Your Hospital's Logo Here

OBSTETRIC ADMISSION DATABASE
ASSESSMENT PART I

PATIENT IDENTIFICATION

BASELINE INFORMATION

* DATE: * TIME: (Military Time)

MODE OF ARRIVAL: ☐ WALKING ☐ WHEELCHAIR ☐ STRETCHER

LANGUAGE: ☐ ENGLISH ☐ OTHER (SPECIFY):

SUPPORT PERSON(S) PRESENT: ☐ YES ☐ NO

NAME:

RELATIONSHIP TO PATIENT:

* ADVANCED DIRECTIVES ☐ YES ☐ NO

INFORMATION PROVIDED ☐ YES ☐ NO

* PHYSICIAN

☐ PVT ☐ CFL ☐ MC ☐ FP

TIME NOTIFIED: TIME SEEN:

TIME RESPONDED:

* REASON FOR ADMISSION:

EMOTIONAL STATUS: ☐ CALM ☐ ANXIOUS ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ IRRITABLE

* ALLERGIES:

CURRENT MEDS

* LAST P.O. INTAKE: SOLID: DATE / TIME / FLUID: DATE/TIME /

* VITAL SIGNS: TIME:	T:	P:	R:	BP:	HT:	WT Now / WT Pre-Pregnancy

LABOR ASSESSMENT

LMP EDC GESTATION

AGE	G	F	P	A	L

* FHR: TIME MONITOR APPLIED:

MONITOR EXPLAINED TO: ☐ PT ☐ SUPPORT PERSON

* CONTRACTIONS

ONSET DATE: TIME:

FREQUENCY:	DURATION:	INTENSITY

* MEMBRANES

RUPTURED ON ADMISSION: ☐ N ☐ Y

DATE: TIME: COLOR:

NITRAZINE: FERN:

* VAGINAL EXAM

VAGINAL EXAM:

DATE: TIME: BY:

SPECULUM EXAM:

DATE: TIME: BY:

ADMISSION LABS

BLOOD TYPE: VERIFIED BY:

ANTENATAL RHOGRAM GIVEN: ☐ N ☐ Y (DATE:)

*ADOLESCENT 12 - 19 YEARS OLD

SCHOOL GRADE: ..... WORK: .....

CONCERNS:

→ INITIATE SOCIAL SERVICE CONSULT UPON ADMISSION

PERTINENT PEDIATRIC INFORMATION

PEDIATRICIAN:

FEEDING: ☐ BOTTLE ☐ BREAST Previous Experience ☐ N ☐ Y

CHILDHOOD HEARING PROBLEMS FAMILY Hx: ☐ N ☐ Y

Hx CONGENITAL ANOMALIES (Previous Pregnancy) ☐ N ☐ Y

CHILDBIRTH CLASSES: ☐ N ☐ Y

HX OF CURRENT / PAST PREGNANCIES

PROBLEMS W/ CURRENT PREGNANCY ☐ N ☐ Y

SONOGRAM ☐ N ☐ Y NST ☐ N ☐ Y

AMINO ☐ N ☐ Y

KNOWN/SUSPECTED PROBLEMS W/ THIS BABY? ☐ N ☐ Y

SUBSTANCE ABUSE ☐ N ☐ Y TYPE:

PROBLEMS WITH PREVIOUS PREGNANCIES? ☐ N ☐ Y

DATE	TYPE OF DELIVERY	GA	SEX	WT

PATIENT DISPOSITION

☐ ADMITTED TIME:

☐ DISCHARGED WITH INSTRUCTIONS TIME:

☐ TRANSFERRED TO: TIME:

RN SIGNATURE / TITLE: DATE: TIME: (Military Time)

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*** Complete within 30 minutes of arrival**

WHITE = Mother's Chart **YELLOW** = Infant Chart **PINK** = Statistics

PART OF THE MEDICAL RECORD