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# Movement limited by weakness, discomfort or restriction Cesarean birth recovery

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: Incisional pain, fatigue and concerns about lifting and feeding.

Objective findings and required checks: Postoperative wound, uterine/bleeding assessment and mobility require monitoring.

Physical examination and investigations: Review observations, wound, lochia, pain, mobility, urine and venous-thromboembolism risk.

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

## Clinical focus and pathophysiology

Cesarean birth recovery: Surgery and postpartum physiological changes affect pain, circulation, healing and daily care.

## Medical / surgical management

Support analgesia, feeding, safe early movement and indicated infection/thrombosis prevention within the maternity plan.

## Illustrative drug and treatment study



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| Medicine / treatment | Purpose | Nursing checks |
| --- | --- | --- |
| Prescribed analgesic | Support comfort and movement | Check breastfeeding suitability, sedation and effect |
| prescribed thromboprophylaxis | Reduce assessed clot risk | Monitor bleeding and the exact regimen. |

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 usual mobility, fatigue and help needed with activities. Assess: Assess strength, range, gait, balance and ordered movement restrictions. | Movement limited by weakness, discomfort or restriction. Possible factors: reduced strength, pain or prescribed movement limits. Validate against the patient's assessment. | Short-term: At the next patient-specific reassessment: Completes a jointly agreed movement task safely with appropriate assistance. Longer-term: Before the clinically approved transition or agreed follow-up: Demonstrates the home exercise or mobility plan before discharge. | 1. Assess assistance needs and confirm prescribed restrictions before mobilization. Rationale: Matching support to ability prevents injury. 2. Plan graded movement, position changes and rest with physiotherapy where indicated. Rationale: Progressive activity supports function while limiting exhaustion. 3. Monitor tolerance and stop for new concerning symptoms. Rationale: Symptoms may indicate unsafe exertion or deterioration. 4. Support analgesia, feeding, safe early movement and indicated infection/thrombosis prevention within the maternity plan. Rationale: Surgery and postpartum physiological changes affect pain, circulation, healing and daily care. 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 wound care, safe activity, feeding support, medicines and postpartum follow-up.

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

**Heavy bleeding, chest pain, severe breathlessness, fever, worsening wound pain or severe headache needs urgent maternity assessment.**

## 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

- Surgery and postpartum physiological changes affect pain, circulation, healing and daily care.

- Priority concerns: Movement limited by weakness, discomfort or restriction.

- Heavy bleeding, chest pain, severe breathlessness, fever, worsening wound pain or severe headache needs urgent maternity assessment.

- Teach wound care, safe activity, feeding support, medicines and postpartum follow-up.

**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



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https://openstax.org/books/maternal-newborn-nursing/pages/preface

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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