

# (CHORIOAMNIONITIS) NURSING CARE PLAN

## Medical Diagnosis: Chorioamnionitis

Subjective Data:	Nursing Intervention (ADPIE)	Rationale
<ul style="list-style-type: none"> <li>• Abdominal (uterine) tenderness</li> </ul>	Monitor maternal vital signs for fever or tachycardia that may indicate infection	Symptoms are similar to other diseases and must be monitored closely to prevent development of complications
	Monitor fetal heart rate	Elevated fetal heart rate indicates a sign of distress. If the fetal heart rate increases, assess the mother for signs of infection.
	Monitor diagnostic test results including white blood cell count and urinalysis	Patients may be asymptomatic, but have bacteria in the urine. An elevated white count may indicate infection, but is also a common occurrence during labor and delivery.
<b>Objective Data:</b> <ul style="list-style-type: none"> <li>• Fever</li> <li>• Vaginal discharge</li> <li>• Diaphoresis</li> <li>• Tachycardia</li> <li>• Bad smell from amniotic fluid</li> </ul>	Assess and culture vaginal discharge, if present	Some STDs and GBS may be the bacterial cause of chorioamnionitis. Note color, odor and consistency of any discharge and culture to determine the appropriate course of treatment.
	Verify allergies and administer medications as necessary (Antibiotics, antipyretics)	Depending on cause of infection, antibiotics may include penicillin or erythromycin; Antipyretics may be given for fever, such as acetaminophen; If a patient is in labor, administer medications via IV route if appropriate. Assess for allergies prior to administering medications.
	Prepare patient for vaginal or c-section delivery if indicated	Advanced infection may require early termination of pregnancy. Depending on gestational age, patients may have induced labor or c-section delivery to prevent complications and fetal infection.
	Promote rest	Encourage patient to rest as much as possible to promote healing and reduce fetal distress
	Provide patient education for prevention of further infection	If membranes have ruptured, avoid tub or sitz bath to reduce bacterial exposure to the vagina and uterus.