## University Medical Center Cesarean 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** 

## Cesarean Delivery Estimated LOS: 4 Days Date placed on map: Pediatrician: Significant Maternal Past / Recent Medical History: Time of Birth: Delivery Date: Gravida: П Воу Girl Regular Nursery NICU Repeat ☐ Tubal Ligation Infant In: ☐ Epidural General Spinal ☐ Catheter removed intact Anesthesia: ☐ Bottle Feeding ☐ Breastfeeding Blood Type: Allergies: Transfer to Room #: \_\_\_\_\_ Date: \_\_\_\_\_ RN Initial: \_\_\_\_\_ Pre-Transfer Vital Signs: T P R BP Pain Score CONSULTS OR DISCIPLINES INVOLVED / NOTIFIED: Initials / Date / Time notified: 1. Discharge Planning Initials / Date / Time notified: 2. Laboratory 3. Social Service Initials / Date / Time notified: Lactation Consultant Initials / Date / Time notified: 4. Initials / Date / Time notified: 5. Bereavement Counselor Initials / Date / Time notified: 6. Initials / Date / Time notified: Significant Events This Admission: Date/Event: Date/Event: Date/Event: Date/Time: RN Signature: Instructions for Documentation: OUTCOMES / INTERVENTIONS:

Cesarean Delivery

Cover

indicating it was not met or completed as stated.

Initial when met or completed

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

Initial and circle, if not met or completed

Medical Record

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

Rev. 1/26/05

## Postpartum room: \_\_\_ Time: \_\_\_\_\_ am/pm Transferred: From: □ L&D Other: Accompanied by: RN Husband ☐ Significant Other Other: Via: Stretcher ☐ Wheelchair P: \_\_\_\_ Transfer VS: R: \_\_\_\_ BP: \_\_\_\_\_ Pain Score: \_\_\_\_\_ IV Solution: Yes ☐ No Type: Analgesia - PCA Bolus: \_\_\_\_\_ Type: Rate: \_\_\_\_\_ Duramorph: IM Meds: Туре: \_\_\_\_\_ \_\_ Amt: \_\_\_\_\_ Foley Catheter: ☐ Clear urine Other: Lochia: Scant ☐ Moderate Heavy ☐ Rubra Other: Other: \_\_\_\_\_ Fundus: Firm Location: Abd. Dressing: ☐ Dry and Intact ☐ Other: Admitting RN's Signature: \_\_\_\_

Transfer Assessment:

C	esearean De	elivery									
	Signature		Title	- Ir	nitial						
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			DES	IRE	DO	บีтс	OMES	D = DAYS E = EVENINGS N = NI	IGHTS		
Problem/	0 - 12 Hours			T	T	T	Problem/	DATE EVENINGS IN THE	7	<del></del>	-
Needs	Date:						Needs	The state of the s			
746603	Family provide	s for infant sa	fety	+	+	+	Needs	Consuming appropriate diet without		+-+	_
Knowledge	Begins attempt						Nutrition	nausea or vomiting			
Deficit related	Market and the Contract of the			+	+	+	- Natifilion	hausea or vorniging			
to plan of care			Зарроп						-	+-+	_
lo plan or care	Pt/family verba		nt plan and	+	+-	+	-	and the second s			
	participates in		it plan and				1	. 091			
	participated in	prarr or our or		+-	+	+-	<del> </del>		+	+	=
				+	+	+	=				
Pain											
Management	Pain Managem	ent effective	without side	+-	+	+-	-				
	effects	ioni onconvo	Without Side								
	-							1			
				+-	+-	+-	-		+	++	=
	VS stable	Alia -			$\overline{}$		1				
Infection	Temperature <	101 F					1				
Potential	I.V. site clean:										
2	Bilateral breath							1			
				+	$\vdash$	+			+	++	=
	Q-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-										
	Uterine fundus	firm u/u or les	SS	Ť	T	†	1				
Maternal	Lochia modera	te or less									
Well-being	Dressing dry ar	nd intact									
	Homan's sign r	negative						Remains injury free in a safe	$\overline{}$	$\overline{}$	ŧ
							Patient Safety	environment.			
								ID bracelet on			-
	Foley draining	clear urine > 3	0 ml/hr	T	T	T					
Bladder											=
and	Bowel sounds p	present		T			1				
Bowel											-
Function											San Shan
								Patient/family verbalizes satisfaction	T		-
							Patient/Family	with hospital stay/care.			
							Satisfaction				
7 1			INTERVE	NTI	ONS	(cc	ntinued on bac	:k)			100
Patient Care							Patient Care		T		-
Categories							Categories				
	Assess D/C usi	ng high risk o	riteria	1		_	1 1 2 3 1 1 1 2	* Diet:	+	-	-
Discharge	Obtain informat						Nutrition	Provide fluids			
Plan	support.Refer a							% of diet consumed:	1111111		
	Planning/Social		3 -				(2)	Breakfast%	10111111		
(1)	3 = = =							Lunch%		100 E E E E	
								Dinner %	1111111	111	-
	-							High risk nutritional screen completed	10000	-	100
							1	The state of the s			
9	1								+	-	1
	4								+		
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Patient Care	0 - 12 Hours			Patient Care	I make a second			
Categories	Date:			Categories	The control of the co			
	VS and pain assessment q 4 hrs & prn				Encourage verbalization of fears /			
Assessment				Teaching	concerns.	770 - 770 - 770		
&	Fundus & lochia			&	Learning needs / teaching plan:			
Treatments	Dressing q shift			Psychosocial	Infant: Instruct on infant safety			
	Breast and nipple assessment				measures:			
(3)	Homan's Sign			(5)	- Choking interventions			
	Bowel sounds				- Infection control (handwashing)			
	Breath sounds				- Visiting			
	Bonding Bedrest HOB up for comfort. Assist	┼		-	- Bracelet check			
Property of the Control of the Contr	with positioning. Encourage movement				Instruct/review infant feeding			
	in bed.				(check one):  Bottle Feeding			
	Foley care with peri bottle, change	-		-	- when & how much to feed			
	pads PRN				- burping		2	
and the second of the second second second	Linen change/bed bath as needed	<del>                                     </del>		-	☐ Breast Feeding	$\vdash$		-
	Zinon changoisea sain ac nicada			1	- Feeding cues			
	Comfort Care PRN			1	- Positioning		1330	
	A Configuration of the group of the control of the				- Latch on & off			
	180			1	- Length of feedings			
					Maternal: Instruct on maternal safety			
	Assist with all aspects of infant care			1	measures.			
					- Physical Activity			
				1	- Bleeding/involution			
					- Perineal care		1.00	S. Q31,7
					- Hemorrhoid care			
					Explain:			
	Respiratory Care Provided				- Hearing screen & obtain signature			
					- Metobolic screening			
					- Need for hepatitis vaccine	$\sqcup$		
				-				
	IV :				Provide instructions regarding birth			
	Site:				certificate	$\vdash$		
					Lab / diagnostics results reviewed;	$\vdash$		
				Specimens	MD notified if significant/critical results			nuller be
				&	* Tests / Procedures			
				Diagnostics	rests / rocedures			1.00
				Diagnostics				
				(6)				
	PCA: VS q4 hrs / Respiratory q1 hr		$\neg \uparrow \neg$					
Pain	Assess sedation score/pain score							
Management							-6	350
								3135
(4)					Order CBC for AM Fetal cell screen, if			
					RH neg.		- 1	
				1				
	Evaluate and document pain score					$oxed{oxed}$		
	within 1 hr after administration of pain				Bed rest, side rails up, call bell within			
	meds			Safety	reach	$\sqcup$		
	angendjula at the year of the territory			& A adjusters	Turn, cough, deep breath while on BR			
	Control of			Activity		$\vdash$		
							2 \	
				(7)				
Priority of		$\vdash$	-	1			-	
Care								
	COUNTY OF THE PARTY OF THE PART	1 1						

Cesearean Delivery Title Initial Signature Signature Requiring Co-Signature Date/Shift Initial/Title **ADDRESSOGRAPH** DESIRED OUTCOMES D = DAYS E = EVENINGS N = NIGHTSProblem/ Problem/ 12 - 24 Hours Needs Needs Date: Feeds infant according to instructions Consuming appropriate diet without Nutrition Knowledge nausea and vomiting Deficit related Discharge plan established to plan of care Family responds to infant positively Expresses relief of pain from pain Pain management Management Pain Management effective without side VS stable Infection Temperature < 101 F CBC WNL Potential Breasts soft and nipples intact IV site clean & dry Uterine fundus firm u/u or less Lochia moderate or less Maternal Well-being Homan's sign negative Remains injury free in a safe Dressing dry and intact Patient Safety environment. ID bracelet on Foley draining, clear urine > 30 ml / hr Bladder SMP record completed correctly and Voids without difficulty, emptying Bowel bladder completely. Function Patient/family verbalizes satisfaction Bowel sounds present Patient/Family with hospital stay/care. Satisfaction INTERVENTIONS (continued on back) Patient Care Patient Care Categories Categories Re-assess D/C needs Diet: Discharge Assure contact with Social Service or Provide fluids Nutrition Plan Discharge Planning, if needed % of diet consumed: Breakfast \_\_\_\_\_% Lunch \_\_\_\_ Remind parents to call insurance Dinner\_ carrier. Re: birth, if appropriate High risk nutritional screen completed

INTERVENTIONS (continued)

Patient Care	12 -24 Hours	T		Patient Care				
Categories	Date:			Categories				
	VS and pain assessment q 4 hrs			1	Encourage verbalization of fears /			
	q shift				concerns.			
Assessment	Fundus & lochia			Teaching				
&	Dressing			&				
Treatments	Breast and nipple assessment			Psychosocial	Provide Birth Certificate Package and			
	Homan's Sign				instructions if not previously done			
(3)	Bowel sounds			(5)	Instruct on Infant Safety measures.		-	
	breath sounds				- Bulb syringe			
	Bonding			1	- Bracelet check			
	Remove abdominal dressing				- Visiting			
	D/C Foley, if output > 30 cc/hr			7				
	Linen change/bed bath as needed			1	Instruct on and initial topic:		300	
				_	- Incisional Care			
					- Peri bottle		1	
	Comfort Care PRN			_	- Return of bowel function			
	1 & O				- Strategies to avoid constipation			
				-	- Shower/Bath			
	Assist with infant care as requested			1	- Manual Breast Pump			
		-		-	- Diapering			
la l	Respiratory Care Provided				- Breast Care: Bottle  - Breast Care: Bottle			$\square$
					- Breast Care: Bottle □			
		-		-				
	IV:			1				
	Site:			1				
				1				
	D/C IV when ordered/or converted to	+-	-	-				
	PIID			1				
		+	$\vdash$	1				
				1				
					Lab / diagnostics results reviewed; MD			
				Specimens	notified if significant/critical findings			
				&	* Tests / Procedures			
				Diagnostics				
				6				
	PCA: VS q4 hrs/Respirations q1 hr							
Pain	Assess sedation level and pain score			1				
Management	q4 hrs.			1				
4		-		-	ODO seculto obtains desert Fetal Call	_		$\vdash$
	D/C PCA				CBC results obtained and Fetal Cell Screen if indicated			
	Initiate CMD if ordered as requested	+-		-	Screen in indicated	-		H
	Initiate SMP if ordered or requested						-	
	Evaluate and document pain score	+	-		OOB to chair after 12 hrs. Assist to BR			$\vdash$
	within 1 hr after administration of pain			Safety	# 1 = # 2 =			
	medication			&	Turn, cough, deep breath while on BR			
	The distriction	+		Activity			(d.en	
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				(7)				
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Priority of				1				
Care	200 C C C C C C C C C C C C C C C C C C							
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<sup>&</sup>lt;sup>1</sup>May N/A on 11 - 7 Shift

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Signature Requiring	g Co-Signature	Date/Shift	Initial/	Title		-					
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			DES	IRE	D O	ĴТС	OMES	D = DAYS E = EVENINGS N = NIC	3HTS	;	
Problem/	24 - 48 Hour	'S				T	Problem/		T		T
Needs	Date:			-	_	_	Needs	7.1.		_	_
Knowledge	Feeds infant a	ccording to ins	structions				Nutrition	Tolerates > 75% of diet			
Deficit related	Discharge plan	n established		+	+	+	1		+	$\vdash$	+
to plan of care											
									+	+	+
	Expresses relie	ef of pain from	pain	T	T	T	1				
Pain	management			_	-	_	-				18
Management											
									T	Ī	
	VS stable			+	+	<del>                                     </del>					
Infection	Temperature <	100.4 F									
Potential	Breasts filling b	out soft and ni	pples intact								
									<del> </del>	<u> </u>	<u> </u>
a test on the								Bonding according to accepted cultural practices			
	Uterine fundus		SS	T	T	T	InfantSafety				
Maternal	Lochia scant to Ambulates with										
Well-being	Incision clean							Remains injury free in a safe	+	_	$\vdash$
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		arra ary					Patient Safety	environment.			
		1.77						ID bracelet on	1		
Bladder	Voids without o		ying						+	_	$\vdash$
and	bladder comple	otory.									
Bowel							1		-		
Function								Patient/family verbalizes satisfaction	$\vdash$		_
							Patient/Family	with hospital stay/care.			
							Satisfaction		+	1	$\vdash$
L		Manual Section - Manual	INTERVI	ENTI	ONS	) (cr	ntinued on bac	(k)			
Patient Care				T	Т	1	Patient Care		T		Т
Categories							Categories				
District	Re-evaluate D/	C needs						* Diet:			
Discharge Plan	Assure contact	with Social Se	ervice or				Nutrition	Provide fluids % of diet consumed:	111111111		L
	Discharge Plan						2	Breakfast%			
(1)								Lunch %			
								Dinner %			
ź.								Warm H <sub>2</sub> O with lemon for gas	$\vdash$		-
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INTERVENTIONS (continued)

Patient Care	24 - 48 Hours				Patient Care				
Categories	Date:				Categories				
	VS & pain assessment q 8h while awake					Encourage verbalization of fears /			
Assessment	T q4 hrs, if temp > 100.4				Teaching	concerns.			
&	Assess condition of incision				&				
Treatments	Fundus & lochia incision				Psychosocial				
	Breast and nipple assessment					Initiate SMP if patient desires			
(3)	Breath sounds				(5)	The state of the s			
	Bowel sounds					Provide Mother / Baby Education Class	$\vdash$	-	-
	Bonding					Views Parenting Channel			
	Encourage ambulation, assist if needed	-	-			Views Farenting Chainlei			
	Linen change/bed bath PRN						$\vdash$		
						Instruct on and initial:			
	ļ	-				- Bath		_	
	Linen change/assist shower					- Temperature taking			
						- Cord Care			
						- Immunization			
	Comfort Care as needed					- Emotional Changes			
						- Contraception / Intercourse			
						- Nutrition			
						- Engorgement			
						- Supply / Demand			
	Obtain and administer Rhogam, if not					- When milk comes in			
	previously administered					- Growth Spurts			
	D/C IV, when ordered	-	-			- Sore Nipples			
	D/C PIID, when ordered					- Breast Care: Bottle			-
	Respiratory care provided	-	-			Breast			
	Respiratory care provided					Dieast L	$\vdash$		
			_						
						Lab / diagnostics results reviewed; MD			
					Specimens	notified if significant critical findings.			
					&	* Tests / Procedures			
					Diagnostics	1000071100044100			
					Diagnostics				
					(6)				
		<u> </u>							
Pain									
Management	Evaluate and document pain score within								
	1 hour after administration of pain								
( 4 )	medication			-					4-1-1
						OOB ad lib assist PRN			
					Safety				
					&				
San di Cara	genge some in the control of				Activity				1111
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					(7)				
	1 1 mm								
Priority of									
Care									

Cesearean Delivery Signature Title Initial Signature Requiring Co-Signature Date/Shift Initial/Title **ADDRESSOGRAPH** DESIRED OUTCOMES D = DAYS E = EVENINGS N = NIGHTSProblem/ 48 - 72 Hours Problem/ Needs Date: Needs Performs self and infant care with Tolerates > = 75% of prescribed diet Knowledge Nutrition minimal assistance. Deficit related Patient aware of and agree to discharge to plan of care Can take infants temperature Verbalizes pain relief with decreasing Pain need for medication Management VS stable Infection Temperature < 100.4 F Potential Breasts filling, nipples intact Bonding according to accepted cultural practices Fundus firm below umbilicus InfantSafety Maternal Lochia scant to moderate Well-being Incision clean and dry Remains injury free in a safe Homan's sign negative Patient Safety environment. ID bracelet on Voids without difficulty, emptying Bladder bladder completely. and Bowel Function Patient/family verbalizes satisfaction Patient/Family with hospital stay/care. Satisfaction INTERVENTIONS (continued on back) Patient Care Patient Care Categories Categories Assess need for post D/C referrals to \* Diet: Discharge lactation consultant for post discharge Nutrition Provide fluids Plan classes % of diet consumed: Arrange classes, if needed Breakfast \_\_\_\_ % Lunch \_ % Dinner % Warm H2O with lemon for gas

INTERVENTIONS (continued)

	48 - 72 Hours			Patient Care				
Categories	Date:			Categories				
	VS and pain assessment q shift while				Encourage verbalization of fears /			
	awake				concerns.			
Assessment	Fundus & lochia			Teaching				
&	incision			&				
Treatments	Breast and nipple assessment				Attanda Mathau / Bahu Eduartia - Olasa			
Treatments				Psychosocial	Attends Mother / Baby Education Class			
	Homan's Sign daily negative							
(3)	Bonding			(5)	Views Parenting Channel			
	Linen change if needed/requested							
					Instruct in breast care:			
					- Measures to prevent engorgement			
	Assist with infant/self care as requested:	+	$\vdash$		wedsures to prevent engoigement			
	Assist with infant/sell care as requested.		1 1					_
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					Lab / diagnostics results reviewed; MD	$\dashv$	$\dashv$	=
				Specimens	Lab / diagnostics results reviewed; MD		1	
					notified if significant/critical values			
				&				
					notified if significant/critical values			
				& Diagnostics	notified if significant/critical values			
				&	notified if significant/critical values			
	SMP if requested			& Diagnostics	notified if significant/critical values			
Pain	SMP if requested			& Diagnostics	notified if significant/critical values			
Pain				& Diagnostics	notified if significant/critical values			
Pain Management	Evaluate and document pain score 1 hour			& Diagnostics	notified if significant/critical values			
Management				& Diagnostics	notified if significant/critical values			
Pain Management	Evaluate and document pain score 1 hour			& Diagnostics	notified if significant/critical values			
Management	Evaluate and document pain score 1 hour			& Diagnostics	notified if significant/critical values			
Management	Evaluate and document pain score 1 hour			& Diagnostics	notified if significant/critical values			
Management	Evaluate and document pain score 1 hour			& Diagnostics	notified if significant/critical values			
Management	Evaluate and document pain score 1 hour			& Diagnostics	notified if significant/critical values * Tests / Procedures			
Management	Evaluate and document pain score 1 hour			& Diagnostics	notified if significant/critical values			
Management	Evaluate and document pain score 1 hour			& Diagnostics 6 Safety	notified if significant/critical values * Tests / Procedures			
Management	Evaluate and document pain score 1 hour			& Diagnostics 6 Safety &	notified if significant/critical values * Tests / Procedures			
Management	Evaluate and document pain score 1 hour			& Diagnostics 6 Safety	notified if significant/critical values * Tests / Procedures			
Management	Evaluate and document pain score 1 hour			& Diagnostics 6 Safety & Activity	notified if significant/critical values * Tests / Procedures			
Management	Evaluate and document pain score 1 hour			& Diagnostics 6 Safety &	notified if significant/critical values * Tests / Procedures			
Management	Evaluate and document pain score 1 hour			& Diagnostics 6 Safety & Activity	notified if significant/critical values * Tests / Procedures			
Management	Evaluate and document pain score 1 hour			& Diagnostics 6 Safety & Activity	notified if significant/critical values * Tests / Procedures			
Management	Evaluate and document pain score 1 hour			& Diagnostics 6 Safety & Activity	notified if significant/critical values * Tests / Procedures			
Management	Evaluate and document pain score 1 hour			& Diagnostics 6 Safety & Activity	notified if significant/critical values * Tests / Procedures			
Management	Evaluate and document pain score 1 hour			& Diagnostics 6 Safety & Activity	notified if significant/critical values * Tests / Procedures			
Management	Evaluate and document pain score 1 hour			& Diagnostics 6 Safety & Activity	notified if significant/critical values * Tests / Procedures			
Management 4	Evaluate and document pain score 1 hour			& Diagnostics 6 Safety & Activity	notified if significant/critical values * Tests / Procedures			
Management  4  Priority of	Evaluate and document pain score 1 hour			& Diagnostics 6 Safety & Activity	notified if significant/critical values * Tests / Procedures			
Management 4	Evaluate and document pain score 1 hour			& Diagnostics 6 Safety & Activity	notified if significant/critical values * Tests / Procedures			
Management  4  Priority of	Evaluate and document pain score 1 hour			& Diagnostics 6 Safety & Activity	notified if significant/critical values * Tests / Procedures			
Management  4  Priority of	Evaluate and document pain score 1 hour			& Diagnostics 6 Safety & Activity	notified if significant/critical values * Tests / Procedures			
Management  4  Priority of	Evaluate and document pain score 1 hour			& Diagnostics 6 Safety & Activity	notified if significant/critical values * Tests / Procedures			

<sup>&</sup>lt;sup>1</sup> May N/A on 11 - 7 Shift

Signature Title Initial Signature Requiring Co-Signature Initial/Title ADDRESSOGRAPH DESIRED OUTCOMES D = DAYS E = EVENINGS N = NIGHTSProblem/ 72 - 96 Hours Problem/ Needs Date: Needs Demonstrates self/infant care skills Tolerates > = 75% of prescribed diet Knowledge according to information in mother/baby Nutrition Deficit related handbook to plan of care Takes infant temperature accurately Pain is controlled Pain Management VS stable Infection Temperature < 100.4 F Potential Bonding according to accepted cultural practices Fundus firm below umbilicus InfantSafety Maternal Lochia scant to moderate Well-being Incision clean and dry Homan's sign negative Remains injury free in a safe Patient Safety environment. ID bracelet on Voids without difficulty, emptying Bladder bladder completely. and Bowel Function Patient/family verbalizes satisfaction Patient/Family with hospital stay/care. Satisfaction SMP record completed correctly INTERVENTIONS (continued on back) Patient Care Patient Care Categories Categories Review and obtain signature on D/C Diet: Discharge instructions and birth certificate Nutrition Provides fluids Plan Transport for Discharge % of diet consumed: Breakfast \_\_\_ Lunch % Dinner Warm H<sub>2</sub>O with lemon for gas

Cesearean Delivery

1	72 - 96 Hours				Patient Care				
Categories	Date:				Categories				
1	VS and pain assessment q shift while					Encourage verbalization of fears /			
Assessment	awake				Teaching	concerns.			- 1
&	Fundus & lochia				&	Learning needs / teaching plan;			$\neg$
Treatments	incision				Psychosocial	g and a second g press.			- 1
	Breast and nipple assessment					Instruct as needed for:			
(3)	Homan's Sign				(5)	instruct as freeded for.			
	Bonding								- 1
	Linen change if needed/requested								- 1
									- 1
						PTT-00-00-00-00-00-00-00-00-00-00-00-00-0			- 1
	Assist with infant/self care as requested:								- 1
	Identify Topic & Initial:								
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	<u></u>		-						- 1
	Rubella vaccine if indicated prior to						$\perp$		
	discharge					Attends Mother / Baby Education Class			
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						Lab / diagnostics results reviewed; MD		一十	_
					Specimens	notified if significant/critical			-
						* Tests / Procedures			1
					&	rests / Procedures			
	and the second of the second o				Diagnostics				- 1
					6				- 1
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	SMP if requested								
Pain								- 1	
				- 1					i i
	Evaluate and document pain score 1 hour								
	Evaluate and document pain score 1 hour after administration of pain								
4	after administration of pain								
4								,	
4	after administration of pain								
4	after administration of pain								-
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4	after administration of pain					OOB ad lib			
4	after administration of pain				Safety				
4	after administration of pain			-	&	OOB ad lib Transport for discharge			
4	after administration of pain				&				
4	after administration of pain			-	& Activity				
4	after administration of pain				& Activity				
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Priority of	after administration of pain				& Activity				
	after administration of pain				& Activity				
Priority of	after administration of pain				& Activity				
Priority of	after administration of pain	-			& Activity				
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