Your Hospital's Logo Here

# MATERNAL POST CESAREAN SECTION RECOVERY RECORD

PATIENT IDENTIFICATION

| DELIVERY: | DATE / TIME: | SEX: ☐ M ☐ F | WEIGHT: | BR: | BT: |
|---|---|---|---|---|---|
| ADMITTING NURSE: | | | DATE / TIME: | | |
| TYPE of ANESTHESIA: | | ACCOMPANYING MEMBER of ANESTHESIA: | | | |

| VITAL SIGNS | | | | | | ASSESSMENTS | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DATE / TIME | BP | TEMP | PULSE | RESP | LOC | COLOR | SKIN | ABD DSG/ INCISION | EKG | $O_2$ SAT | $O_2$ | POSITION | Sensory Level | Motor Funct'n |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

| INITIALS: | NURSE'S SIGNATURE / TITLE: | INITIALS: | NURSE'S SIGNATURE / TITLE: |
|---|---|---|---|
| | | | |

**PART OF THE MEDICAL RECORD**

Your Hospital's Logo Here

# MATERNAL POST CESAREAN SECTION RECOVERY RECORD

PATIENT IDENTIFICATION

ALLERGIES:

RECOVERY I:O TOTALS:

**INTAKE:** Shift #1 _____ Shift #2 _____ **TOTAL** _____

**OUTPUT:** Shift #1 _____ Shift #2 _____ **TOTAL** _____

| ASSESSMENTS | | | | | | | | INTAKE | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bladder PALP | Urine COLOR | Urine CHAR | IV SITE | FUNDUS | LOCHIA | PERINEUM / PERICARE | PAD CHGD | MAINLINE IV TYPE | MAINLINE IV AMT | MAINLINE IV TYPE | MAINLINE IV AMT | MAINLINE IV TYPE | MAINLINE IV AMT | P.O. |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

| INITIALS: | NURSE'S SIGNATURE / TITLE: | INITIALS: | NURSE'S SIGNATURE / TITLE: |
|---|---|---|---|
| | | | |

**PART OF THE MEDICAL RECORD**

Your Hospital's Logo Here

# MATERNAL POST CESAREAN SECTION RECOVERY RECORD

PATIENT IDENTIFICATION

**TEDS ON:** ☐ YES ☐ NO

**SCUDS ON:** ☐ YES ☐ NO

| OUTPUT | | | TEACHING | | INIT | NURSING NOTES | |
|---|---|---|---|---|---|---|---|
| URINE | EMESIS | OTHER | CODES | RESPONSE | INIT | DATE: / TIME: | NURSING NOTES |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| INITIALS: | NURSE'S SIGNATURE / TITLE: | INITIALS: | NURSE'S SIGNATURE / TITLE: |
|---|---|---|---|
| | | | |

**PART OF THE MEDICAL RECORD**

Your Hospital's Logo Here

# MATERNAL POST CESAREAN SECTION RECOVERY RECORD

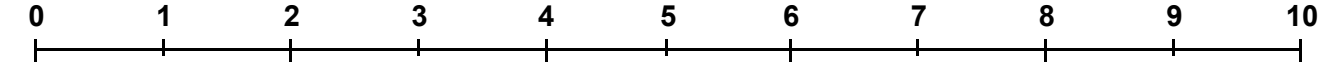
PATIENT IDENTIFICATION

## PAIN MANAGEMENT RECORD

**PAIN SCALES:**

**WONG-BAKER:** *( Faces )*


**0-10 VISUAL:** *( Numeric )*




**VERBAL:** No Hurt | Hurts Little Bit | Hurts Little More | Hurts Even More | Hurts Whole Lot | Worst Pain

**NON-COGNITIVE:** *( FLACC Scale )*

WONG-BAKER FACES PAIN SCALE from Wong DL, Hockenberry-Eaton M, Wilson D, Winkelstein ML, Ahmann E, DiVito-Thomas PA, Whaley & Wong: Nursing Care of Infants & Children, 6th ed, St. Louis, MO: Mosby-Year Book Inc., 1999; 1153. Copyrighted by Mosby-Year Book, Inc. Reprinted with Permission.

| [1] Sum FACE, LEGS, ACTIVITY, CRY & CONSOLABILITY Scores to calculate FLACC Score.<br>[2] Record FLACC Score w/ 0-10 NUMERIC Scale above. | ____ FACE | ____ LEGS | ____ ACTIVITY | ____ CRY | ____ CONSOLABILITY |
|---|---|---|---|---|---|
| | 0 = No particular expression or smile<br>1 = Sporadic grimace / frown, withdrawn, disinterested<br>2 = Frequent / constant frown, clenched jaw, quivering chin | 0 = Normal position, relaxed<br>1 = Uneasy, restless, tense<br>2 = Kicking, or legs drawn up | 0 = Lying quietly, normal position, moves easily<br>1 = Squirming, shifting back and forth, tense<br>2 = Arched, rigid or jer | 0 = No crying (awake or asleep)<br>1 = Moans or whimpers, occasional complaint<br>2 = Crying steadily, screams or sobs, frequent complaints | 0 = Content, relaxed<br>1 = Reassured by sporadic hugging, touching or talking to, distractable<br>2 = Difficult to console or comfort |

COMFORT GOAL:

PAIN RATING SCALE USED:

| TIME | MEDICATION | SEDATION (LOC) RATING | PAIN RATING | INTERVENTION | INIT'LS | EVALUATION TIME / PAIN # | INIT'LS |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

## MEDICATION ADMINISTRATION RECORD

| DATE / TIME | MEDICATION | DOSE | ROUTE | SITE | INIT'LS |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

## INFUSION RECORD

| DATE UP | TIME UP | IV SOLUTION | AMOUNT UP | RATE | NURSE INITIALS | DATE DOWN | TIME DOWN | NURSE INITIALS | CONT. PUMP ( / ) | AMOUNT WASTED |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

## LABORATORY REPORTS

| Date / Time Drawn | WBC | HGB | HCT | PLTS | PT | PTT | Fibrogen | D-Dimer | GLU | BUN | NA + | K + | CL | $CO_2$ | CR | Alk Phos | LDH | SGOT | SGPT | Uric Acid | Tot Prot | MG ++ | | | URINE GLU | URINE Prot | URINE BLD | URINE KET | RESULTS TIME | RESULTS INITIALS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

# PART OF THE MEDICAL RECORD

Your Hospital's Logo Here

# MATERNAL POST CESAREAN SECTION RECOVERY RECORD

PATIENT IDENTIFICATION

## ASSESSMENT CODES (* Requires a NURSING NOTE)

### LEVEL OF CONSCIOUSNESS OR SEDATION RATING:

**S -** Normal sleep, easy to arouse, oriented when awakened, appropriate cognitive behavior
**1 -** Wide awake-alert (or at baseline), oriented, initiates conversation
**2 -** Drowsy, easy to arouse, oriented & demonstrates appropriate cognitive behavior when awake
**3 -** Drowsy, somewhat difficult to arouse, but oriented when awake
**4 -** Difficult to rouse, confused, not oriented
**5 -** Unarousable

### COLOR:

**N -** Normal (pink)
**P -** Pale
**G -** Grey*
**B -** Blue*

### SKIN:

**W -** Warm
**D -** Dry
**C -** Cool
**M -** Moist

### ABD DRESSING:

**I -** Intact
**D -** Dry
**W -** With drainage*
**R -** Dressing Reinforced*

### EKG:

**NSR -** Normal Sinus Rythym
**SB -** Sinus Bradycardia
**ST -** Sinus Tachycardia
**PAC -** Premature Atrial Contraction*
**PVC -** Premature Ventricular Contraction*
**VT -** Ventricular Tachycardia*
**VFib -** Ventricular Fibrillation*
**AT -** Atrial Tachycardia*
**AFib -** Atrial Fibrillation*
**AF -** Atrial Flutter*
**A -** Asytole*

### POSITION:

**L Lat -** Left Lateral
**R Lat -** Right Lateral
**S -** Supine
**T -** Trendelenburg
**SF -** Semi-Fowlers
**HF -** High-Fowlers

### BLADDER CHECK:

**P -** Palpable
**N -** Nonpalpable
**F -** Foley

### OXYGEN:

Liters per minute
**M -** Mask **RA -** Room Air
**NC -** Nasal Cannula

### PERINEUM:

**I -** Intact
**S -** Swollen

### PERICARE:

**Y -** Yes
**N -** No

### FUNDUS:

**F -** Firm **FM -** Firm w/ Massage
**B -** Boggy **N -** Not Found*

### SENSORY LEVEL:

**T4 -** Nipple*
**T6 -** Xiphoid*
**T8 -** Lower Ribs
**T10 -** Umbilicus
**T12 -** Lower Abd

### URINE ASSESSMENT:

| *- COLOR -* | *- CHARACTER -* |
|---|---|
| **Y -** Yellow | **C -** Clear |
| **A -** Amber | **CI -** Cloudy |
| **O -** Orange | **S -** Sediment |
| **B -** Blood Tinged | |

### IV CODES:

**O -** Site without redness, swelling, induration
**S -** Symptomatic*
**RLA -** Right Lower Arm
**RH -** Right Hand
**RAC -** Right Antecubital
**LAC -** Left Antecubital
**LLA -** Left Lower Arm
**LH -** Left Hand

### LOCHIA:

**SC -** Scant
**MOD -** Moderate
**H -** Heavy
**P -** Profound*
**C -** Significant Clots*
**R -** Rubra
**BRB -** Bright Red Bleeding*

### PAIN MANAGEMENT INTERVENTIONS:

**1 -** Discuss pain management plan with physician
**2 -** Pharmacological
**3 -** Non-Pharmacological
**A -** Position change
**B -** Music
**C -** Relaxation Technique
**D -** Splinting
**E -** Imagery
**F -** Education
**G -** Other*

### PAD CHANGE:

**P -** Peripad changed
**I -** Icepack changed
**C -** Chux changed

### MOTOR FUNCTION:

**0 -** Unable to move toes or bend knees
**1 -** Able to move toes; unable to bend knees
**2 -** Able to move toes and bend knees, but weak
**3 -** Able to move toes and bend knees easily, strong
**4 -** Ambulating, if appropriate

### TEACHING CODES:

**1 -** Room Orientation
**2 -** Nursery Orientation
**3 -** Postoperative Care
**4 -** APS
**5 -** PCA
**6 -** Newborn Care
**7 -** Breastfeeding
**8 -** Medications
**9 -** Security Measures
**10 -** Pericare
**11 -** Wound Care
**12 -** Bulb Syringe
**13 -** Incentive Spirometer

## STANDARDS OF CARE: Cesarean Section Delivery

### REGIONAL ANESTHESIA:

**Temp:** Initially; every hr x 4 hrs; then every 4 hrs.
**BP, P, R:** Initially; every 15 min x 4; then every 30 min x 2; then every hr x 2; then every 4 hrs.
**Skin Color / Condition, LOC, IV Site:** Initially; PRN (if changes); and upon Discharge.
**EKG & Oxygen Sat, Fundus, Lochia, Perineum:** Initially; every 15 min x 4; then every 30 min x 2; then every hr x 2; then 4 hrs (EKG & Pulse Oximetry may be discontinued after 1 hr if stable).
**Oxygen:** When started, changed or discontinued
**Motor Function / Sensory Level:** Initially & every hr until returning to patient baseline.
**Complete Post Anesthetic Score**
**Bladder Assessment & Intake / Output:** Every hr x 4 hrs
**Pericare / Pad Change:** PRN & prior to discharge

### GENERAL ANESTHESIA:

**Constant bedside surveillance:** for at least 30 min or until stable

**BP, P, R, LOC, Color, EKG & O2 Sat:** Initially and every 5 min x 6 (or stable); every 15 min x 6 (stable patient may be transferred or have EKG & pulse ox dc'd); every 30 min x 2; then every hr x 2; then every 4 hrs until transferred.

**Temp, Skin, Abd, Dsg, Fundus, Lochia, I&O:** Urine color and character, pericare / pad change, IV site, oxygen as per regional anesthesia.

**Complete Post Anesthetic Score:**

### EKG STRIPS:

**For all C-Section Patients:** Print a strip (6 seconds) at beginning of recovery period and at the end. Also, print a 6 second strip anytime the pattern changes. Place all strips in the designated area.

### PAIN MANAGEMENT:

Initially, before and after interventions, and prior to transfer (see hospital standard - pain assessment to be documented at least every 8 hrs).

**PART OF THE MEDICAL RECORD**

Your Hospital's Logo Here

# MATERNAL POST CESAREAN SECTION RECOVERY RECORD

PATIENT IDENTIFICATION

EKG STRIPS HERE

| POST ANESTHETIC SCORE: | | ADMIT | 30 MIN | 1 HR | DISCH | COMMENTS |
|---|---|---|---|---|---|---|
| **Criteria** | **Score** | | | | | |
| SpO2 > 95% Room Air | 2 | | | | | |
| SpO2 > 95% with O2 _____ | 1 | | | | | |
| SpO2 < 95% with O2 | * 0 | | | | | |
| Spontaneous Resp$\overline{s}$ Airway | 2 | | | | | |
| Spontaneous Resp$\overline{c}$ Airway | 1 | | | | | |
| Respiratory Support Required | * 0 | | | | | |
| SBP $\pm$ 20mmHg Pre Op | 2 | | | | | |
| SBP $\pm$ 20-50mmHg Pre Op | 1 | | | | | |
| SBP $\pm$ 50mmHg Pre Op | * 0 | | | | | |
| Aware of self & surroundings | 2 | | | | | |
| Arousable on Calling | 1 | | | | | |
| Unresponsive to Mild Stimuli | * 0 | | | | | |
| Moves 4 Extremities on Command | 2 | | | | | |
| Moves 2 Extremities on Command | 1 | | | | | |
| Moves 0 Extremities on Command | 0 | | | | | |
| | **TOTAL:** | | | | | |

| DISCHARGING NURSE / TITLE / TIME: | REPORT TO UNIT NURSE: |
|---|---|
| | |

**PART OF THE MEDICAL RECORD**