

PATIENT PROFILE

√	ACTIVITY	DATE	√	BATH	DATE	DIET	DATE	√	VITAL SIGNS	FREQ	√	SPECIAL NOTES
	Bedrest			Bed Bath		NPO			Temp	Q30min		Dentures
	Bathroom Privileges			Shower		Advance as tolerated			Pulse	X2, Q1		Speech impediment
	Up in Chair			Tub					Resp	Hr x4,		Language barrier
x	Ambulate x1 by 8 hours			Needs assistance					B/P	Q4hrs		Prosthetic device
	Commode								Other	Until 24		Visual impairment
	Needs assistance								ambulating	Hrs P.P.,		Blind
	Restricted to unit								assistance	Then Q		Contact lenses
	Hospital Privileges			ORAL HYGIENE	DATE					shift		Glasses
	Other		x	Self		FEEDING	DATE		FLUIDS			Hearing defect
x	Advance as tolerated			Needs assistance		x	Self		Forced to:			Other
	Ambulate QID			Special			Needs assistance		Restricted to:			
							Gavage		I&O	Q 2 hrs		

DATE ORD.	DATE RENEW	TREATMENT/SPECIAL NOTES	TIMES	DATE ORD.	DATE RENEW	TREATMENT/SPECIAL NOTES	TIMES
		Foley Catheter to gravity, Q 2 hr I&O's				IV: After delivery of placenta, administer a 500ml bolus of LR + 20units of Pitocin, then decrease to 125ml/hr. When bag is complete, start LR at 125 ml/hr. Discontinue IV when tolerating p.o. fluids well or when Duramorph Protocol expires.	
		Call MO for: SBP>=140 <=90, DBP>=90 <=50, Heart rate >130 <60 Temp.>101 or Urine output < 60 ml/Q2 hours. Turn, cough, deep breathe with incentive spirometer Q 2 hours until ambulatory.					
		DURAMORPH PROTOCOL x24 HRS, EXPIRES AT : _____					
		URINARY RETENTION: Assess for bladder distention and hypovolemia. If no urination in 6-8 hrs, may straight catheterize x1.					
		POST-OP DAY #1: Discontinue foley cath; call MO if no void in 4 hours				RN SUMMARY:	
						G: P:	
						Date/Time Admitted:	
		May d/c bandage and shower				Reason for admit:	
						Membranes:	
		RHOGAM: ONE dose IM if patient is RH negative and infant is RH positive. Prior to 72 hours postpartum.				Anesthesia:	
						Blood type/Rh:	
		RUBELLA: IF non-immune prior to discharge.				Rubella status:	
	<input type="checkbox"/>	Pain Management teaching				Complications:	
	<input type="checkbox"/>	Database Complete.				EBL:	
	<input type="checkbox"/>	Rooming-in teaching				Breast or Bottle Feeding	
	<input type="checkbox"/>	Breastfeeding teaching				Allergies:	
	<input type="checkbox"/>	Discharge Teaching				Last Pain Med:	

ADDRESSOGRAPH	DIAGNOSIS	AGE	HEIGHT	WEIGHT
	EDC : _____ EGA: _____	PATIENT CLASSIFICATION		
	Delivery type: C-Section _____	Stable		
	Delivery Date: _____		DATE ON	DATE OFF
	OP/SPECIAL PROCEDURES			
	FINDING	SI		
	DR. _____	VSI		
		RELIGIOUS RITES		

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