University Medical Center Vaginal Delivery

<u>Disclaimer</u>: The is a suggested interdisciplinary plan of care. This is only a guideline. The patient problem, outcomes and interventions may be changed to meet the individual needs of the patient. Physician / Medical orders supersede all pre-printed interventions identified on the

ADDRESSOGRAPH	

		<u>Vagin</u>	al Delivery
Estimated LOS:	2 Days		Date placed on map:
Pediatrician:			ndus 🔲 Prima 🔲 Ortheri
provide service and majority provides and			
Significant watern	arr astr recorn	i Wedical Flictory.	
		Secretary description of the secretary descri	
		Time of E	Dieth:
Delivery Date:			
Boy			Para:
☐ NSVD			Infant In: Regular Nursery NICU
Anesthesia:	☐ Epidural	Local	□ None □ Catheter removed intact □ None □ Catheter removed intact □ None □ None □ Catheter removed intact □ None □ None
☐ Breastfeeding		Bottle Feeding	Blood Type:
Allergies:		-	
Transfer to Room #	# :	Date:	RN Initial:
Pre-Transfer Vital S	Signs: T	P	R BP Pain Score
CONSULTS OR D	DISCIPLINES IN	NVOLVED / NOTI	FIED:
Discharge Plan			Initials / Date / Time notified:
2. Laboratory			Initials / Date / Time notified:
3. Social Service	е		Initials / Date / Time notified:
4. Lactation Co	nsultant		Initials / Date / Time notified:
5. Bereavemen	t Counselor		Initials / Date / Time notified:
6.			Initials / Date / Time notified:
7.			Initials / Date / Time notified:
Significant Event	s This Admiss	ion:	
Date/Event:			
Data /Franch			
Date/Event:			
RN Signature:			Date/Time:
Instructions for Docu			

indicating it was not met or completed as stated.

SUPPLEMENTAL DOCUMENTATION is required on the Interdisciplinary Progress Record when an outcome or intervention is initialed and circled,

Initial when met or completed

Initial and circle, if not met or completed

Use notation N/A, if not applicable for the timeframe

Transfer Assessment: Transferred: From L & D: Other: Accompanied by: RN Husband ☐ Significant Other ☐ Other: Via: Stretcher ☐ Wheelchair Other: Assessment: P: T: BP: Pain Score: Type: IV Solution: Yes ☐ No D/C _ Voiding: ☐ DTV AM/PM Foley Catheter: ☐ Clear urine Other: ☐ N/A Fundus: Firm Other: Location: _ Lochia: Scant ☐ Moderate ☐ Heavy Other: Rubra ☐ 1* ☐ 2* Perineum: Intact □ 3* 4* ☐ Tear Episiotomy: ☐ WNL Other _____ Midline ☐ Mediolateral R/L Perineal Hematoma: ☐ Hemorrhoids present ☐ Side rails up ☐ Bed in low position ☐ Call bell explained, within reach Oriented to room and unit ☐ Instructed to request assistance first two times getting OOB Plan of Nursing Care discussed with patient Pain Scale 3 10

Admitting RN's Signature:

Title Initial Signature Initial/Title Signature Requiring Co-Signature **ADDRESSOGRAPH DESIRED OUTCOMES** D = DAYS E = EVENINGS N = NIGHTS0 - 12 Hours Problem/ Problem/ Needs Needs Date: Patient/family verbalizes understanding of Knowledge anticipated plan of care and participates Deficit related in decision making. to plan of care Mother and infant's environment safe. Teaching needs identified. Support post D/C available. Family bonding with infant Uses/verbalizes use of bulb syringe Feeds infant according to instructions Pain free or verbalizes relief after Pain intervention. Management Episiotomy intact, without swelling or hematoma. SMP completed correctly VS stable Infection Temperature < 101 F Control **BP WNL** Breasts soft, nipples intact Remains injury free in a safe Uterine fundus firm u/u or less Patient Safety environment. Bleeding Lochia scant to moderate ID bracelet on Involution Ambulates without fainting No evidence of skin breakdown. Skin Integrity IV site clean & dry Voids without difficulty, emptying Patient/family verbalizes satisfaction Bladder bladder completely Dysfunction Patient/Family with hospital stay/care. Satisfaction INTERVENTIONS (continued on back) Patient Care Patient Care Categories Categories Assess D/C needs using high risk criteria. * Diet: Discharge Obtain information regarding home support Nutrition Provide fluids Refer if needed, to Discharge Planning / Plan % of diet consumed: Social Service Breakfast _____ Lunch ___ Remind parents to call insurance carrier Dinner re: birth if appropriate High risk nutritional assessment completed, if necessary.

Vaginal Delivery

University Medical Center

* indicates medical orders needed

Safety

& Activity

6

#1 🗆 #2 🗆

Assist with infant care, as requested

Priority of

Care

Title Signature Initial Signature Requiring Co-Signature | Date/Shift Initial/Title **ADDRESSOGRAPH** DESIRED OUTCOMES D = DAYS E = EVENINGS N = NIGHTSProblem/ 12 - 24 Hours Problem/ Needs Date: Needs Patient/family verbalizes understanding of Knowledge anticipated plan of care and participates Deficit related in decision making. to plan of care Discharge plan established. Bonding according to accepted cultural practices. Demonstrates knowledge of self/infant Diapers infant correctly. Identifies void and stool Feeds infant according to instructions Pain Management Expresses relief of pain from pain management. Episiotomy intact, without swelling or hematoma. Ambulates without difficulty. VS stable Bonding according to cultural practice Infection Temperature < 101 F Infant Safety CBC WNL Control BP WNL Breasts soft, nipples intact Remains injury free in a safe Uterine fundus firm u/u or less Patient Safety environment. Bleeding Lochia moderate or less ID bracelet on Involution No evidence of skin breakdown. Skin Integrity Voids without difficulty, emptying Bladder bladder completely Patient/family verbalizes satisfaction Dysfunction Patient/Family with hospital stay/care. Satisfaction SMP record completed correctly INTERVENTIONS (continued on back) Patient Care Patient Care Categories Categories Re-assess D/C needs Diet: Discharge Nutrition Provide fluids Plan Refer to: if needed % of diet consumed: - Discharge planning Breakfast - Social Services Lunch % - Lactation Specialist Dinner - Post D/C classes

Vaginal Delivery

	12 - 24 Hours		Patient Care	Alson I musham S	
ategories	Date:		Categories		le de la completa de
	VS q 4h		Outegones	Encourage verbalization of fears /	
	Fundus, lochia and perineum q shift		Teaching	concerns.	
	Breasts: q shift for bottle feeding,		&	concerns.	
	q feeding for breast feeding				
	Pain Q8H + PRN		Psychosocial		
			4		
	Bonding		(4)	Instruct as needed and initial	
	Linen change PRN			- Shower / Bath	
	Comfort Care PRN			☐ Breast care:	San all
	Rhogam, if indicated			a. Bottle	1 - 1 - 1 - 1
1	FFAN DOOD SEE DOOR			b. Breast	ograma out som in
811.40	Encourage use of agents for perineum	35.5			# 2 2 7 C 7 C 7 C 7 C
	and the control of th			Provided Mother / Baby Education Class	Myster Miles
				Land Heller / Laby Landard Heller	N. 1
				Explain circumcision and NPO before	27.00
				procedure, instruct in post circumcision	
	Evaluate and document pain score	 	-	care	anisha bisa
	within 1 hour after administration of				
	pain meds		The state of the s	Instruct in use of manual breast pump if	asas Abara
				needed	
	Provides Sitz with instruction			Instruct on use of nipple shells if needed	
L	if ordered				
	Donut with instructions, if ordered			23 (A)	
	* Respiratory Care provided.			Communication of the Communica	
				Provide Birth certificate package and	
dan barah da da				instructions if not previously done	
				The state of the s	100.13
					1 1 1 1 1
				um Seculo acid yind bakaladi. Henne syan ces	
				satisficants for completions and applicable	
				YELVERY SOUTH	
		45 - 1 42 1 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1		7 76 to 1 20 10 10 10 10 10 10 10 10 10 10 10 10 10	
				D C 10 10 10 10 10 10 10 10 10 10 10 10 10	
					1011 0 1 1 1
				전 기업을 가는 목표를 가장하는 그 기록을 받았다. 기업 기업을 받는다. 	
			Interest in our continues		gryater in and
				२०१६ एक तेन विभिन्ने सहित्सा है हैं।	
	等位 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			restoration and the second	galbas
					noiguro.
	ा अंदर्भ अंदर्भाव है। जिल्लाकि बाद्य व्यवस्था विकास			Lab / diagnostics results reviewed; MD	
		the state of 8	Specimens	notified if significant/critical	
	The control of the second of the control of the con				
			&	CBC results obtained. MD notified if	ini ma <mark>ponu</mark>
			Diagnostics	significant/critical	e safeta a c
	Program in the state of the sta	il constitution in the con		The self-of-control of the self-of-control of the self-of-control of the self-of-control of-control	
		Sad Long	(5)		CONTRACTOR
	to the control of the	Control of the Contro			
San and the second second	tinere i la comentación de como en encontracto en entractivo de la composição de la composição de la como de c	njaran korjinski sovinski.	ne constantingo est aprime por con-	Approximation of the control of the	Mark of the Control
	The factors of the statement of the control of the statement of the control of th	E CLOOK ON	The second secon		
		and the		Assist with infant care, as requested	BU III
31 14 3		or the sales	Safety		
	and the comment and the comment of t		&	Ambulate to BR	
	the state of the s			LOUISVIIGIE IO DE	1
	1961		40.	1	
	Liber.		Activity	If requested	
riority of	wide figure		40.	1	

University Medical Center

* indicates medical orders needed

Signature Title Initial Signature Requiring Co-Signature Date/Shift Initial/Title ADDRESSOGRAPH **DESIRED OUTCOMES** D = DAYS E = EVENINGS N = NIGHTSProblem/ 24 - 48 Hours Problem/ Needs Date: Needs Patient/family verbalizes understanding of Knowledge anticipated plan of care and participates Deficit related in decision making. to plan of care Discharge plan established. Bonding according to accepted cultural practices. Demonstrates knowledge of self/infant care. Uses manual breast pump according to instructions Reads/takes infant's temperature correctly Pain free or verbalizes relief after Pain intervention. Management VS stable Bonding according to cultural practice Infection Temperature < 100 F Infant Safety Control BP WNL Breasts soft, nipples intact Remains injury free in a safe Uterine fundus firm u/u or less Patient Safety environment. Bleeding Lochia moderate or less ID bracelet on Involution No evidence of skin breakdown. Skin Integrity Voids without difficulty, emptying Bladder bladder completely Patient/family verbalizes satisfaction Dysfunction Patient/Family with hospital stay/care. Satisfaction SMP record completed correctly INTERVENTIONS (continued on back) Patient Care Patient Care Categories Categories Re-evaluate D/C needs Diet: Discharge Assure follow-up care has been Nutrition Provide fluids Plan arranged, if needed % of diet consumed: Breakfast Review and obtain signature on D/C Lunch instructions and birth certificate Dinner % Transport for D/C

Vaginal Delivery

		Patient Care Categories Teaching & Psychosocial	Encourage verbalization of fears / concerns. Instruct as needed for: - Jaundice - Immunization - Bathing - Temperature taking Mother / Baby Education Class Provided Explain circumcision and NPO before	
		Teaching &	Instruct as needed for: - Jaundice - Immunization - Bathing - Temperature taking Mother / Baby Education Class Provided	
		&	Instruct as needed for: - Jaundice - Immunization - Bathing - Temperature taking Mother / Baby Education Class Provided	
		&	Instruct as needed for: - Jaundice - Immunization - Bathing - Temperature taking Mother / Baby Education Class Provided	
		&	- Jaundice - Immunization - Bathing - Temperature taking Mother / Baby Education Class Provided	
		Psychosocial 4	- Jaundice - Immunization - Bathing - Temperature taking Mother / Baby Education Class Provided	
		4	- Jaundice - Immunization - Bathing - Temperature taking Mother / Baby Education Class Provided	
		4	- Jaundice - Immunization - Bathing - Temperature taking Mother / Baby Education Class Provided	
		4	- Jaundice - Immunization - Bathing - Temperature taking Mother / Baby Education Class Provided	
		9877 00 03743	- Immunization - Bathing - Temperature taking Mother / Baby Education Class Provided	
		PATTO OBAR	- Bathing - Temperature taking Mother / Baby Education Class Provided	
		007 UO QBARR	- Temperature taking Mother / Baby Education Class Provided	
		UO 03500	Mother / Baby Education Class Provided	
		JO 088W	Mother / Baby Education Class Provided	
1003			Explain circumcision and NPO before	\vdash
Der			Explain circumcision and NPO before	
			procedure, instruct in post circumcision	
			care	
			Assure abillity to operate breast pump	
			if needed	
			Instruct on:	
			- BSE	
			- Contraception	
T			- Intercourse	-
			- Emotional needs:	-
			- Return of menses	
			- Return of menses	-
			The second secon	
			Instruct on:	
			- Growth spurts	0.55
			- Engorgement	
			- Sore nipples	
			- Expression of milk PRN	
	G 772 C.A			-
			1	
	7.135.00			
			- Bottle ⊔	
			AND THE PROPERTY OF THE PROPER	
8.34	p de la			
			ask to almosteri shipe in to a	
			And the first control of the control	
			II ab / diagnostica vaculta vaciano di NAD	-
30000			notified if significant/critical	
		Diagnostics		
			- Palaigraon laburati	
	assi	(5)		
5.61	asa l			
			a Distantination of the first of a space of the state of	
		1991 KINST N. 27	1000 3 MA	
			Assist with infant care, as requested	10
0.00	100	Safety	a second	
		&	akasa A. Cratimus 2003)	
			Printed Selection (No. 2007)	
		Activity	THE SECOND PROPERTY OF THE PRO	
			63000 1) bogstage	
1	7	/ ^ \		
	· I	(6)	1	1
		6	Electric and obtain signature or CPC	
		6	Color studengs and object of the street	
The same of the sa				Specimens & Diagnostics Safety & Activity - Supply and demand Nutrition: - Breast - Bottle Lab / diagnostics results reviewed; MD notified if significant/critical Assist with infant care, as requested

University Medical Center

* indicates medical orders needed

Vaginal Delivery Title Initial Signature Initial/Title Date/Shift Signature Requiring Co-Signature ADDRESSOGRAPH DESIRED OUTCOMES D = DAYS E = EVENINGS N = NIGHTS Problem/ 48 - 72 Hours Problem/ Needs Needs Date: Patient/family verbalizes understanding of anticipated plan of care and participates Knowledge in decision making. Deficit related Demonstrates self/infant care skills to plan of care according to information in mother/baby handbook Pain Pain in controlled. Ambulating without Management difficulty. Episiotomy intact and clean Bonding according to accepted VS stable cultural practices Temperature < 100 F Infection Infant Safety Breasts soft, nipples intact, if bottle Control feeding. Breasts filling, nipples intact if breastfeeding. Remains injury free in a safe environment. Fundus firm below umbilicus Patient Safety Bleeding Lochia scant to moderate ID bracelet on Involution No evidence of skin breakdown. Skin Integrity Voids without difficulty, emptying Patient/family verbalizes satisfaction Bladder bladder completely Patient/Family with hospital stay/care. Dysfunction Satisfaction SMP record placed on chart INTERVENTIONS (continued on back) Patient Care Patient Care Categories Categories Review and obtain signature on D/C Diet: Encourage fluids instructions and birth certificate Nutrition Discharge Transport for D/C % of diet consumed: Plan Breakfast _____ Lunch % Dinner

INTERVENTIONS

TWIN #	T. 20 11			D. C.		
Patient Care	48 - 72 Hours			Patient Care	937,937,02	
Categories	Date:	4		Categories		
	VS and pain assessment q	shift		120000000000000000000000000000000000000	Encourage verbalization of fears /	
Assessment	Fundus and lochia q shift			Teaching	concerns.	
&	Breast and nipples: q shift to	oottle		&	Instruct as needed for list and initial:	
Treatments	q feed: breast feeding			Psychosocial		
3						
(3)				(4)	***************************************	
					Validation Programmes as a second of	7 - 10 - 12 - 13 - 13 - 13 - 13 - 13 - 13 - 13
					de Miller Markenner (1997) (19	
	Evaluate and document pai	in score				and the second second
	within 1 hour after administr			278 0 18 36 37 20	a de la Caragramenta de la compansa de la compansa La compansa de la compansa del compansa de la compansa de la compansa del compansa de la compansa del compansa de la compansa del la compansa	
	pain meds			and the state of t	regional de la companya de la compa La companya de la companya della companya del	the second
	Rubella vaccine at D/C if in	dicated			SAME TO SECUL	
					Provide Mother / Baby Education class	
					PRN	
					lability of equals somethin each basement or call	with the same of the same of
					all de mes anella differa e e e e e e e e e	read to a stood
						
					Margio en	
					The state of the s	
				naves of		
	10年,10年,10年,10年,10年,10年,10年,10年,10年,10年,				■ ** ** ** ** ** ** ** 	
	530					7 (10)
			er shall be	State of the state	attocal double autopath literature is de-	House Co.
					ं विकास का का किल्ला है जिल्ला का किल्ला का स्थापन के किल्ला के किल्ला के किल्ला के किल्ला के किल्ला के किल्ला	
					grabe ojave en vij	
					The state of the s	34 33 33
				The state of the s	and the control of th	
	na dypari a k				1	
					Lab / diagnostics results reviewed; MD	
				Specimens	notified if significant/critical	
				&		
				Diagnostics	The second section of the section of	
					WARD WARD TO SHOULD A DECEMBER OF THE STATE	
				(5)		
	1280 TO 100 TO 1		TOTAL CONTRACTOR			
	partes on reduces regards to endingstroping transfer of the original of				The second secon	
			7.65 J.W			
			e grories	Safety		Castoopes
				& Salety		
	ghr. a				Constitute distribute amainment	40 64 64
				Activity	284 1 to 2 market	
The state of the s					white is a distribution of	
Priority of				(6)		
Care	1 VIII 10 10 10 10 10 10 10 10 10 10 10 10 10					

University Medical Center

* indicates medical orders needed