

Hospital Center New York, NY	MR#: DOB : Unit: Attending:	Age Bed:
Print Date & Time: Printed by:		

### LD- Admission Assessment

	MM / DD / YY HH : MM	
<b>Patient Assessment</b>		
Pulse		
SBP/DBP		(mmHg)
Integumentary		
Recorded by:		
	MM / DD / YY HH : MM	
<b>Vaginal Exam</b>		
Dilatation		(cms)
Effacement		(%)
Station		
Integumentary		
Recorded by:		
	MM / DD / YY HH : MM	
<b>Vaginal Exam</b>		
Membranes Status		
ROM Method		
Contractions		
Amniotic Fluid Color		
Amniotic Fluid Amt		
Amniotic Fluid Odor		
Integumentary		
Recorded by:		
	MM / DD / YY HH : MM	
<b>Contractions</b>		
Contraction Frequency		(min)
Contraction Duration		(sec)
Contraction Quality		
Integumentary		
Recorded by:		
	MM / DD / YY HH : MM	
<b>Patient Assessment</b>		
Weight		(lbs)
Weight Kg		(Kg)
Total Wt Gain (Lbs)		(lbs)
Wt Gain (Kg)		(Kg)
Temp		(F)
Temp (C)		
Pulse		
Resp		
SBP/DBP		(mmHg)
<b>Pain on Admission</b>		
Pain Scale		
Pain Presence		

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### LD- Admission Assessment

	MM / DD / YY	
	HH : MM	
Pain Type		
Pain Location		
Pain Related to Contraction		
Vaginal Exam		
Dilatation		(cms)
Effacement		(%)
Station		
Membranes Status		
Membranes Rupture Date/Time		
ROM Method		
Contractions		
Contraction Frequency		(min)
Contraction Duration		(sec)
Contraction Quality		
Amniotic Fluid Color		
Amniotic Fluid Amt		
Amniotic Fluid Odor		
Neurologic		
Level of Consciousness		
DTR's		
Clonus		
Headache		
Dizziness		
Blurred Vision		
Numbness/Tingling		
Extremity Movement		
Cardiovascular		
Nailbeds		
Capillary Refill		
Lower Extremities Edema/Degree		
Upper Extremities Edema/Degree		
Facial Edema		
Pulmonary		
Respiratory Effort		
Gastrointestinal		
Nausea/Vomiting		
RUQ Epigastric Pain		
Last Bowel Movement		
Diarrhea		
Constipation		
Hemorrhoids		
Last Meal		
Genitourinary		
Bladder		
Frequency of Urination		
Urination Burning		
CVA Tenderness		
Perineal Assessment		

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 \_\_\_\_\_  
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MR#:  
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 Attending:  
 Age  
 Bed:

**LD- Admission Assessment**

	MM / DD / YY	
	HH : MM	
Vaginal Bleeding		
Vaginal Discharge Color		
Integumentary		
Skin Color		
Skin Temperature		
Moisture		
Surgical Scars		
Body Piercings/Tattoos		
Psych/Social		
Support Person Present		
Emotional State		
Safety/Risk Factors		
Call Bell Within Reach		
Side Rails Up		
Bed Wheels Locked		
Arm Bands Present		
Isolation		
Fetal Evaluation A		
Fetal Presentation		
FHR Baseline Rate		(bpm)
Variability		
Accelerations		
Decelerations		
Recorded by:		
	MM / DD / YY	
	HH : MM	
Patient Assessment		
Pulse		
SBP/DBP		(mmHg)
Integumentary		
Recorded by:		