

DIAGNOSIS:	Vaginal Delivery	DISCH. DATE:		Disclaimer: This map and guidelines do not purport to reflect all relevant medical considerations and are not intended to replace clinical judgment.
DRG:	APC: 373	ACTUAL LOS:		
ADM DATE:		EXPECTED LOS:	1-2 Days	
OBSTETRICIAN:		Last Updated:	July 2006	

Date/Time	0-2 HOURS	2 - 12 HOURS	12 - 24 HOURS	> 24 HOURS to DC DC Date _____
OUTCOMES	<ul style="list-style-type: none"> Fundus firm on palpation Absence of infection (Temp less than 99) Verbalizes pain level 3/10 on pain scale 	<ul style="list-style-type: none"> voids without difficulty or discomfort Verbalizes pain level 3/10 on pain scale OOB with assistance Verbalizes plan of care 	<ul style="list-style-type: none"> Ambulates without assistance Verbalizes pain level 3/10 on pain scale 	<ul style="list-style-type: none"> Fundus firm and 2 fingers below umbilicus Absence of infection (Temp less than 99) Ambulates without assistance Verbalizes pain level 3/10 on pain scale
TRANSITIONAL ACTIVITIES / DISCHARGE PLANNING	Discharge assessment	Transfer to postpartum unit		Verbalizes knowledge of discharge instructions <input type="checkbox"/> Home Health referral
ASSESSMENTS	Assess body systems VS q 15 minutes x 1 hour VS q 30 minutes x 1 hour Assess fundus and vaginal discharge Assess for infection (Temp greater than 99) Assess for pain level less than 3 / 10 Assess voiding	Reassess body systems PRN VS q 4 hour x 2 Assess fundus and vaginal discharge Assess for infection Assess for pain level less than 3 / 10	Reassess body systems PRN VS q 8 hours Assess fundus and vaginal discharge Assess for infection (Temp greater than 99) Assess for pain level less than 3 / 10	Reassess body systems PRN VS q 8 hours Assess fundus and vaginal discharge Assess for infection (Temp greater than 99) Assess for pain level less than 3 / 10
CONSULTS	<input type="checkbox"/> Dietary <input type="checkbox"/> Case Management <input type="checkbox"/> Pastoral Care	<input type="checkbox"/> Lactation Specialist <input type="checkbox"/> Case Management	<input type="checkbox"/> Lactation Specialist <input type="checkbox"/> Case Management	<input type="checkbox"/> Lactation Specialist <input type="checkbox"/> Case Management
PROCEDURES & TREATMENTS	Mother/ Baby ID bands match Peri Care <input type="checkbox"/> Initiate breastfeeding <input type="checkbox"/> Ice pack to perineum PRN	I&O cath (if unable to void within 6 hours) <input type="checkbox"/> Discontinue IV <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Pumping <input type="checkbox"/> Ice pack to perineum Ice packs to breast and bra at all times (if not breastfeeding)	Sitz bath PRN Ice packs to breast and bra at all times (if not breastfeeding) <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Pumping	Sitz bath PRN <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Pumping <input type="checkbox"/> Discharged without baby Mother and baby ID bands matched at discharge
LABS, TESTS & DIAGNOSTICS	<input type="checkbox"/> Rhogam screen		CBC	

Clinical MAP
VAGINAL DELIVERY
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Patient Identification
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Vaginal Delivery	DATE: 0-2 HOURS	2-12 HOURS	12-24 HOURS	> 24 HOURS to DC DC Date _____
MEDICATIONS & PAIN MANAGEMENT	Pitocin 20 units to first 1000 cc IV fluids Analgesic: <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Tylenol <input type="checkbox"/> Percocet	Stool softener Analgesic: <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Tylenol <input type="checkbox"/> Percocet <input type="checkbox"/> Ibuprofen and Percocet <input type="checkbox"/> Tucks to perineum <input type="checkbox"/> Anusol cream to hemorrhoids <input type="checkbox"/> Lanolin to nipples	Stool softener Analgesic: <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Tylenol <input type="checkbox"/> Percocet <input type="checkbox"/> Ibuprofen and Percocet <input type="checkbox"/> Rhogam <input type="checkbox"/> Tucks to perineum <input type="checkbox"/> Anusol cream to hemorrhoids <input type="checkbox"/> Lanolin to nipples	Stool softener Analgesic: <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Tylenol <input type="checkbox"/> Percocet <input type="checkbox"/> Rubella vaccine/consent signed <input type="checkbox"/> Rhogam <input type="checkbox"/> Tucks to perineum <input type="checkbox"/> Anusol cream to hemorrhoids <input type="checkbox"/> Lanolin to nipples
EDUCATION	Pain Management Post-partum self care Initiate infant care <input type="checkbox"/> Breast Care/Breastfeeding	Pain management Post-partum self- care Infant care <input type="checkbox"/> Instructions from NICU <input type="checkbox"/> Breast Care/Breastfeeding <input type="checkbox"/> Pumping	Pain management Post-partum self- care Infant care <input type="checkbox"/> Instructions from NICU <input type="checkbox"/> Breast Care/Breastfeeding <input type="checkbox"/> Pumping	Pain management Post-partum self- care Infant care <input type="checkbox"/> Instructions from NICU <input type="checkbox"/> Breast Care/Breastfeeding <input type="checkbox"/> Pumping
ACTIVITY, MOBILITY & SAFETY	OOB with assistance	OOB with assistance x 1 Shower with assistance	Up ad lib Shower without assistance	Up ad lib Shower without assistance
PSYCHO-SOCIAL / SPIRITUAL	Parent demonstrates bonding activities: <input type="checkbox"/> Holding baby when not feeding <input type="checkbox"/> Gazes at baby <input type="checkbox"/> Speaks to baby <input type="checkbox"/> Calls baby by name <input type="checkbox"/> Kisses baby	Parent demonstrates bonding activities: <input type="checkbox"/> Holding baby when not feeding <input type="checkbox"/> Gazes at baby <input type="checkbox"/> Speaks to baby <input type="checkbox"/> Calls baby by name <input type="checkbox"/> Kisses baby <input type="checkbox"/> Visits NICU	Parent demonstrates bonding activities: <input type="checkbox"/> Holding baby when not feeding <input type="checkbox"/> Gazes at baby <input type="checkbox"/> Speaks to baby <input type="checkbox"/> Calls baby by name <input type="checkbox"/> Kisses baby <input type="checkbox"/> Visits NICU	Parent demonstrates bonding activities: <input type="checkbox"/> Holding baby when not feeding <input type="checkbox"/> Gazes at baby <input type="checkbox"/> Speaks to baby <input type="checkbox"/> Calls baby by name <input type="checkbox"/> Kisses baby <input type="checkbox"/> Visits NICU
NUTRITION & ELIMINATION	Regular diet Encourage fluid intake	Regular diet Encourage fluid intake	Regular diet Encourage fluid intake	Regular diet Encourage fluid intake
SIGNATURES If signing under "other", please include title	7A _____ 7P _____ Other _____ CM _____	7A _____ 7P _____ Other _____ CM _____	7A _____ 7P _____ Other _____ CM _____	7A _____ 7P _____ Other _____ CM _____

Clinical MAP
VAGINAL DELIVERY

Patient Identification
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CLINICAL MAP OUTCOMES ASSESSMENT & VARIANCE REPORT

Please Indicate Physician Name: _____

DAY OF ADMIT / 0-2 HRS	2-12 HOURS	12-24 HOURS	> 24 HOURS to DC DC Date
OUTCOMES MET? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Time <input type="checkbox"/> Patient/Family <input type="checkbox"/> Provider/Hospital Systems <input type="checkbox"/> Community	OUTCOMES MET? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Time <input type="checkbox"/> Patient/Family <input type="checkbox"/> Provider/Hospital Systems <input type="checkbox"/> Community	OUTCOMES MET? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Time <input type="checkbox"/> Patient/Family <input type="checkbox"/> Provider/Hospital Systems <input type="checkbox"/> Community	OUTCOMES MET? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Time <input type="checkbox"/> Patient/Family <input type="checkbox"/> Provider/Hospital Systems <input type="checkbox"/> Community
<u>VARIANCE:</u>	<u>VARIANCE:</u>	<u>VARIANCE:</u>	<u>VARIANCE:</u>
<u>ACTION TAKEN:</u>	<u>ACTION TAKEN:</u>	<u>ACTION TAKEN:</u>	<u>ACTION TAKEN:</u>
Follow-Up/Outcome:	Follow-up/Outcome:	Follow-up/Outcome:	Follow-up:
SIGNATURES 7A _____ 7P _____ CM _____ Other _____	SIGNATURES 7A _____ 7P _____ CM _____ Other _____	SIGNATURES 7A _____ 7P _____ CM _____ Other _____	SIGNATURES 7A _____ 7P _____ CM _____ Other _____

VARIANCE CODES

<u>TIME</u>	<u>PATIENT/FAMILY</u>	<u>PROVIDER/ HOSPITAL SYSTEMS</u>	<u>COMMUNITY</u>	<u>CORE MEASURES (if appropriate)</u>
E= Early L= Late O= Omitted or Absent NWR= Not Within Range	1. Condition 2. Decision 3. Availability of patient 4. Availability of family 5. Capability & Resources of patient 6. Capability & Resources of family 7. Other (specify)	8. Orders 9. Decision 10. MD Response 11. In-house transportation 12. Bed availability 13. Test results 14. Equipment Availability 15. Other (specify)	16. Home care 17. Placement 18. Transportation 19. Patient Supplies 20. Equipment Availability 21. Other (specify)	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <input type="checkbox"/> Yes <input type="checkbox"/> No

*****When this form is complete place in the variance data collection book*****

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