UNIVERSITY MEDICAL CENTER INTERDISCIPLINARY

is a suggested interdisciplinary plan of Disclaimer: 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 ADDRESSOGRAPH Antepartum ESTIMATED LOS: ____ Days Date placed on map: INCLUSIONARY CRITERIA: All patients admitted with an obstetrical and/or secondary medical diagnosis will be placed on this unless there is a case-specific CRITERIA FOR REMOVING PATIENTS FROM : Remove patients from this caremap when delivery occurs. Primary Diagnosis: ______ Secondary Diagnosis: _____ Gravida: _____ Para: ____ SAB: ____ TOP: ____ LC: ____ Rhogam: Date Given: _____ Blood Type: _____ Date Given: Pertinent Maternal Past/Present Medical History: Allergies: CONSULTS OR DISCIPLINES INVOLVED/NOTIFIED: Initials/Date/Time notified: 1. Bereavement Counselor Initials/Date/Time notified: 2. Dietary/Nutrition 3. Discharge Planning Initials/Date/Time notified: 4. NICU Initials/Date/Time notified: 5. Social Service Initials/Date/Time notified: 6. Perinatal CNS Initials/Date/Time notified: Initials/Date/Time notified: 7. MFM 8. Childbirth / High Risk Education Initials/Date/Time notified: Initials/Date/Time notified: 9. Other: _____ SIGNIFICANT EVENTS THIS ADMISSION: Date/Event: Date/Event: Date/Event: Date/Event:

Instructions for Documentation:

RN Signature:

OUTCOMES/INTERVENTIONS:

- Initial when met or completed

RN Signature:

- 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.

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Date/Time:

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Title Signature Initial Signature Requiring Co-Signature Date/Shift Initial/Title ADDRESSOGRAPH DESIRED OUTCOMES D = DAYS E = EVENINGS N = NIGHTS Problem/ Day 0 - GA Problem/ Needs Date: Needs Patient/family verbalizes understanding of Able to perform ADL's with: Knowledge treatment plan, diet, medications, and Alterations assistance Deficit related activity; participates in decision in ADL's/ independently to plan of care making / plan of care. Activity due to: NST Reactive Fetal Well FHR Baseline Being Vital Signs / Temperature WNL Able to express / verbalize feelings of Maternal Anxiety / Fear fear / anxiety. Well Decrease / absence of vaginal fluid related to Significant other expresses interest Being leakage / bleeding. High Risk and involvement in decision making. Verbalizes understanding of how to Pregnancy detect / count fetal movement. Outcome Verbalizes individual sleep needs being met. Weight appropriate. Discharge Homan's sign negative Planning Pain free or verbalizes relief after Remains injury free in a safe Pain intervention. Patient Safety environment. Management States < 3 contractions per hour or ID bracelet on states decrease in abdominal cramping/ No evidence of skin breakdown. contractions. Skin Integrity States decrease or absent intermittent thigh, back, abdominal or pelvic pain. Patient/family verbalizes satisfaction Patient/Family with hospital stay/care. Satisfaction INTERVENTIONS (continued on back) Patient Care Patient Care Categories Categories Assess need for Discharge Planning, Diet: Discharge Social Services and/or other: Nutrition Encourage / provide fluids Plan % of diet consumed: Breakfast Lunch Dinner ___ High risk nutritional assessment completed.

* indicates medical orders needed

Post Critical High Risk Antepartum

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Post Critical High Risk Antepartum

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