

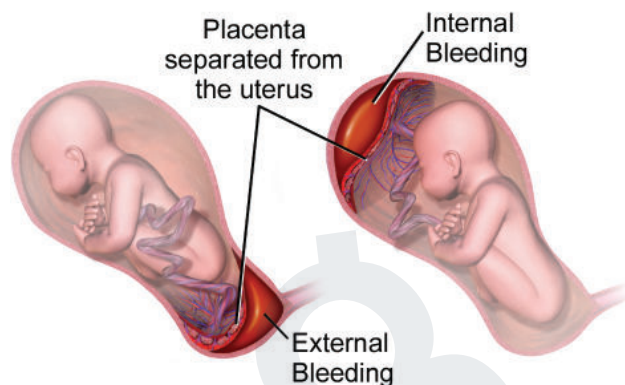
PLACENTAL ABRUPTION PATHOCHART

PATHOPHYSIOLOGY

Placental abruption occurs when the placenta partially or completely detaches prematurely from the uterus, causing a risk for hemorrhage. This is most often seen at 24-26 weeks gestation and is considered a serious complication. While placental abruption generally happens suddenly, chronic abruption may occur in which there is a small separation that causes slow bleeding behind the placenta.

ASSESSMENT FINDINGS

- Back or abdominal pain
- Uterine tenderness
- Vaginal bleeding
- Back to back uterine contractions
- Firmness of uterus on palpation
- Signs of shock (hypotension, tachycardia)



Blausen.com staff (2014). "Medical gallery of Blausen Medical 2014". WikiJournal of Medicine 1 (2). DOI:10.15347/wjm/2014.010. ISSN 2002-4436. - Own work, CC BY 3.0. <https://commons.wikimedia.org/w/index.php?curid=30462651>

DIAGNOSTICS

- Ultrasound
- Pelvic Exam
- Clinical Findings

NURSING PRIORITIES

- Maintain Optimal Perfusion
- Promote Comfort
- Assess and Manage Bleeding

THERAPEUTIC MANAGEMENT

- Mild - place mom on bedrest
- Moderate - induced delivery
- Severe - emergency c-section
- Fundal massage after delivery

MEDICATION THERAPY

- Corticosteroids
- Uterine stimulants (oxytocin)
- Analgesics