

NURSING CARE PLAN (ABRUPTIO PLACENTAE/PLACENTAL ABRUPTION)

Medical Diagnosis: Abruptio Placentae/Placental abruption

Subjective Data:	Nursing Intervention (ADPIE)	Rationale
<ul style="list-style-type: none"> • Abdominal pain • Uterine tenderness • Back pain • Constant uterine contractions 	Assess and monitor vaginal bleeding	Excessive bleeding may result in shock. Amount of obvious blood may not fully indicate severity due to possible internal bleeding
	Obtain history from patient	Determine time bleeding began, any history of pregnancy complications or abdominal/uterine trauma
	Place patient on bed rest in lateral position	This position helps avoid pressure on the vena cava to avoid decreased cardiac output
Objective Data: <ul style="list-style-type: none"> • Vaginal bleeding • Back to back uterine contractions • Firmness of uterus on palpation • Advanced abruption and severe blood loss may lead to shock • Tachycardia • Hypotension 	Initiate IV access with large bore line	IV fluids will be given to manage hypovolemia and blood transfusion may be required
	Assess abdomen for uterine tenderness and contractions	Uterus may be tender upon palpation, tense and rigid. Fundal massage may help to slow bleeding from uterine wall.
	Monitor maternal vitals for signs of shock	Watch for signs of hypovolemia to include tachycardia, tachypnea and hypotension
	Place and observe external fetal monitoring for signs of fetal distress	This allows you to monitor fetal heart rate and contractions to observe for variability and responsiveness of the fetal heart rate. A lack of variability or decelerations indicate fetal distress.
	Assess and manage pain	<p>Massage Guided imagery Cool compresses to the forehead Deep breathing techniques</p> <p>Abdominal, back and uterine pain may accompany bleeding and at times may be severe, especially with contractions. Provide alternative options for pain relief if able</p>

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	Administer medications	Corticosteroids Analgesics as appropriate Oxytocin In addition to IV fluids, corticosteroids may be given to speed up fetal lung development if delivery is necessary. Oxytocin may be given after delivery to decrease hemorrhage.
	Provide patient education	Help patient to feel more informed and lessen anxiety and stress