

<b>DIAGNOSIS:</b>	<b>C-SECTION DELIVERY</b>	<b>DISCH. DATE:</b>		Disclaimer: This map and guidelines do not purport to reflect all relevant medical considerations and are not intended to replace clinical judgment.
<b>DRG:</b>	APC: 371	<b>ACTUAL LOS:</b>		
<b>ADM DATE:</b>		<b>EXPECTED LOS:</b>	<b>4 Days</b>	
<b>OBTETRICIAN:</b>		<b>Last Updated:</b>	<b>July 2006</b>	

Date/Time	0 – 2 HOURS: POST- DELIVERY	2 – 24 HOURS	24-48 HOURS	DATE: 48-72 HOURS/ DISCHARGE
<b>OUTCOMES</b>	<ul style="list-style-type: none"> <li>Exhibits no signs of infection (Temp, less than 99 and incision clean and intact)</li> <li>Fundus firm on palpation</li> <li>Verbalizes pain level less than 3/10 on pain scale</li> <li>Verbalizes plan of care</li> </ul>	<ul style="list-style-type: none"> <li> voids without difficulty or discomfort after Foley discontinued</li> <li> Verbalizes pain level less than 3/10 on pain scale</li> </ul>	<ul style="list-style-type: none"> <li> Ambulates with assistance</li> <li> Fundus firm and 2 fingers below the umbilicus</li> <li> Exhibits no signs of infection (Temp less than 99, incision clean and intact, CBC WNL)</li> </ul>	<ul style="list-style-type: none"> <li> Ambulates without assistance</li> <li> Verbalizes pain level less than 3/10 on pain scale</li> <li> Fundus firm and 2 fingers below the umbilicus</li> <li> Exhibits no signs of infection (Temp less than 99, incision clean and intact, CBC WNL)</li> </ul>
<b>TRANSITIONAL ACTIVITIES / DISCHARGE PLANNING</b>	Discharge assessment	Discharge to postpartum unit		
<b>ASSESSMENTS</b>	Full postpartum assessment (fundus and vaginal drainage) Assess for signs of infection VS q 15 min. x 1 hour then q 30 min x 2 hours Assess for pain level less than 3 / 10 Assess for urine output 30 ml/hr or greater I&O	Reassess body systems q 12 hours Assess fundus and vaginal drainage q 4 hours Assess for signs of infection VS q 4 hours Assess for pain level less than 3 / 10 Assess for urine output 30 ml/hr or greater Assess for voiding after Foley D/C	Reassess body systems q 12 hours Assess fundus and vaginal drainage q 8 hours Assess for signs of infection VS q 8 hours Assess for pain level less than 3 / 10	Reassess body systems q 12 hours Assess fundus and vaginal drainage q 8 hours Assess for signs of infection Assess for pain level less than 3 / 10
<b>CONSULTS</b>	<input type="checkbox"/> Nutrition <input type="checkbox"/> Case Management <input type="checkbox"/> Pastoral Care <input type="checkbox"/> Lactation Specialist	<input type="checkbox"/> Case Management <input type="checkbox"/> Lactation Specialist	<input type="checkbox"/> Case Management <input type="checkbox"/> Lactation Specialist	<input type="checkbox"/> Case Management <input type="checkbox"/> Lactation Specialist
<b>PROCEDURES &amp; TREATMENTS</b>	Foley to straight drainage Mother/ Baby ID bands matched <input type="checkbox"/> Initiate breastfeeding Continuous SCDs Peri Care PP and Dressing checks	Turn, cough and deep breathe q 2 hr Incentive Spirometer q 1 hr while awake D/C Foley PP and Dressing checks Peri Care Continuous SCDs <input type="checkbox"/> Ice packs to breasts PRN <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Pumping <input type="checkbox"/> Initiate bottle feeding	PP and Dressing/Wound checks Peri Care Ice packs to breasts PRN D/C SCDs when ambulating <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Pumping	PP and Dressing/wound checks Ice packs to breasts PRN (if bottle feeding) <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Pumping <input type="checkbox"/> Discharged without baby Mother and baby ID bands match at discharge

**Clinical MAP**  
**CESAREAN SECTION**  
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<u>Cesarean Section</u>	DATE:	0-2 HOURS	2-24 HOURS	24-48 HOURS	48-72 HOURS
<b>LABS, TESTS &amp; DIAGNOSTICS</b>	<input type="checkbox"/> Rhogam screen			CBC	
<b>MEDICATIONS &amp; PAIN MANAGEMENT</b>	Pitocin 20 units to first 1000 ml of Ringer's Lactate IV fluids Analgesic: <input type="checkbox"/> PCA <input type="checkbox"/> Epidural narcotics (follow anesthesia orders) <input type="checkbox"/> Percocet <input type="checkbox"/> Tylenol <input type="checkbox"/> Ibuprofen	<input type="checkbox"/> Ringer Lactate IV Analgesic: <input type="checkbox"/> PCA <input type="checkbox"/> Epidural narcotics (follow anesthesia orders) <input type="checkbox"/> Percocet <input type="checkbox"/> Tylenol <input type="checkbox"/> Ibuprofen Suppository Laxative PRN Stool softener Anusol cream. To hemorrhoids PRN Lanolin to nipples PRN Mylicon PRN	<input type="checkbox"/> Ringer Lactate IV Analgesic: <input type="checkbox"/> PCA <input type="checkbox"/> Morphine sulfate with Phenergan <input type="checkbox"/> Percocet <input type="checkbox"/> Tylenol <input type="checkbox"/> Ibuprofen Suppository Laxative PRN Stool softener Anusol cream to hemorrhoids PRN Lanolin to nipples PRN Mylicon PRN	<input type="checkbox"/> Rubella Vaccine <input type="checkbox"/> Rhogam Analgesic: <input type="checkbox"/> PCA <input type="checkbox"/> Morphine sulfate with Phenergan <input type="checkbox"/> Percocet <input type="checkbox"/> Tylenol <input type="checkbox"/> Ibuprofen Suppository Laxative PRN Stool softener Anusol cream to hemorrhoids PRN Lanolin to nipples PRN Mylicon PRN	
<b>EDUCATION</b>	Education: Post-partum self-care Breast Care/Breastfeeding Pain Management	Education: Post-partum self-care Breast Care/Breastfeeding <input type="checkbox"/> Pumping Pain Management Infant Care <input type="checkbox"/> Instructions from NICU	Re-enforce Education: Post-partum self-care Breast Care/Breastfeeding <input type="checkbox"/> Pumping Pain Management Infant Care <input type="checkbox"/> Instructions from NICU	Re-enforce Education: Post-partum self-care Breast Care/Breastfeeding <input type="checkbox"/> Pumping Pain Management Infant Care <input type="checkbox"/> Instructions from NICU	
<b>ACTIVITY, MOBILITY &amp; SAFETY</b>	Bedrest	Ambulate with assistance Shower with assistance after dressing removed	Out of bed with ad lib	Up ad lib	
<b>PSYCHO-SOCIAL / SPIRITUAL</b>	Parent demonstrates positive bonding activities: <input type="checkbox"/> Holding baby when not feeding <input type="checkbox"/> Gazes at baby <input type="checkbox"/> Speaks to baby <input type="checkbox"/> Kisses baby	Parent demonstrates positive bonding activities: <input type="checkbox"/> Holding baby when not feeding <input type="checkbox"/> Gazes at baby <input type="checkbox"/> Speaks to baby <input type="checkbox"/> Kisses baby <input type="checkbox"/> Visits NICU	Parent demonstrates positive bonding activities: <input type="checkbox"/> Holding baby when not feeding <input type="checkbox"/> Gazes at baby <input type="checkbox"/> Speaks to baby <input type="checkbox"/> Kisses baby <input type="checkbox"/> Visits NICU	Parent demonstrates positive bonding activities: <input type="checkbox"/> Holding baby when not feeding <input type="checkbox"/> Gazes at baby <input type="checkbox"/> Speaks to baby <input type="checkbox"/> Kisses baby <input type="checkbox"/> Visits NICU	
<b>NUTRITION</b>	NPO or clear liquids	Diet as tolerated Encourage fluid intake	Diet as tolerated Encourage fluid intake	Diet as tolerated Encourage fluid intake	
<b>SIGNATURES</b>  If signing under "other", please include title.	7A _____ 7P _____ Other _____ CM _____	7A _____ 7P _____ Other _____ CM _____	7A _____ 7P _____ Other _____ CM _____	7A _____ 7P _____ Other _____ CM _____	

## CLINICAL MAP OUTCOMES ASSESSMENT & VARIANCE REPORT

DAY OF ADMIT / 0-2 HRS	2-24 HOURS	24-48 HOURS	48-72 HOURS / D/C Date:
<b>OUTCOMES MET?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Time <input type="checkbox"/> Patient/Family <input type="checkbox"/> Provider/Hospital Systems <input type="checkbox"/> Community	<b>OUTCOMES MET?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Time <input type="checkbox"/> Patient/Family <input type="checkbox"/> Provider/Hospital Systems <input type="checkbox"/> Community	<b>OUTCOMES MET?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Time <input type="checkbox"/> Patient/Family <input type="checkbox"/> Provider/Hospital Systems <input type="checkbox"/> Community	<b>OUTCOMES MET?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Time <input type="checkbox"/> Patient/Family <input type="checkbox"/> Provider/Hospital Systems <input type="checkbox"/> Community
<b><u>VARIANCE:</u></b>   <b><u>ACTION TAKEN:</u></b>   <b>Follow-Up/Outcome:</b>	<b><u>VARIANCE:</u></b>   <b><u>ACTION TAKEN:</u></b>   <b>Follow-up/Outcome:</b>	<b><u>VARIANCE:</u></b>   <b><u>ACTION TAKEN:</u></b>   <b>Follow-up/Outcome:</b>	<b><u>VARIANCE:</u></b>   <b><u>ACTION TAKEN:</u></b>   <b>Follow-up/Outcome:</b>
<b>SIGNATURES</b> 7A _____ 7P _____ CM _____ Other _____	<b>SIGNATURES</b> 7A _____ 7P _____ CM _____ Other _____	<b>SIGNATURES</b> 7A _____ 7P _____ CM _____ Other _____	<b>SIGNATURES</b> 7A _____ 7P _____ CM _____ Other _____

### VARIANCE CODES

TIME	PATIENT/FAMILY	PROVIDER/ HOSPITAL SYSTEMS	COMMUNITY	CORE MEASURES (if appropriate)
E= Early L= Late O= Omitted or Absent NWR= Not Within Range	1. Condition 2. Decision 3. Availability of patient 4. Availability of family 5. Capability & Resources of patient 6. Capability & Resources of family 7. Other (specify)	8. Orders 9. Decision 10. MD Response 11. In-house transportation 12. Bed availability 13. Test results 14. Equipment Availability 15. Other (specify)	16. Home care 17. Placement 18. Transportation 19. Patient Supplies 20. Equipment Availability 21. Other (specify)	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <input type="checkbox"/> Yes <input type="checkbox"/> No

**\*\*\*When this form is complete please place in the variance data collection book\*\*\***

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