

Patient Name _____ MR# _____

[illegible]

AFFIX PATIENT INFO LABEL HERE

Patient Name _____ MR# _____

| #BAG | INTAKE | | | | | | | | OUTPUT | | | | | | | | |
|------------------|--------|--|--|--|--|--|--|--|----------------------|-----------|-------|--------|---------|---------|-------|--------|---------|
| | | | | | | | | | IV SITE CONDITION | PO INTAKE | URINE | | | | | EMESIS | |
| | | | | | | | | | | | FOLEY | VOIDED | PROTEIN | KETONES | BLOOD | | GLUCOSE |
| 23:00-00:01 | | | | | | | | | | | | | | | | | |
| 00:01-01:00 | | | | | | | | | | | | | | | | | |
| 01:00-02:00 | | | | | | | | | | | | | | | | | |
| 02:00-03:00 | | | | | | | | | | | | | | | | | |
| 03:00-04:00 | | | | | | | | | | | | | | | | | |
| 04:00-05:00 | | | | | | | | | | | | | | | | | |
| 05:00-06:00 | | | | | | | | | | | | | | | | | |
| 06:00-07:00 | | | | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | | | |
| 07:00-08:00 | | | | | | | | | | | | | | | | | |
| 08:00-09:00 | | | | | | | | | | | | | | | | | |
| 09:00-10:00 | | | | | | | | | | | | | | | | | |
| 10:00-11:00 | | | | | | | | | | | | | | | | | |
| 11:00-12:00 | | | | | | | | | | | | | | | | | |
| 12:00-13:00 | | | | | | | | | | | | | | | | | |
| 13:00-14:00 | | | | | | | | | | | | | | | | | |
| 14:00-15:00 | | | | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | | | |
| 15:00-16:00 | | | | | | | | | | | | | | | | | |
| 16:00-17:00 | | | | | | | | | | | | | | | | | |
| 17:00-18:00 | | | | | | | | | | | | | | | | | |
| 18:00-19:00 | | | | | | | | | | | | | | | | | |
| 19:00-20:00 | | | | | | | | | | | | | | | | | |
| 20:00-21:00 | | | | | | | | | | | | | | | | | |
| 21:00-22:00 | | | | | | | | | | | | | | | | | |
| 22:00-23:00 | | | | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | | | |
| 24 HOUR TOTAL | | | | | | | | | | | | | | | | | |

| SIGNATURE | INITIALS | SIGNATURE | INITIALS |
|-----------|----------|-----------|----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

PHYSICAL ASSESSMENT KEY:

✓= Yes X= Not Evaluated

NA=Not Applicable NN= see Nurse's Notes

AFFIX PATIENT INFO LABEL HERE

Patient Name

MR#

PHYSICAL ASSESSMENT SUMMARY

| DATE: | | TIME | | | | | | |
|--|---|----------|--|--|--|--|--|--|
| | | INITIALS | | | | | | |
| Neurologic | Alert, oriented, appropriate behavior, speech clear | | | | | | | |
| | No unexpected weakness or c/o dizziness | | | | | | | |
| | Denies headache or visual disturbance | | | | | | | |
| | DTR's +1 to +3 no clonus | | | | | | | |
| | Able to relax, no seizure activity or jitters | | | | | | | |
| Cardiovascular/Respiratory | Skin warm and dry and pink | | | | | | | |
| | Mucous membranes moist, good skin turgor | | | | | | | |
| | Heart rate without irregularities | | | | | | | |
| | No complaints of chest pain or discomfort | | | | | | | |
| | No edema of extremities | | | | | | | |
| | No facial or pre-sacral edema | | | | | | | |
| | Skin intact, no rashes or bruises noted | | | | | | | |
| | IV site without puffiness, induration, drainage or tenderness | | | | | | | |
| | | | | | | | | |
| | Breathing easily. Respirations regular and normal for labor | | | | | | | |
| | No supplementary oxygen needed for mother | | | | | | | |
| | Lungs clear with good breath sounds to both bases | | | | | | | |
| No rhinitis, nasal stuffiness or cough | | | | | | | | |
| GI | No nausea or vomiting | | | | | | | |
| | Bowel sounds present, no hypo/hyperactivity | | | | | | | |
| | No epigastric pain | | | | | | | |
| | No diarrhea or constipation | | | | | | | |
| | Tolerating at least 50% of diet | | | | | | | |
| Psychologic | Coping effectively with labor | | | | | | | |
| | SO coping with labor | | | | | | | |
| | Call bell in reach/Side rails up when in bed | | | | | | | |
| | | | | | | | | |
| Education | Labor Process | | | | | | | |
| | C/Section | | | | | | | |
| | Epidural | | | | | | | |
| | Pushing | | | | | | | |
| | Pain Management | | | | | | | |
| | Delivery: Vaginal | | | | | | | |
| Safety | Bracelet on | | | | | | | |
| | Side rails up: Call bell in reach | | | | | | | |
| | EFM: | | | | | | | |
| | Pulse oximeter alarms on: Lower limit 90 | | | | | | | |
| | Cardiac monitor on: Alarms set 60 low / 120 high: Pulse | | | | | | | |
| | BP alarms high 150/90 | | | | | | | |
| | Fall Risks Assessed | | | | | | | |

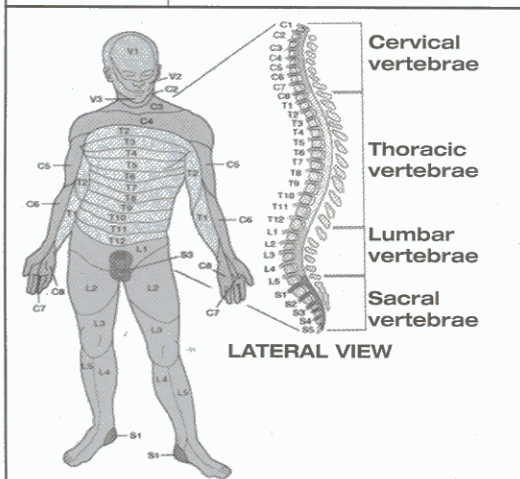
Patient Name _____ MR# _____

Patient Name

MR#

TIME:

NURSE'S PROGRESS NOTES



Notify anesthesiologist for scores > 2 at any time

Bromage 3 (complete) - unable to move feet or knees

Bromage 2 (almost complete) - able to move feet only

Bromage 1 (partial) - just able to move knees

Bromage 0 (none) - full flexion of knees & feet