

10.6 Mastitis

SUBJECTIVE	<p><u>Must include:</u></p> <ol style="list-style-type: none">1. Painful, warm lump(s) in breast (recent onset). <p><u>May include:</u></p> <ol style="list-style-type: none">1. Current or recent pregnancy and breastfeeding.2. Chills.
OBJECTIVE	<p><u>Must include:</u></p> <ol style="list-style-type: none">1. Redden, tender, swollen lump(s) in breast. <p><u>May include:</u></p> <ol style="list-style-type: none">1. Drainage of exudates from lumps.2. Temperature above normal.3. Swollen axillary lymph nodes on affected side.
LABORATORY	<p><u>May include:</u></p> <ol style="list-style-type: none">1. CBC.2. Culture of breast milk/discharge.
ASSESSMENT	Mastitis.
PLAN	<ol style="list-style-type: none">1. Instruct patient to wash affected areas with soap and water and apply moist compresses for 20 minutes, 4 times a day.2. If breastfeeding, continue breastfeeding on affected side (and unaffected side) or pump breasts.3. Increase fluids.4. Decrease salt intake.5. Acetaminophen 325-500 mg. As directed.6. Dicloxacillin 250 mg qid x 7-10 days. (no contraindications with breast feeding) <p style="text-align: center;">OR</p> <ol style="list-style-type: none">7. Keflex 500 mg bid x 7-10 days (no contraindications with breast feeding).7. Schedule follow-up appointment in 7 days, or sooner if infection not responding to treatment.
CLIENT EDUCATION	<ol style="list-style-type: none">1. Increase rest.2. Apply gentle massage to move milk forward and increase drainage from the affected area.3. Avoid breast shields and tight fitting bras.4. Wash hands before handling the infected breast.5. General breastfeeding; Assure baby is in a comfortable nursing position that does not pull excessively on the nipple.6. Potential affects of antibiotics on infants.

CONSULT/ REFER PHYSICIAN

1. Large coalescence of furuncles with several drainage points.
2. No improvement to symptoms in 48 hours after initiating antibiotics.
3. Symptoms not resolved in 10 days.