

QHC OBGYN Rotation
Melinda Chiu PA-S

OB Focused H&P and Plan 3

Ms. DMY is 39yo, G3T3003, POD 11 s/p cesarean section, admitted to Medical Surgery unit for monitoring of elevated BP >140/90, given PO Nifedipine 60 XL QD, PO Labetalol 400mg Q12hr, and well as IV Magnesium sulfate 2mg/hr infusion. Admits to RLL abdominal pain, that is 7/10, on-and-off in nature, and having some flatulence and regular BM yesterday night. Denies nausea, vomiting, diarrhea, dizziness, vision changes, SOB, C/P, urinary sx, vaginal discharge, leg pain, or STDs.

Pt's first pregnancy was uncomplicated with NSVD in 2003 in Haiti. Second pregnancy was complicated by eclampsia and delivered via C/S in 2012 in Haiti. On July 3, pt underwent a repeat C/S due to preeclampsia. Pt received an inverted T cesarean incision. The 70% of the vertical incision's staples have been removed, and wound dehiscence occurred in the lower 30% with fascia intact. The staples along the horizontal incision were in place. Pt is currently undergoing wet-to-dry dressing changes Q12hr, and receiving regular Mg checks. Pt LMP was 10/13/19, and pap smear done [11/2019.]

PMH: none

Surgical history: C/S 2012 in Haiti

Medications: PO Nifedipine 60 XL QD, PO Labetalol 400mg Q12hr, IV Magnesium sulfate 2mg/hr infusion

Allergies: NKDA

Physical Assessment

Temp: 98.8 F, BP: 137/72, BMI: 39

Skin: see Abdomen

Heart: clear S1 & S2, no murmurs noted

Lungs: CTA, no adventitious sounds noted

Abdomen: BS sparse but present in all 4 quadrants, tenderness noted on RLL. Inverted T C/S incision noted. The staples along the horizontal incision were in place. 70% of the vertical incision's staples have been removed, and wound dehiscence occurred in the lower 30%. Wound tissue is overall pink with good circulation. Some pale tissue was noted in the junction of the T. Odor was noted when dressing was removed. No purulence nor bleeding was noted.

Vascular: legs were non tender to palpation, no palpable cords noted.

Neuro: DTR intact

Plan

Recheck VS Q 2 hours

Perform regular Mg checks Q 3 hours

Replace wet-to-dry dressing Q 12 hours - instead of packing with NS soaked gauze, use
Betadine soaked
DVT prophylaxis with Sequential Compression Device (SCD)