

University Medical Center Vaginal Delivery

Disclaimer: 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 _____

Vaginal Delivery

Estimated LOS: 2 Days

Date placed on map: _____

Pediatrician: _____

Significant Maternal Past / Recent Medical History: _____

Delivery Date: _____ Time of Birth: _____

☐ Boy ☐ Girl Gravida: _____ Para: _____
☐ NSVD ☐ Forceps ☐ Vacuum Infant In: ☐ Regular Nursery ☐ NICU
Anesthesia: ☐ Epidural ☐ Local ☐ None ☐ Catheter removed intact
☐ Breastfeeding ☐ Bottle Feeding Blood Type: _____

Allergies: _____

Transfer to Room #: _____ Date: _____ RN Initial: _____

Pre-Transfer Vital Signs: T _____ P _____ R _____ BP _____ Pain Score _____

CONSULTS OR DISCIPLINES INVOLVED / NOTIFIED:

1. Discharge Planning	Initials / Date / Time notified: _____
2. Laboratory	Initials / Date / Time notified: _____
3. Social Service	Initials / Date / Time notified: _____
4. Lactation Consultant	Initials / Date / Time notified: _____
5. Bereavement Counselor	Initials / Date / Time notified: _____
6. _____	Initials / Date / Time notified: _____
7. _____	Initials / Date / Time notified: _____

Significant Events This Admission:

Date/Event: _____

Date/Event: _____

Date/Event: _____

RN Signature: _____ Date/Time: _____

Instructions for Documentation:

OUTCOMES / INTERVENTIONS:

- Initial when met or completed
- Use notation N/A, if not applicable for the timeframe
- Initial and circle, if not met or completed

SUPPLEMENTAL DOCUMENTATION is required on the Interdisciplinary Progress Record when an outcome or intervention is initialed and circled, indicating it was not met or completed as stated.

Transfer Assessment:

Transferred: From L & D: _____ Other: _____ Time: _____ am/pm

Accompanied by: ☐ RN ☐ Husband ☐ Significant Other ☐ Other: _____

Via: ☐ Stretcher ☐ Wheelchair ☐ Other: _____

Assessment: T: _____ P: _____ R: _____ BP: _____ Pain Score: _____

IV Solution: ☐ Yes ☐ No D/C _____ Type: _____

Voiding: ☐ DTV _____ AM/PM

Foley Catheter: ☐ Clear urine ☐ Other: _____ ☐ N/A

Fundus: ☐ Firm ☐ Other: _____ ☐ Location: _____

Lochia: ☐ Scant ☐ Moderate ☐ Heavy ☐ Rubra ☐ Other: _____

Perineum: ☐ Intact ☐ 1* ☐ 2* ☐ 3* ☐ 4* ☐ Tear

Episiotomy: ☐ WNL ☐ Other _____ ☐ Midline ☐ Mediolateral ☐ R/L

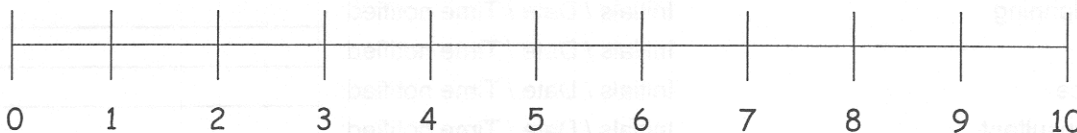
Perineal Hematoma: _____ ☐ Hemorrhoids present

☐ 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

Admitting RN's Signature: _____

Vaginal Delivery

Signature	Title	Initial
Signature Requiring Co-Signature	Date/Shift	Initial/Title

ADDRESSOGRAPH

DESIRED OUTCOMES

D = DAYS E = EVENINGS N = NIGHTS

Problem/Needs	0 - 12 Hours Date: _____				Problem/Needs				
Knowledge Deficit related to plan of care	Patient/family verbalizes understanding of anticipated plan of care and participates in decision making.								
	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 Management	Pain free or verbalizes relief after intervention.								
	Episiotomy intact, without swelling or hematoma.								
	SMP completed correctly								
Infection Control	VS stable								
	Temperature < 101 F								
	BP WNL								
	Breasts soft, nipples intact								
Bleeding Involution	Uterine fundus firm u/u or less				Patient Safety	Remains injury free in a safe environment. ID bracelet on			
	Lochia scant to moderate								
	Ambulates without fainting								
Bladder Dysfunction	Voids without difficulty, emptying bladder completely				Skin Integrity	No evidence of skin breakdown. IV site clean & dry			
					Patient/Family Satisfaction	Patient/family verbalizes satisfaction with hospital stay/care.			

INTERVENTIONS (continued on back)

Patient Care Categories				Patient Care Categories			
Discharge Plan 1	Assess D/C needs using high risk criteria.			Nutrition 2	* Diet: _____		
	Obtain information regarding home support				Provide fluids		
	Refer if needed, to Discharge Planning / Social Service			% of diet consumed:			
	Remind parents to call insurance carrier re: birth if appropriate			Breakfast _____%			
				Lunch _____%			
				Dinner _____%			
				High risk nutritional assessment completed, if necessary.			

INTERVENTIONS

* indicates medical orders needed

Vaginal Delivery

Signature	Title	Initial
Signature Requiring Co-Signature	Date/Shift	Initial/Title

ADDRESSOGRAPH

DESIRED OUTCOMES

D = DAYS E = EVENINGS N = NIGHTS

Problem/Needs	12 - 24 Hours Date: _____					Problem/Needs					
Knowledge Deficit related to plan of care	Patient/family verbalizes understanding of anticipated plan of care and participates in decision making.										
	Discharge plan established. Bonding according to accepted cultural practices. Demonstrates knowledge of self/infant care										
	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.										
Infection Control	VS stable Temperature < 101 F CBC WNL BP WNL Breasts soft, nipples intact					Infant Safety	Bonding according to cultural practice				
						Patient Safety	Remains injury free in a safe environment. ID bracelet on				
Bleeding Involution	Uterine fundus firm u/u or less Lochia moderate or less					Skin Integrity	No evidence of skin breakdown.				
						Patient/Family Satisfaction	Patient/family verbalizes satisfaction with hospital stay/care. SMP record completed correctly				
Bladder Dysfunction	voids without difficulty, emptying bladder completely										

INTERVENTIONS (continued on back)

Patient Care Categories					Patient Care Categories					
Discharge Plan 1	Re-assess D/C needs				Nutrition 2	* Diet: _____				
	Refer to: if needed - Discharge planning - Social Services - Lactation Specialist - Post D/C classes					Provide fluids				
					% of diet consumed:					
					Breakfast _____ %					
					Lunch _____ %					
					Dinner _____ %					

MR # _____

INTERVENTIONS

Patient Care Categories	12 - 24 Hours Date: _____				Patient Care Categories				
Assessment & Treatments <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 5px;">3</div>	VS q 4h				Teaching & Psychosocial <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 5px;">4</div>	Encourage verbalization of fears / concerns.			
	Breasts: q shift for bottle feeding, q feeding for breast feeding					Instruct as needed and initial - Shower / Bath <input type="checkbox"/> - Peri care <input type="checkbox"/>			
	Pain Q8H + PRN					<input type="checkbox"/> Breast care: a. Bottle			
	Bonding					b. Breast			
	Linen change PRN					Provided Mother / Baby Education Class			
	Comfort Care PRN					Explain circumcision and NPO before procedure, instruct in post circumcision care			
	Rhogam, if indicated					Instruct in use of manual breast pump if needed			
	Encourage use of agents for perineum					Instruct on use of nipple shells if needed			
	Evaluate and document pain score within 1 hour after administration of pain meds					Provide Birth certificate package and instructions if not previously done			
	Provides Sitz with instruction if ordered					Specimens & Diagnostics <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 5px;">5</div>	Lab / diagnostics results reviewed; MD notified if significant/critical		
Donut with instructions, if ordered				CBC results obtained. MD notified if significant/critical					
* Respiratory Care provided.				Safety & Activity <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 5px;">6</div>	Assist with infant care, as requested				
					Ambulate to BR If requested				
Priority of Care									

University Medical Center

* indicates medical orders needed

Vaginal Delivery

Signature	Title	Initial
Signature Requiring Co-Signature	Date/Shift	Initial/Title

DESIRED OUTCOMES

ADDRESSOGRAPH
D = DAYS E = EVENINGS N = NIGHTS

Problem/Needs	24 - 48 Hours Date:				Problem/Needs				
Knowledge Deficit related to plan of care	Patient/family verbalizes understanding of anticipated plan of care and participates in decision making.								
	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 Management	Pain free or verbalizes relief after intervention.								
Infection Control	VS stable Temperature < 100 F BP WNL Breasts soft, nipples intact				Infant Safety	Bonding according to cultural practice			
Bleeding Involution	Uterine fundus firm u/u or less Lochia moderate or less				Patient Safety	Remains injury free in a safe environment. ID bracelet on			
					Skin Integrity	No evidence of skin breakdown.			
Bladder Dysfunction	Voids without difficulty, emptying bladder completely				Patient/Family Satisfaction	Patient/family verbalizes satisfaction with hospital stay/care. SMP record completed correctly			

INTERVENTIONS (continued on back)

Patient Care Categories					Patient Care Categories				
Discharge Plan 1	Re-evaluate D/C needs Assure follow-up care has been arranged, if needed				Nutrition 2	* Diet: _____			
	Review and obtain signature on D/C instructions and birth certificate					Provide fluids			
	Transport for D/C					% of diet consumed:			
						Breakfast _____ %			
					Lunch _____ %				
					Dinner _____ %				

INTERVENTIONS

* indicates medical orders needed

Vaginal Delivery

Signature	Title	Initial
Signature Requiring Co-Signature	Date/Shift	Initial/Title

ADDRESSOGRAPH

DESIRED OUTCOMES

D = DAYS E = EVENINGS N = NIGHTS

Problem/Needs	48 - 72 Hours Date:				Problem/Needs				
Knowledge Deficit related to plan of care	Patient/family verbalizes understanding of anticipated plan of care and participates in decision making.								
	Demonstrates self/infant care skills according to information in mother/baby handbook								
Pain Management	Pain in controlled. Ambulating without difficulty. Episiotomy intact and clean								
Infection Control	VS stable Temperature < 100 F Breasts soft, nipples intact, if bottle feeding. Breasts filling, nipples intact if breastfeeding.				Infant Safety	Bonding according to accepted cultural practices			
Bleeding Involution	Fundus firm below umbilicus Lochia scant to moderate				Patient Safety	Remains injury free in a safe environment. ID bracelet on			
					Skin Integrity	No evidence of skin breakdown.			
Bladder Dysfunction	Voids without difficulty, emptying bladder completely				Patient/Family Satisfaction	Patient/family verbalizes satisfaction with hospital stay/care. SMP record placed on chart			

INTERVENTIONS (continued on back)

Patient Care Categories				Patient Care Categories			
Discharge Plan 1	Review and obtain signature on D/C instructions and birth certificate Transport for D/C			Nutrition 2	* Diet: _____ Encourage fluids % of diet consumed: Breakfast _____ % Lunch _____ % Dinner _____ %		

MR # _____

INTERVENTIONS

Patient Care Categories	48 - 72 Hours Date: _____				Patient Care Categories				
Assessment & Treatments <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 5px;">3</div>	VS and pain assessment q shift				Teaching & Psychosocial <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 5px;">4</div>	Encourage verbalization of fears / concerns.			
	Fundus and lochia q shift					Instruct as needed for list and initial:			
	Breast and nipples: q shift bottle					_____			
	q feed: breast feeding					_____			

	Evaluate and document pain score within 1 hour after administration of pain meds					_____			
	Rubella vaccine at D/C if indicated					Provide Mother / Baby Education class PRN			
					Specimens & Diagnostics <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 5px;">5</div>	Lab / diagnostics results reviewed; MD notified if significant/critical			

					Safety & Activity <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 5px;">6</div>				
Priority of Care									