Nursing Practicum for

Mastitis&Breast Abscess

Diagnosis, Intervention, and Recovery Management

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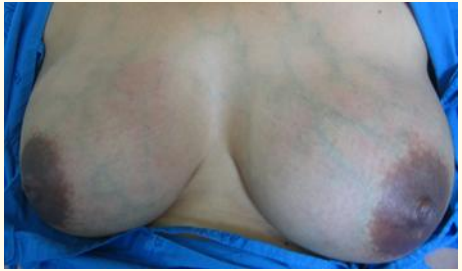
What is mastitis & Breast Abscess?

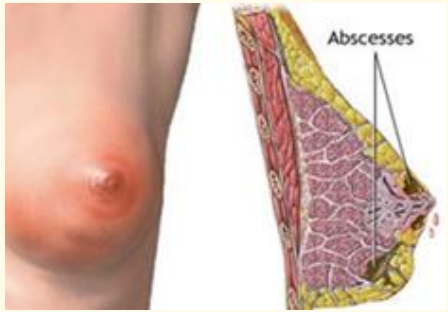
A breast abscess is a localized collection of pus within the breast tissue resulting from inadequately treated mastitis or infection. Characterized by a palpable mass, severe pain, fever, and systemic symptoms requiring drainage or surgical intervention.

- Complication of untreated or recurrent mastitis in 5-11% of cases
- Medical emergency requiring prompt diagnosis and intervention
- Risk of sepsis, systemic infection, and permanent breast tissue damage
- May require hospitalization, antibiotics, aspiration, drainage, or surgery

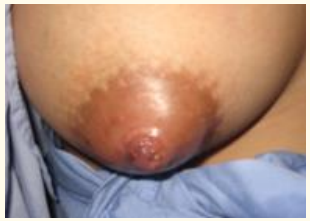


Clinical Presentation

- **Local Symptoms:** Severe localized pain, fluctuant mass, redness, warmth, induration around area
- **Systemic Symptoms:** High fever (≥39°C), chills, malaise, tachycardia, night sweats, lymnode at axillary enlarghment
- **Drainage Signs:** Purulent discharge from nipple or skin, discoloration around mass area
- **Associated Findings:** Regional lymphadenopathy, edema, skin dimpling or pitting

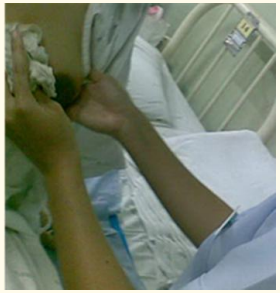


Risk Factors & Etiology



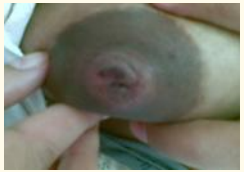
Primary Risk Factors:

- Untreated or inadequately treated mastitis, delayed antibiotic therapy
- Poor antibiotic compliance, inappropriate antibiotic selection
- Recurrent mastitis, immunocompromised status, diabetes



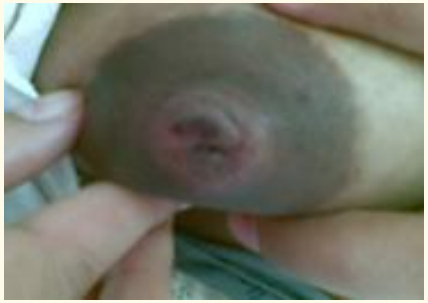
Causative Organisms:

Staphylococcus aureus (most common, including MRSA), Streptococcus, E. coli, anaerobes. Polymicrobial infections possible in chronic abscesses.



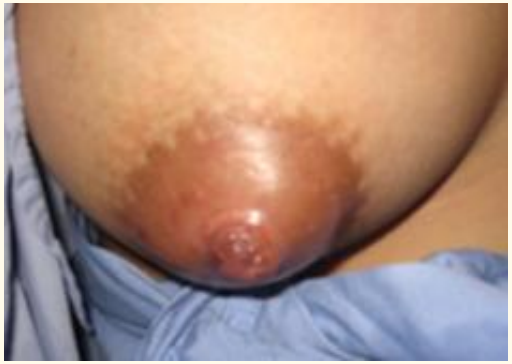
Diagnostic Assessment

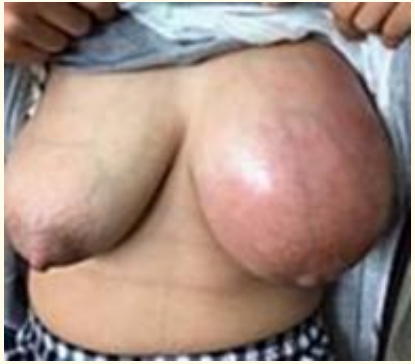
- **Physical Examination:** Palpation of fluctuant mass, assessment of skin changes, regional nodes
- **Imaging:** Ultrasound (first-line), MRI, or CT to confirm fluid collection and guide drainage
- **Laboratory Tests:** Complete blood count (elevated WBC), blood cultures, culture of aspirated fluid for organism identification and antibiotic sensitivity
- **Vital Signs:** Fever, tachycardia, potential signs of sepsis requiring immediate intervention



Primary Nursing Diagnosis (1)

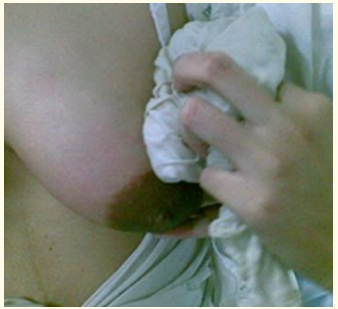
- **Acute Pain** related to abscess formation and inflammation
- **Hyperthermia** related to infection and inflammatory response
- **Risk for Infection/Sepsis** related to abscess rupture and bacteremia

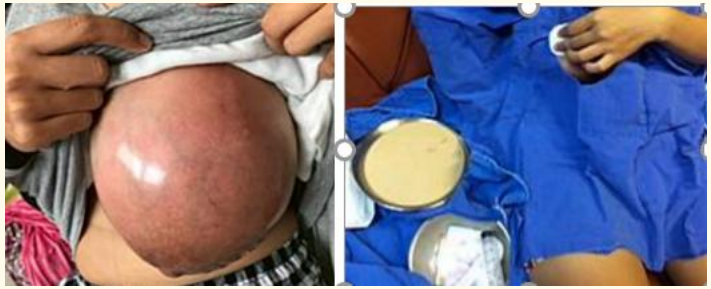




Primary Nursing Diagnosis (II)

- **Ineffective Breastfeeding** related to pain, drainage, and need for treatment interruption
- **Deficient Knowledge** related to condition, treatment options, and recovery process
- **Interrupted Family Processes** related to hospitalization and impact on infant feeding





Acute Pain

Related to: Abscess formation and tissue inflammation

Goal: Pain managed effectively; comfort achieved; reports satisfaction

Interventions:

- Assess pain level every 2-4 hours using pain scale; document location and character
- Administer opioid and non-opioid analgesics as prescribed; evaluate effectiveness
- Apply warm compresses pre-drainage; cool compresses post-procedure for comfort
- Position for comfort; support affected breast; use supportive pillow
- Prepare client for drainage procedure; explain what to expect; provide reassurance
- Monitor wound/drain site post-procedure; assess drainage characteristics and amount

Hyperthermia

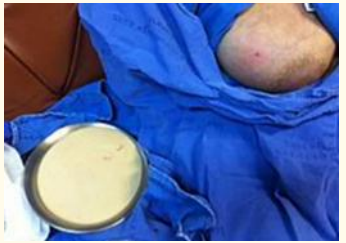
Related to: Infection and inflammatory response

Goal: Temperature normalized; sepsis prevented; comfort achieved

Interventions:

- Monitor body temperature every 2-4 hours; document patterns and trends
- Administer IV antibiotics as prescribed; ensure appropriate antibiotic coverage
- Monitor antibiotic effectiveness; report persistent or worsening fever
- Maintain adequate hydration: IV fluids, oral fluids when tolerated
- Provide tepid sponging, light clothing, reduce environmental temperature
- Monitor vital signs and signs of sepsis: tachycardia, hypotension, altered mental status

Risk for Infection/Sepsis



Related to: Abscess rupture and bacteremia risk

Goal: Infection contained; sepsis prevented; wounds healing appropriately

Interventions:

- Perform wound/drain care using aseptic technique; change dressings per protocol
- Assess wound for signs of infection: increasing redness, warmth, drainage, odor
- Maintain drain patency; monitor output characteristics (color, amount, odor)
- Administer IV antibiotics without interruption; monitor for therapeutic levels
- Monitor WBC count, blood cultures, lactate levels for infection indicators
- Educate on infection prevention: hand hygiene, avoid touching wound, maintain cleanliness

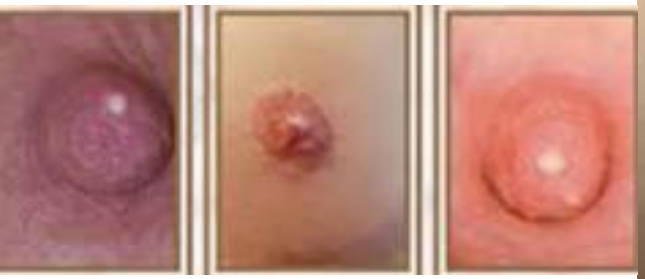
Treatment & Recovery Management

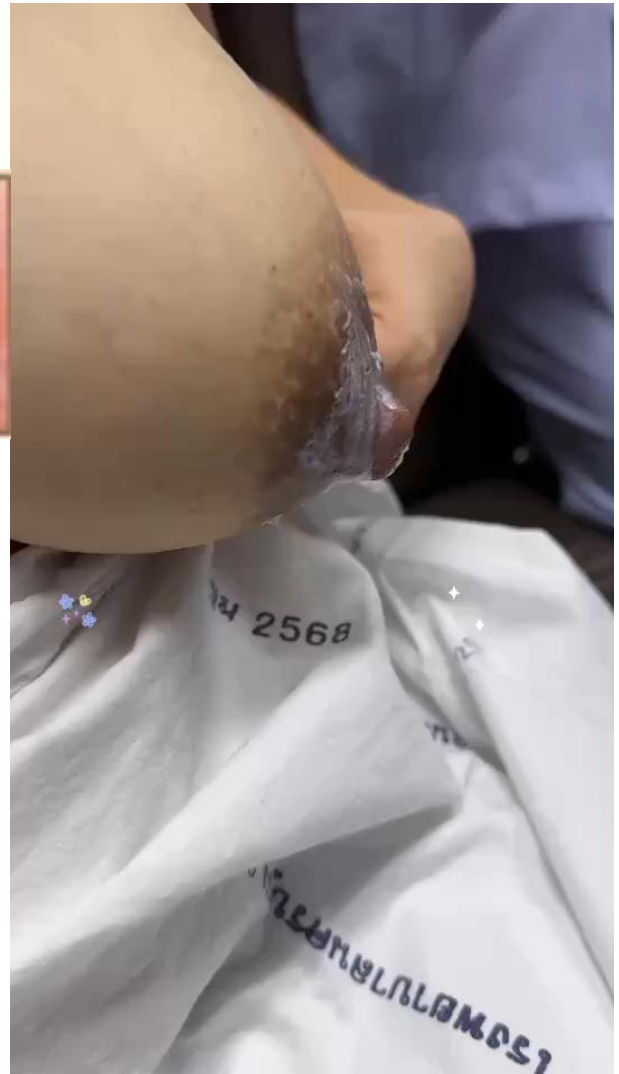
Intervention Options:

- Image-guided needle aspiration or ultrasound-guided catheter drainage (first-line)
- Surgical incision and drainage if aspiration unsuccessful or large abscess
- IV antibiotics 14-21 days; oral antibiotics 7-10 days following intervention

Recovery & Breastfeeding:

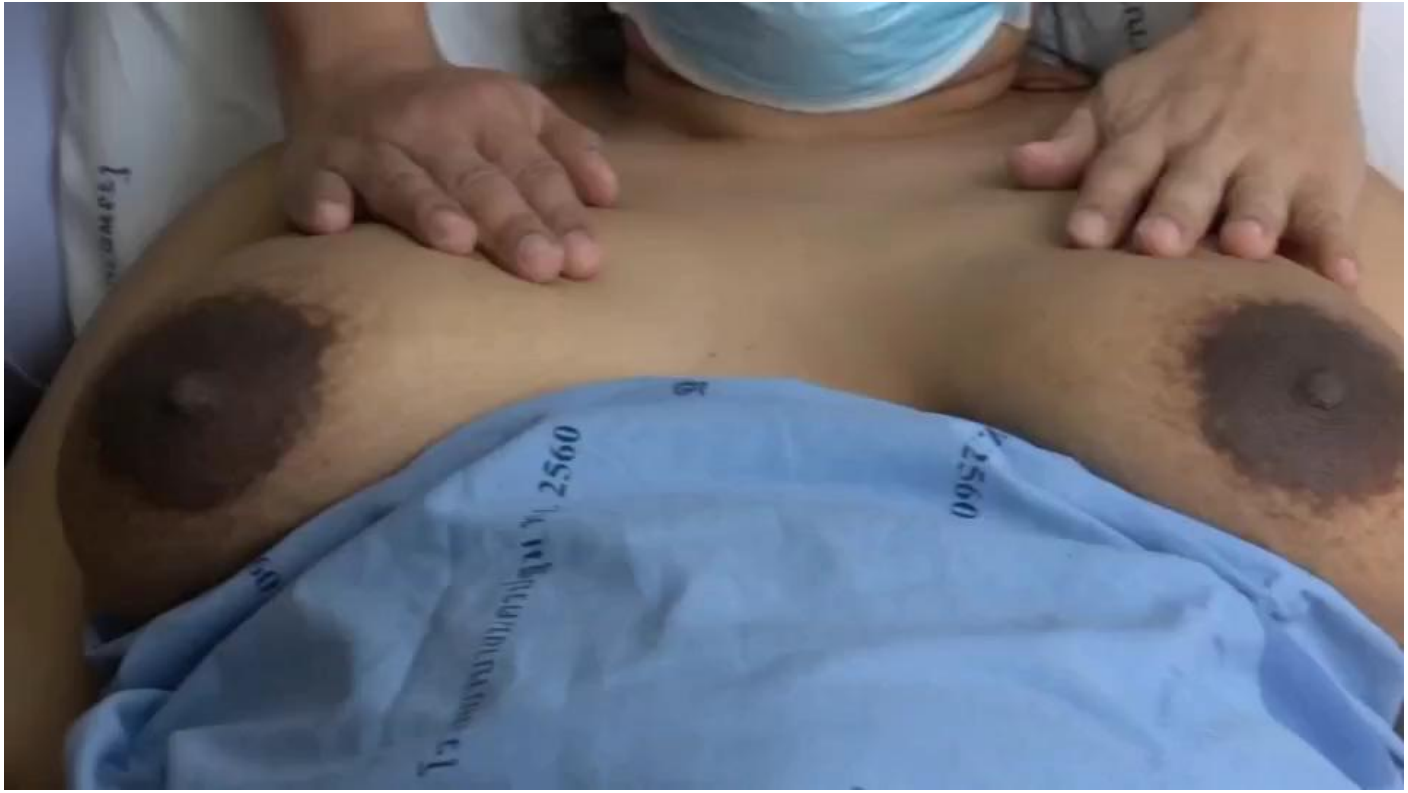
Breastfeeding may continue from unaffected breast during treatment. Gradual return to affected breast after healing (typically 2-4 weeks). Lactation support, pain management, adequate rest essential for full recovery.





“Case : White dot puncture”

By special Lactation nurse P’nok nom mae



Baby Boy!

VDO...

Breast Massage Treatment for breast engorge

And increase Breast milk

Thank You!

Questions & Discussion

Nursing Management of Mastitis Breast Abscess in Lactating Women