

NURSING CARE PLAN

(PREMATURE RUPTURE OF MEMBRANES (PROM)/PRETERM
PREMATURE RUPTURE OF MEMBRANES (PPROM)

Medical Diagnosis: Premature Rupture of Membranes (PROM) / Preterm Premature Rupture of Membranes (PPROM)

Subjective Data:	Nursing Intervention (ADPIE)	Rationale
<ul style="list-style-type: none"> Sudden gush or steady trickle of clear fluid from vagina 	Assess for signs of infection	Maternal and fetal infection may prompt PROM and must be treated quickly to avoid fetal compromise.
	Perform single digital or sterile speculum vaginal exam	Vaginal exam may be required to confirm diagnosis, but avoid multiple digital vaginal exams to reduce the risk of infection. Reserve these exams for when delivery is imminent.
	Obtain history from patient regarding complications and status of pregnancy.	Treatment depends on gestational age and existing complications Patient may need to remain on bed rest to continue pregnancy if preterm, or labor may be induced.
Objective Data: <ul style="list-style-type: none"> Blue nitrazine paper test- turns dark blue if positive for amniotic fluid Visual pooling of amniotic fluid in vagina 	Initiate fetal monitoring	PROM may be an indicator of fetal distress. Monitor for signs of fetal compromise to include changes in fetal heart rate.
	Administer medications and IV fluids as appropriate: Prophylactic antibiotics Corticosteroids Tocolytics Magnesium sulfate	PPROM may indicate a need for corticosteroids to speed up the fetal lung maturity Antibiotics are given prophylactically to prevent infection Tocolytics may be given to stop preterm labor Magnesium sulfate may be given if prior to 32 wks gestation to prevent fetal neurological dysfunction
	Prepare patient for induction of labor and delivery	If indicated, labor will likely be induced if it does not spontaneously begin within 12-24 hours. Explain process to patient to reduce fears.
	Provide patient education if preterm: Pelvic rest Avoid tampons and intercourse Avoid tub baths (showers ok)	If delivery is not indicated(<34 wks gestation), patient will likely remain in the hospital until delivery is an option. Regardless of location, patient will be required to remain on bed rest and antibiotics will continue prophylactically until delivery.