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# MATERNAL DAILY CARE RECORD

\* Abnormal Findings Require a Nursing Note

## PATIENT IDENTIFICATION

Date	Milit. Time	Date	Milit. Time	Date	Milit. Time	Date	Milit. Time	Date	Milit. Time			
VITAL SIGNS		T R P BP		T R P BP		T R P BP		T R P BP				
BREATH SOUNDS (Clear, Rales, Rhonchi)												
HEART SOUNDS (Regular, Irregular)												
BREASTS (Soft, Filling, Lactating, Engorged)												
NIPPLES (Intact, Cracked, Sore, Bleeding)												
BOWEL SOUNDS (Active, Diminished, Absent)												
FUNDUS (Firm, Boggy, Firm with Massage, Height)		CH HT		CH HT		CH HT		CH HT				
LOCHIA (Color, Odor, Amount)		COLOR AMT		COLOR AMT		COLOR AMT		COLOR AMT				
PERINEUM (Intact, Red, Hematoma, Swollen)												
EPISIOTOMY (Intact, Swelling, Drainage)												
HEMORRHOIDS (Absent, Present, Size)												
ABDOMEN (Soft, Firm, Distended)												
ABDOMINAL INCISION (Dry, Intact, Red)												
HOMAN'S SIGN (Present, Absent)												
DIET												
<b>CHECK OFF</b>	Voids		Peri Care		Voids		Peri Care		Voids		Peri Care	
	Stool		Foley Care		Stool		Foley Care		Stool		Foley Care	
	IV Site / Care		Sitz Bath		IV Site / Care		Sitz Bath		IV Site / Care		Sitz Bath	
	Activity		Ice Pack		Activity		Ice Pack		Activity		Ice Pack	
	Shower / Bath		Warm Pack		Shower / Bath		Warm Pack		Shower / Bath		Warm Pack	
	Turn / Breath		Teds		Turn / Breath		Teds		Turn / Breath		Teds	
	Inspiro-meter Use				Inspiro-meter Use				Inspiro-meter Use			
Signature / Title:			Signature / Title:			Signature / Title:			Signature / Title:			

**PART OF THE MEDICAL RECORD**

