for postpartum women, dry heat therapy with a hair dryer proved to be more successful at reducing episiotomy discomfort compared to hot heat from a sitz bath [28]. The healing time after an episiotomy was shortened from 14 days to 7 days with this dry heat treatment. Therefore, postnatal women are advised to practise this method both in the hospital and after being discharged. Previously, for the maintenance of episiotomy, most heat applications such as sitz baths and hot packs were used.

With scientific advancement, more dry heat therapies were developed such as electric heat lamps, peri lights, and infrared rays. According to research, dry heat is more effective than moist heat because its action lasts longer, keeps the area dry, and aids in wound healing [26].Episiotomy is the most commonly performed planned surgical incision on the perineum during the second stage of labour. Indications of episiotomy are foetal distress, complicated baby positions such as breeches, premature births, large babies, and vacuum delivery. Maternal benefits are reduced risk of perineal trauma, subsequent pelvic floor dysfunction and prolapse, urinary incontinence, faecal incontinence, and sexual dysfunction. Potential benefits for the foetus were thought to include a shortened second stage of labour as a result of more rapid and spontaneous delivery. It can also result in adverse consequences of episiotomy, including an extension to a third- or fourth-degree tear, anal sphincter dysfunction, and dyspareunia. Infrared lamp therapy is a one-of-a-kind treatment procedure where the healing impact of light is used to cure pain and discomfort and also expedite episiotomy wound healing. Heat waves cause cutaneous vasodilation, as well as a potential direct influence on blood vessels, which is very effective in pain relief and wound healing. The other method considered in this review is the administration of moist heat using sitz bath therapy.

Special indications of performing infrared lamp therapy over a sitz bath include the following: it penetrates heat deep into the tissue layer, doesn't induce sweating, and prevents fluid loss. Based on the findings in most articles cited in this review, we conclude that infrared lamp therapy is a more effective method for postnatal episiotomy pain and wound healing among postnatal mothers compared to moist heat therapy with a sitz bath. Hence, infrared lamp therapy should be included in the hospital routine for better management of daily care for postpartum mothers with episiotomy wounds.

Nurses and midwives play a vital role in the overall management of perineal pain and wound healing after episiotomy, so they should be educated about performing this dry heat therapy.The content published in Cureus is the result of clinical experience and/or research by independent individuals or organizations. Cureus is not responsible for the scientific accuracy or reliability of data or conclusions published herein. All content published within Cureus is intended only for educational, research and reference purposes. Additionally, articles published within Cureus should not be deemed a suitable substitute for the advice of a qualified health care professional. Do not disregard or avoid professional medical advice due to content published within Cureus.The authors have declared that no competing interests exist.1. Antenatal maternal education for improving postnatal perineal healing for women who have birthed in a hospital setting. O'Kelly SM, Moore ZE. Cochrane Database Syst Rev. 2017;12:0. [PMC free article] [PubMed] [Google Scholar]2. Antenatal perineal massage for reducing perineal trauma. Beckmann MM, Stock OM.

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