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Pain interfering with rest or activity Breastfeeding difficulty

Midwifery & O.G. Nursing | Focused diagnosis-based template

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Fictional educational example. Individualize using verified patient findings, authorized treatment and current local protocols. No real patient record or observed outcome is claimed.

Clinical assessment

Subjective: Pain during feeds and worry that the baby is not taking enough milk.

Objective findings and required checks: Attachment, milk transfer, infant output and weight need direct assessment.

Physical examination and investigations: Observe a feed, assess nipples/breasts and infant hydration, output, weight and clinical stability.

Supply actual values, units, timing and trends during supervised application. Do not invent missing clinical data.

Clinical focus and pathophysiology

Breastfeeding difficulty: Suboptimal attachment or other maternal/infant factors can reduce effective transfer and cause pain.

Medical / surgical management

Provide skilled feeding support, improve positioning/attachment and arrange prompt review of inadequate intake or maternal concerns.

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Illustrative drug and treatment study

Medicine / treatment	Purpose	Nursing checks
Prescribed analgesic when appropriate	Relieve assessed maternal discomfort	Verify breastfeeding suitability
no routine drug to increase supply	Assess feeding and medical causes first	Use specialist advice for any medicine.

Treatment examples are not a prescription. Verify the authorized product, dose, route, timing, contraindications and current local product information.

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Focused nursing-problem template

Nursing diagnoses use original clinical problem wording. They are not the licensed NANDA-I classification. Verify any formal label or code against your institution's licensed current edition; select actual or risk diagnoses only when supported by assessment.

Context task: Establish the immediate clinical priorities and verify the baseline before assuming a diagnosis.

Set individualized measurable targets and an exact review time. Select actual or risk statements only when supported by assessment.

Assessment: subjective / objective	Nursing diagnosis: original problem wording	Short- and longer-term goals	Nursing interventions with rationale	Evaluation
Ask: Ask about pain site, onset, severity, quality and the patient's acceptable pain level. Assess: Observe guarding, expression and effect on movement; use an appropriate pain scale.	Pain interfering with rest or activity. Possible factors: tissue irritation, injury or the underlying condition. Validate against the patient's assessment.	Short-term: At the next patient-specific reassessment: Pain decreases toward the patient-agreed target after reassessment. Longer-term: Before the clinically approved transition or agreed follow-up: Uses agreed comfort strategies and explains when new or worsening pain needs review.	1. Assess pain and associated red flags before and after treatment. Rationale: Changing pain may signal a complication and helps evaluate relief. 2. Provide comfortable positioning, reassurance and appropriate non-drug measures. Rationale: Comfort measures can reduce distress and complement prescribed treatment. 3. Give prescribed analgesia and monitor sedation, breathing and other adverse effects. Rationale: Relief should improve function without creating medication-related harm. 4. Provide skilled feeding support, improve positioning/attachment and arrange prompt review of inadequate intake or maternal concerns. Rationale: Suboptimal attachment or other maternal/infant factors can reduce effective transfer and cause pain. The condition-specific plan addresses the underlying problem while response is monitored.	Record the baseline and reassessed finding, the time and whether this goal is met, partly met or not met. If not met, reassess causes and revise or escalate. Do not record an unobserved improvement.

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Apply this template

Complete with verified data: assessment cues; supported actual problem or risk; measurable outcome and review time; selected authorized interventions and rationale; observed response and next action.

Subjective / objective cues: _____

Patient-specific target and review time: _____

Evaluation evidence and next action: _____

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Health education and continuing care

Teach feeding cues, signs of effective intake, expressing when advised and access to feeding support.

Transition only after clinical readiness is confirmed. Reconcile medicines, check access and caregiver support, and document who will review the patient and when.

Urgent warning signs

Infant lethargy/dehydration, fever, poor feeding or maternal systemic illness needs prompt clinical review.

Evaluation and conclusion

For each goal, document met, partly met or not met using observed evidence and the review time. Reassess and revise if progress is inadequate. Individual assessment, prioritized care and coordinated review guide this topic.

Quick Revision

- Suboptimal attachment or other maternal/infant factors can reduce effective transfer and cause pain.
- Priority concerns: Pain interfering with rest or activity.
- Infant lethargy/dehydration, fever, poor feeding or maternal systemic illness needs prompt clinical review.
- Teach feeding cues, signs of effective intake, expressing when advised and access to feeding support.

Exam / viva: What assessment evidence supports this problem, and what measurable result would demonstrate improvement?

References

Nursing Fundamentals, 2e - Ernstmeyer & Christman (editors), Open RN / WisTech Open, 2024
https://wtcs.pressbooks.pub/nursingfundamentals/

Maternal-Newborn Nursing: external further reading - OpenStax / Rice University
https://openstax.org/books/maternal-newborn-nursing/pages/preface

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Nursing Pharmacology, 2e - Ernstmeyer & Christman (editors), Open RN / WisTech Open, 2023
https://wtcs.pressbooks.pub/pharmacology2e/

B.Sc. Nursing curriculum and regulatory notifications - Indian Nursing Council
https://www.indiannursingcouncil.org/gazette-notification

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