

## University Medical Center Cesarean 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

### Cesarean Delivery

Estimated LOS: 4 Days

Date placed on map: \_\_\_\_\_

Pediatrician: \_\_\_\_\_

Significant Maternal Past / Recent Medical History: \_\_\_\_\_

Delivery Date: \_\_\_\_\_ Time of Birth: \_\_\_\_\_

☐ Boy ☐ Girl Gravida: \_\_\_\_\_ Para: \_\_\_\_\_  
☐ Primary ☐ Repeat ☐ Tubal Ligation Infant In: ☐ Regular Nursery ☐ NICU  
Anesthesia: ☐ Epidural ☐ General ☐ Spinal ☐ 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: Postpartum room: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

From: ☐ L & D ☐ Other: \_\_\_\_\_

Accompanied by: ☐ RN ☐ Husband ☐ Significant Other ☐ Other: \_\_\_\_\_

Via: ☐ Stretcher ☐ Wheelchair

Transfer VS: T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ BP: \_\_\_\_\_ Pain Score: \_\_\_\_\_

IV Solution: ☐ Yes ☐ No Type: \_\_\_\_\_

Analgesia – PCA Type: \_\_\_\_\_ Rate: \_\_\_\_\_ Bolus: \_\_\_\_\_ Duramorph: \_\_\_\_\_

IM Meds: Type: \_\_\_\_\_ Amt: \_\_\_\_\_

Foley Catheter: ☐ Clear urine ☐ Other: \_\_\_\_\_

Lochia: ☐ Scant ☐ Moderate ☐ Heavy ☐ Rubra ☐ Other: \_\_\_\_\_

Fundus: ☐ Firm ☐ Other: \_\_\_\_\_ ☐ Location: \_\_\_\_\_

Abd. Dressing: ☐ Dry and Intact ☐ Other: \_\_\_\_\_

Admitting RN's Signature: \_\_\_\_\_

# Cesarean 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				
<b>Knowledge Deficit related to plan of care</b>	Family provides for infant safety.				<b>Nutrition</b>	Consuming appropriate diet without nausea or vomiting			
	Begins attempt at infant care.								
	Discharge needs identified. Support post D/C available.								
	Pt/family verbalizes treatment plan and participates in plan of care.								
<b>Pain Management</b>									
	Pain Management effective without side effects								
<b>Infection Potential</b>	VS stable								
	Temperature < 101 F								
	I.V. site clean: no infiltration Bilateral breath sounds clear								
<b>Maternal Well-being</b>	Uterine fundus firm u/u or less				<b>Patient Safety</b>	Remains injury free in a safe environment.			
	Lochia moderate or less					ID bracelet on			
	Dressing dry and intact								
	Homan's sign negative				<b>Patient/Family Satisfaction</b>	Patient/family verbalizes satisfaction with hospital stay/care.			
<b>Bladder and Bowel Function</b>	Foley draining clear urine > 30 ml / hr								
	Bowel sounds present								

## INTERVENTIONS (continued on back)

Patient Care Categories					Patient Care Categories				
<b>Discharge Plan</b>  1	Assess D/C using high <sup>1</sup> risk criteria				<b>Nutrition</b>  2	* Diet: _____			
	Obtain information regarding home support. Refer as needed, to Discharge Planning/Social Service					Provide fluids			
						% of diet consumed:			
						Breakfast _____ %			
					Lunch _____ %				
					Dinner _____ %				
					High risk nutritional screen completed				

MR# \_\_\_\_\_

**INTERVENTIONS (continued)**

Patient Care Categories	0 - 12 Hours Date: _____				Patient Care Categories				
<b>Assessment &amp; Treatments</b>  <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">3</div>	VS and pain assessment q 4 hrs & prn q shift				<b>Teaching &amp; Psychosocial</b>  <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">5</div>	Encourage verbalization of fears / concerns.			
	Fundus & lochia					Learning needs / teaching plan:			
	Dressing q shift					Infant: Instruct on infant safety measures:			
	Breast and nipple assessment					- Choking interventions			
	Homan's Sign					- Infection control (handwashing)			
	Bowel sounds					- Visiting			
	Breath sounds					- Bracelet check			
	Bonding					Instruct/review infant feeding (check one):			
	Bedrest HOB up for comfort. Assist with positioning. Encourage movement in bed.					<input type="checkbox"/> Bottle Feeding			
	Foley care with peri bottle, change pads PRN					- when & how much to feed			
<b>Pain Management</b>  <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">4</div>	Linen change/bed bath as needed				<b>Specimens &amp; Diagnostics</b>  <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">6</div>	- burping			
	Comfort Care PRN					<input type="checkbox"/> Breast Feeding			
	I & O					- Feeding cues			
	Assist with all aspects of infant care					- Positioning			
						- Latch on & off			
						- Length of feedings			
	Respiratory Care Provided					Maternal: Instruct on maternal safety measures.			
	IV : _____					- Physical Activity			
	Site: _____					- Bleeding/involution			
						- Perineal care			
<b>Priority of Care</b>					<b>Safety &amp; Activity</b>  <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">7</div>	- Hemorrhoid care			
						Explain:			
						- Hearing screen & obtain signature			
<b>Pain Management</b>  <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">4</div>	PCA: VS q4 hrs / Respiratory q1 hr				<b>Specimens &amp; Diagnostics</b>  <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">6</div>	- Metabolic screening			
	Assess sedation score/pain score q4 hrs.					- Need for hepatitis vaccine			
						Provide instructions regarding birth certificate			
<b>Pain Management</b>  <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">4</div>	Evaluate and document pain score within 1 hr after administration of pain meds				<b>Specimens &amp; Diagnostics</b>  <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">6</div>	Lab / diagnostics results reviewed; MD notified if significant/critical results			
						* Tests / Procedures			
						Order CBC for AM Fetal cell screen, if RH neg.			
<b>Pain Management</b>  <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">4</div>					<b>Safety &amp; Activity</b>  <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">7</div>	Bed rest, side rails up, call bell within reach			
						Turn, cough, deep breath while on BR			

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

\* indicates medical orders needed

# Cesarean Delivery

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ADDRESSOGRAPH

## DESIRED OUTCOMES

D = DAYS E = EVENINGS N = NIGHTS

Problem/Needs	12 - 24 Hours Date: _____				Problem/Needs				
<b>Knowledge Deficit related to plan of care</b>	Feeds infant according to instructions				<b>Nutrition</b>	Consuming appropriate diet without nausea and vomiting			
	Discharge plan established								
	Family responds to infant positively								
<b>Pain Management</b>	Expresses relief of pain from pain management								
	Pain Management effective without side effects								
<b>Infection Potential</b>	VS stable								
	Temperature < 101 F								
	CBC WNL								
	Breasts soft and nipples intact								
<b>Maternal Well-being</b>	IV site clean & dry								
	Uterine fundus firm u/u or less				<b>Patient Safety</b>	Remains injury free in a safe environment.			
	Lochia moderate or less					ID bracelet on			
	Homan's sign negative								
<b>Bladder and Bowel Function</b>	Dressing dry and intact								
	Foley draining, clear urine > 30 ml / hr								
	Voids without difficulty, emptying bladder completely.				<b>Patient/Family Satisfaction</b>	SMP record completed correctly			
	Bowel sounds present								

## INTERVENTIONS (continued on back)

Patient Care Categories					Patient Care Categories				
<b>Discharge Plan</b>  1	Re-assess D/C needs				<b>Nutrition</b>  2	* Diet:			
	Assure contact with Social Service or Discharge Planning, if needed					Provide fluids			
						% of diet consumed:			
	Remind parents to call insurance carrier. Re: birth, if appropriate					Breakfast _____ %			
					Lunch _____ %				
					Dinner _____ %				
					High risk nutritional screen completed				

\* indicates medical orders needed  
Medical Record



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## DESIRED OUTCOMES

D = DAYS E = EVENINGS N = NIGHTS

Problem/Needs	24 - 48 Hours Date: _____				Problem/Needs				
<b>Knowledge Deficit related to plan of care</b>	Feeds infant according to instructions				<b>Nutrition</b>	Tolerates > 75% of diet			
	Discharge plan established								
<b>Pain Management</b>	Expresses relief of pain from pain management								
<b>Infection Potential</b>	VS stable								
	Temperature < 100.4 F								
	Breasts filling but soft and nipples intact								
					<b>Infant Safety</b>	Bonding according to accepted cultural practices			
<b>Maternal Well-being</b>	Uterine fundus firm u/u or less								
	Lochia scant to moderate				<b>Patient Safety</b>	Remains injury free in a safe environment.			
	Ambulates without difficulty					ID bracelet on			
	Incision clean and dry								
<b>Bladder and Bowel Function</b>	voids without difficulty, emptying bladder completely.								
					<b>Patient/Family Satisfaction</b>	Patient/family verbalizes satisfaction with hospital stay/care.			

## INTERVENTIONS (continued on back)

Patient Care Categories					Patient Care Categories				
<b>Discharge Plan</b> <div>1</div>	Re-evaluate D/C needs				<b>Nutrition</b> <div>2</div>	* Diet:			
	Assure contact with Social Service or Discharge Planning, if needed					Provide fluids			
						% of diet consumed:			
						Breakfast _____ %			
					Lunch _____ %				
					Dinner _____ %				
						Warm H <sub>2</sub> O with lemon for gas			

INTERVENTIONS (continued)

[illegible]

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

\* indicates medical orders needed

# Cesarean Delivery

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## DESIRED OUTCOMES

D = DAYS E = EVENINGS N = NIGHTS

Problem/Needs	48 - 72 Hours Date:					Problem/Needs					
<b>Knowledge Deficit related to plan of care</b>	Performs self and infant care with minimal assistance.					<b>Nutrition</b>	Tolerates > = 75% of prescribed diet				
	Patient aware of and agree to discharge plan										
	Can take infants temperature										
<b>Pain Management</b>	Verbalizes pain relief with decreasing need for medication										
<b>Infection Potential</b>	VS stable										
	Temperature < 100.4 F										
	Breasts filling, nipples intact										
<b>Maternal Well-being</b>	Fundus firm below umbilicus					<b>Infant Safety</b>	Bonding according to accepted cultural practices				
	Lochia scant to moderate										
	Incision clean and dry					<b>Patient Safety</b>	Remains injury free in a safe environment.				
Homan's sign negative							ID bracelet on				
<b>Bladder and Bowel Function</b>	Voids without difficulty, emptying bladder completely.										
						<b>Patient/Family Satisfaction</b>	Patient/family verbalizes satisfaction with hospital stay/care.				

## INTERVENTIONS (continued on back)

Patient Care Categories						Patient Care Categories					
<b>Discharge Plan</b> <div>1</div>	Assess need for post D/C referrals to lactation consultant for post discharge classes					<b>Nutrition</b> <div>2</div>	* Diet:				
	Arrange classes, if needed						Provide fluids				
							% of diet consumed:				
							Breakfast _____ %				
							Lunch _____ %				
							Dinner _____ %				
							Warm H <sub>2</sub> O with lemon for gas				

INTERVENTIONS (continued)

Patient Care Categories	48 - 72 Hours Date:				Patient Care Categories			
<b>Assessment &amp; Treatments</b>  3	VS and pain assessment q shift while awake				<b>Teaching &amp; Psychosocial</b>  5	Encourage verbalization of fears / concerns.		
	Fundus & lochia incision					Attends Mother / Baby Education Class		
	Breast and nipple assessment					Views Parenting Channel		
	Homan's Sign daily negative Bonding					Instruct in breast care: - Measures to prevent engorgement		
	Linen change if needed/requested							
	Assist with infant/self care as requested:				<b>Specimens &amp; Diagnostics</b>  6	Lab / diagnostics results reviewed; MD notified if significant/critical values * Tests / Procedures		
<b>Pain Management</b>  4	SMP if requested				<b>Safety &amp; Activity</b>  7	OOB ad lib assist PRN		
	Evaluate and document pain score 1 hour after administration of pain medication							
<b>Priority of Care</b>								

Rev. 1/26/05

# Cesarean Delivery

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ADDRESSOGRAPH

## DESIRED OUTCOMES

D = DAYS E = EVENINGS N = NIGHTS

Problem/Needs	72 - 96 Hours Date: _____					Problem/Needs					
<b>Knowledge Deficit related to plan of care</b>	Demonstrates self/infant care skills according to information in mother/baby handbook					<b>Nutrition</b>	Tolerates > = 75% of prescribed diet				
	Takes infant temperature accurately										
<b>Pain Management</b>	Pain is controlled										
<b>Infection Potential</b>	VS stable										
	Temperature < 100.4 F										
<b>Maternal Well-being</b>	Fundus firm below umbilicus					<b>Infant Safety</b>	Bonding according to accepted cultural practices				
	Lochia scant to moderate										
	Incision clean and dry										
	Homan's sign negative					<b>Patient Safety</b>	Remains injury free in a safe environment.				
							ID bracelet on				
<b>Bladder and Bowel Function</b>	voids without difficulty, emptying bladder completely.										
						<b>Patient/Family Satisfaction</b>	Patient/family verbalizes satisfaction with hospital stay/care.				
							SMP record completed correctly				

## INTERVENTIONS (continued on back)

Patient Care Categories					Patient Care Categories				
<b>Discharge Plan</b>  1	Review and obtain signature on D/C instructions and birth certificate				<b>Nutrition</b>  2	* Diet:			
	Transport for Discharge					Provides fluids			
					% of diet consumed:				
					Breakfast _____ %				
					Lunch _____ %				
					Dinner _____ %				
					Warm H <sub>2</sub> O with lemon for gas				

INTERVENTIONS (continued)

Rev. 1/26/05