

## Welcome to the OB Floor!

The OB service is a busy service, unique in the sense that we manage antepartum, postpartum and couplet care.

You will find that a patient you deliver may be rounded on by a fellow resident the following day. In order to ensure proper patient care, adequate documentation is a must. This guide will take you through the paperwork on the OB floor, from admission to discharge- please familiarize yourself with it!

On the following page, you will see an example of an admission note. Every woman who is to be admitted will need a note similar to this in the chart.

## Welcome to the OB Floor!

The OB service is a busy service, unique in the sense that we manage antepartum, postpartum and couplet care.

You will find that a patient you deliver may be rounded on by a fellow resident the following day. In order to ensure proper patient care, adequate documentation is a must. This guide will take you through the paperwork on the OB floor, from admission to discharge- please familiarize yourself with it!

On the following page, you will see an example of an admission note. Every woman who is to be admitted will need a note similar to this in the chart.

\*SIGN AFTER EACH ENTRY

DATE	TIME	Discipline	PROGRESS NOTES
8/5/08	900	MD	MD Admit Note
			24yo G2P1 @ 39 3/7 weeks, dates confirmed by $\Delta$ UTZ,
			p/w CTX q 5 minutes Pt reports CTX's x 5°, $\oplus$ FM
			and denies LOF or VB. Pt's pregnancy complicated by
			late prenatal care at 25 weeks at Women's Clinic.
			Past OB Hx: Term $\sigma^9$ born by NSVD at VCMC
			Past Gyn Hx: PAP ASCUS, Neg HPV (1/15/08)
			Past med Hx: None
			Past Surg Hx: None
			Meds: Prenatal Vitamins
			All: NKDA
			Social: FOB not involved, $\oplus$ Tob Abuse throughout pregnancy. $\oplus$ Dr/H/drugs
			NAD ASD gravid. Palpates Vertex by Leopold's
			CTAB Confirmed by Bedside UTZ.
			$\oplus$ SS, RRR Sterile Spec: $\Delta$ H/H $\oplus$ pooling, Nitizime Neg
			Toco - $\oplus$ UC's q 5 minutes FHR - 150's, reactive, $\bar{a}$ good variability.
			A. 24yo G2P1 @ 39 3/7 weeks in active labor.
			P. Admit Patient for expectant management.
			May consider UDS for late prenatal care
			Case discussed with Attending.
			<i>[Signature]</i>

LEGEND: N - NURSING PT - PHYSICAL THERAPY RAD - RADIOLOGY DP - PODIATRIST  
 MD - PHYSICIAN RT - REPIRATORY THERAPY PSY - PSYCHIATRY O - OTHER  
 CN - CLINICAL NUTRITIONIST SS - SOCIAL SERVICES CP - CLINICAL PHARMACIST



VENTURA COUNTY MEDICAL CENTER  
 SANTA PAULA HOSPITAL

INTERDISCIPLINARY  
 PROGRESS RECORD

Mama, Jo

Unit # 000000

## Admission Orders

Here you see an example of admission orders. These orders are not required for a patient who is only being observed.

Before completing the admission orders, please look at the GBS status of the patient. If it is positive, they will also need Penicillin G in addition to the basic orders.

Keep in mind, these orders are written as if a patient is being admitted for active labor.

Slight modifications can be made for antepartum patients needing tocolytics, antibiotics, etc.

**ADMIT/TRANSFER ORDER**

ADMIT or  TRANSFER TO: OB AS:  FULL ADMIT  OBSERVATION (23 HR)

ATTENDING: OB Attending RESIDENT: Bob Jones

DIAGNOSIS: Active Labor

CONDITION/CODE STATUS: stable/fullcode Pt.'s Weight: \_\_\_\_\_

VITALS/MONITORING: Routine, Toco, FHM

ALLERGIES: NKDA

ACTIVITY: Ad lib

NURSING: vitals

DIET: Ice Chips Only

IVF: LR @ 125ml/0

MEDICATIONS: \_\_\_\_\_ INDICATION \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

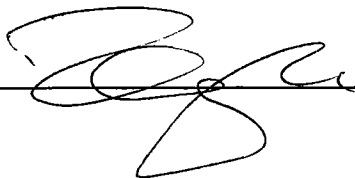
I HAVE REVIEWED AND RECONCILED THIS PATIENTS MEDICATIONS, INCLUDING ALL PRESCRIPTION DRUGS, OTC DRUGS AND HERBALS.

LABS/IMAGING CBC

UA

Red Top to hold

\_\_\_\_\_  
\_\_\_\_\_

PHYSICIAN SIGNATURE:  Admit Date: 8/5/009  
Admit Time: 900



VENTURA COUNTY MEDICAL CENTER  
SANTA PAULA HOSPITAL

ADMIT / TRANSFER ORDER

Mama, Jo  
Unit # 000000

## Observation-only Discharge Paperwork

This is the discharge paperwork needed for patients are simply observed for a few hours and discharged.

Please give a brief summary of the events and don't forget to provide a date.

A copy of this paperwork is kept on L &D for future reference and comes in handy when you encounter the patient again (especially when it comes to cervical exam documentation).

**IMPRESSION** : 2640 G2P, @ 39 3/4 weeks by AITZ presented c/o CTX's q5min Pt denied LDF or VB. Pt was observed and hydrated on L<sup>3</sup>D x 3°. FHR=160's, reactive. Toco - 1-2UC's/°, mild in intensity. Cervical exam: CL/TH/1, unchanged over 3hr period. Pt felt improved following hydration. Pt will be discharged home given instructions to return when CTX's are more frequent and intense.

**DISPOSITION** :  ADMIT  DISCHARGE TO HOME

**MEDS DISCHARGED HOME** :

- 1. Prenatal Vitamins once daily
- 2. Iron 325mg once daily

**FOLLOW UP** : CLINIC Women's Clinic  
DATE August 12<sup>th</sup>  
TIME 8:45am

**DISCHARGE INSTRUCTIONS** :

- Return to the Hospital for:
- 1. Rupture of membranes
  - 2. Vaginal bleeding
  - 3. Contractions increasing in strength and every 5 minutes
  - 4. Decreased fetal movement

Call labor floor for other questions (652-6090)

Other questions: \_\_\_\_\_  
Keep appointment as scheduled.

- Regrese al hospital si tiene los siguientes problemas:
- 1. Si se rompe la bolsa del agua.
  - 2. Si tiene sangrado vaginal.
  - 3. Si tiene contracciones ó dolores que aumentan más fuertes cada 5 minutos.
  - 4. Si siente que su Bebé se mueve menos.

Llame a la unidad de obstetricia si tiene otras preguntas (652-6090).

Otras instrucciones: \_\_\_\_\_

Por favor mantenga su cita en la clinica de maternidad.

M.D. Signature Bob Jones  
Nurse's Signature \_\_\_\_\_  
Patient Signature \_\_\_\_\_

Date: 8/15/08  
Date: \_\_\_\_\_  
Date: \_\_\_\_\_



VENTURA COUNTY MEDICAL CENTER  
OUTPATIENT LABOR & DELIVERY  
**PATIENT OBSERVATION RECORD  
AND DISCHARGE INSTRUCTIONS**

LABEL

## Delivery Note

Following your skilled delivery of baby, please take time to complete the delivery note to the best of your ability.

Important items to note include: doctors present, date and time of delivery and any vaginal or cervical repairs that were needed (this is especially helpful for the resident rounding on the patient the following day when assessing the patient for pain and lochia).

Your awesome and complete admit note will make filling in the laboratory stats a breeze.

PRENATAL HISTORY		ADMIT DATE <u>8/15/08</u> TIME <u>12:00</u>	
AGE <u>26</u>	RACE <u>caucasian</u>	PRENATAL CARE: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	SITE <u>Womens</u>
PREGNANCIES <u>2</u>	TERM <u>1</u>	PRETERM <u>0</u>	ABORTIONS: ELECTIVE <u>0</u>
		SPONTANEOUS <u>0</u>	ECTOPIC <u>0</u>
		STILLBIRTHS <u>0</u>	GESTATIONAL AGE AT DELIVERY <u>39+</u>
			EDC <u>8/13/08</u>
			VBAC attempt <input type="checkbox"/> Y <input checked="" type="checkbox"/> N

LABORATORY										
RUBELLA <u>Imm</u>	TYPE & RH <u>A ⊕</u>	AB SCREEN <u>Neg</u>	RPR <u>NR</u>	GC <u>Neg</u>	CHLAMYDIA <u>Neg</u>	HGB/HCT <u>12.2</u>	HEPB <u>Neg</u>	HIV <u>Neg</u>	GBS Screen <u>Neg</u>	

PRENATAL COMPLICATION										
<input type="checkbox"/> HYPERTENSION	<input type="checkbox"/> PREECLAMPSIA	<input type="checkbox"/> PRETERM LABOR	<input type="checkbox"/> DIABETES:	<input type="checkbox"/> INSULIN	<input type="checkbox"/> DIET CONTROLLED	<input type="checkbox"/> POSTTERM	<input type="checkbox"/> OLIGOHYDRAMINIOS	<input type="checkbox"/> HYDRAMINIOS	<input type="checkbox"/> PREMATURE RUPTURE MEMBRANES	
<input type="checkbox"/> PLACENTA PREVIA	<input type="checkbox"/> OTHER _____									

DELIVERY INFORMATION										
DATE <u>8/15/08</u>	TIME <u>14:00</u>	ATTENDING <u>OB Attending</u>	RESIDENT <u>Bob Jones</u>							
PRESENTATION: <input checked="" type="checkbox"/> VERTEX <input type="checkbox"/> BREECH <input type="checkbox"/> TRANSVERSE	RUPTURE OF MEMBRANES: <input type="checkbox"/> ARTIFICIAL <input checked="" type="checkbox"/> SPONTANEOUS DATE <u>08-15-08</u> TIME <u>1100</u>	<input type="checkbox"/> AMNIOINFUSION <input checked="" type="checkbox"/> PITOCIN: <input checked="" type="checkbox"/> AUGMENTATION <input type="checkbox"/> INDUCTION <input type="checkbox"/> CERVICAL RIPENING <input type="checkbox"/> MISOPROSTOL <input type="checkbox"/> OTHER _____	VAGINAL BIRTH: <input checked="" type="checkbox"/> SPONTANEOUS <input type="checkbox"/> VACUUM <input type="checkbox"/> EPISIOTOMY 1ST ___ 2ND ___ 3RD ___ 4TH ___ <input type="checkbox"/> INTRAPARTUM ANTIBIOTIC	PLACENTAL DELIVERY: TIME <u>1410</u> <input checked="" type="checkbox"/> 3 VESSELS <input type="checkbox"/> INTACT <input type="checkbox"/> SPONT <input type="checkbox"/> MANUAL EXTRACTION	<input type="checkbox"/> CESARIAN SECTION: UTERINE INCISION: <input type="checkbox"/> TRANSVERSE <input type="checkbox"/> VERTICAL INDICATION: <input type="checkbox"/> REPEAT <input type="checkbox"/> CPD <input type="checkbox"/> BREECH <input type="checkbox"/> FETAL DISTRESS <input type="checkbox"/> MULTIPLE GESTATION <input type="checkbox"/> PLACENTA PREVIA <input type="checkbox"/> ABRUPTIO	FETAL MONITORING: <input type="checkbox"/> EXTERNAL FHR <input checked="" type="checkbox"/> FETAL SCALP ELECTRODE <input type="checkbox"/> EXTERNAL UC <input checked="" type="checkbox"/> IUPC <input type="checkbox"/> UMBILICAL CORD pH	ANESTHESIA: <input type="checkbox"/> LOCAL <input checked="" type="checkbox"/> EPIDURAL <input type="checkbox"/> SPINAL <input type="checkbox"/> PUDENDAL <input type="checkbox"/> PARENTERAL <input type="checkbox"/> ANALGESIA			
ONSET OF LABOR: DATE <u>08-15-08</u> TIME <u>0400</u>	COMPLETE DILATION: DATE <u>08-15-08</u> TIME <u>1200</u>									

INTRAPARTUM COMPLICATIONS										
<input type="checkbox"/> FETAL DISTRESS	<input type="checkbox"/> AMNIONITIS	<input type="checkbox"/> BLEEDING	<input type="checkbox"/> ECLAMPSIA	<input type="checkbox"/> CORD PROLAPSE	<input type="checkbox"/> ABRUPTIO PLACENTA	<input checked="" type="checkbox"/> MECONIUM	<input type="checkbox"/> PROLONGED 2ND STAGE (>2 HOURS)	<input type="checkbox"/> SHOULDER DYSTOCIA		
<input type="checkbox"/> OTHER _____										

POST PARTUM COMPLICATIONS										
<input type="checkbox"/> UTERINE RUPTURE	<input type="checkbox"/> UTERINE INVERSION	<input type="checkbox"/> RETAINED PLACENTA	<input type="checkbox"/> PLACENTAL ANOMALIES	HEMORRHAGE: ETIOLOGY: <input type="checkbox"/> RETAINED PLACENTA <input type="checkbox"/> UTERINE ATONY	TREATMENT: <input type="checkbox"/> PITOCIN <input type="checkbox"/> METHERGINE <input type="checkbox"/> PROSTAGLANDIN	LACERATIONS: PERINEAL: 1ST <input checked="" type="checkbox"/> 2ND ___ 3RD ___ 4TH ___ <input checked="" type="checkbox"/> VAGINAL <input type="checkbox"/> CERVICAL <input type="checkbox"/> PERIURETHRAL				

NEWBORN INFORMATION										
CHART # _____	SEX: MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>	WEIGHT <u>8</u> LB <u>2</u> OZ _____ GM.	LENGTH _____ IN _____ CM	APGARS: 1 MIN <u>8</u> 5 MIN <u>9</u> 10 MIN _____	BIRTH INJURIES: <input type="checkbox"/> SCALP LACERATIONS <input type="checkbox"/> OTHER LACERATIONS <input type="checkbox"/> FRACTURE OF CLAVICLE <input type="checkbox"/> FRACTURE EXTREMITY <input type="checkbox"/> BRACHIAL PLEXUS <input type="checkbox"/> OTHER _____ <input type="checkbox"/> BIRTH ANOMALY	RESUSCITATION: <input checked="" type="checkbox"/> BULB <input type="checkbox"/> O2 <input type="checkbox"/> BAG <input type="checkbox"/> INTUBATION <input type="checkbox"/> DE LEE <input type="checkbox"/> EYE MEDS <input type="checkbox"/> VIT K	RESPIRATIONS: <input checked="" type="checkbox"/> SPONTANEOUS <input type="checkbox"/> DELAYED			
NURSERY		<input checked="" type="checkbox"/> COUPLET <input type="checkbox"/> NICU								

DELIVERY COMMENTS										
<u>labor progressed quickly, delivered by MVD to intact perineum 3v cord. Placenta intact. Vigorous baby a stimulation only. Thin Mea. Apgars 8 and 9. 10 lac repaired. Doctor Blank present for whole delivery</u>										
<input type="checkbox"/> SEE DICTATED DELIVERY NOTE.										

SIGNATURE <u>Dr. Jones</u>	DATE <u>08/05/08</u>
-------------------------------	-------------------------



VENTURA COUNTY MEDICAL CENTER  
DELIVERY RECORD

## OB Discharge Form

**Always think about discharge at the time of delivery!**

**Before you even leave the del room, please fill in the top portion of the discharge paperwork. It makes discharges easier and saves time in the morning. Please help your fellow residents by completing this section!**

0490

COLORWORKS PRINTING INC (805) 652-6868

VCMC



Ventura County Medical Center  
Santa Paula Hospital  
Labor and Delivery  
805-652-6090

Patient Name: \_\_\_\_\_

Date \_\_\_\_\_

Rx  
Prescription

ALLERGIES \_\_\_\_\_

ADDRESS \_\_\_\_\_

- Rx
- Multivitamins one tablet orally daily for six weeks. Dispense fifty (#50). No refills.
  - Ferrous sulfate 324 mg one tablet orally \_\_\_\_\_ times a day for six weeks. Dispense fifty (#50). Three refills.
  - Colace 100 mg tablet orally twice a day as needed for constipation. Dispense forty (#40). Two refills.
  - Ibuprofen 800 mg orally three times a day as needed for pain. Dispense thirty (#30). Two refills.

Signature: \_\_\_\_\_ O Label in Spanish

License Number: \_\_\_\_\_ DEA Number: \_\_\_\_\_, M.D.

ADMISSION DATE	8/5/08	HR.	DISCHARGE DATE		HR.	ADMISSION DIAGNOSIS	Active Labor
FINAL DIAGNOSIS (Do Not Abbreviate) *Condition, after study, chiefly responsible for this admission.							
PRINCIPAL		Term Intrauterine Pregnancy					
SECONDARY		Active Labor					
OPERATIONS/PROCEDURES			DATE		SURGEON'S NAME		ANES.
NSVD			08/05/08		Blank / Jones		

DISCHARGE EXAM

Subj: \_\_\_\_\_

VS: Tmax T P R BP

Heart: \_\_\_\_\_

Lungs: \_\_\_\_\_

Breasts: \_\_\_\_\_

Abd/Fundus: \_\_\_\_\_

Perineum/Locia: \_\_\_\_\_

Extremities: \_\_\_\_\_

Labs: \_\_\_\_\_

SUMMARY OF CARE

intrauterine pregnancy at 39<sup>+</sup> weeks, delivered.

Lacerations (describe) 10 lacerations - vaginal

Episiotomy (describe)

Induction/Augmentation

OB DISCHARGE INSTRUCTIONS

DISABILITY STATUS: Six weeks for vaginal deliveries. Eight weeks for cesarean deliveries.

DIET: Regular diet and take plenty of fluids and milk especially if breastfeeding.

ACTIVITIES:

SEX: No intercourse for six weeks. After this, if you do not desire to get pregnant again immediately, you must use a method of birth control. You can get pregnant even if nursing.

WORK: Plenty of rest especially if breastfeeding.

WOUND CARE: (for cesarean section deliveries)

No heavy lifting or unnecessary stress on your incision until your next appointment. Leave sterile strips on until they fall off. If you still have staples, they will be removed in clinic at your next appointment. You may shower with them in place.

SPECIAL INSTRUCTIONS: No heavy lifting for two weeks. No douching for two weeks. No tampons for two weeks. Take frequent warm sitz baths to help heal the episiotomy or laceration and soothe discomfort.

CONTRACEPTION: Ask your regular doctor about ways to avoid getting pregnant again. Call for an appointment in 2 weeks with your doctor if this is a concern.

SMOKING CESSATION: If you smoke, we recommend quitting. Call 1-800-NOBUTTS for more information or ask for a brochure.

FOLLOW UP APPOINTMENT: Place: \_\_\_\_\_ PHONE # \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Return sooner if having heavy bleeding, fever, or unusual discharge. These instructions have been explained to me and I understand them.

Signature of Patient \_\_\_\_\_ Nurse \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

## Mom's Post-partum Orders

Again, these orders may have to be modified per patient, especially if the patient was taken for c-section. These orders are modeled after a NSVD.

Item number 6 should be circled if the patient is at risk for postpartum hemorrhage. Please discuss with the attending prior to ordering this.

Items number 13 and 14 require that you look back to your admit note or del note for lab stats. Please circle only if you find the the mother is rubella non-immune or Rh(-) .

For item number 16, the patient must have a PPTL consent signed and in the chart (usually found with her prenatal records). The consent must be signed at least 30 days prior to delivery.





## Assessing the Newborn

It is important that the baby be assessed following delivery.

In the history section, please document: GBS status, long ROM times, Nuchal cords, shoulder dystocia, apgars, +/-vigorous cry with/without stimulation/suction and whether NICU was present.

If mom was GBS +, please document if she received any antibiotics prior to delivery.

Complete physical section, date and time. The lab section cannot be filled out until baby's labs have been processed.



## Newborn Orders

Item number 1- who is the attending?

If the mom is a FCC patient or belongs to any one of the satellite family docs- please put the family care attending or the family doctor on-call on L&D that day.

If the mom belongs to an OB attending- circle B (the baby will be seen either by Dr. Safar or the Peds Attending Service).

If the mom belongs to a Clinicas OB attending- then circle D.

Circle 2 through 7.

Item 8 depends on if mom wants to breastfeed or bottlefeed.

Circle 9 through 12.

Circle 13 through 15 only if patient meets any of those criteria (aren't you so glad you documented that information so thoroughly before?)

## NEWBORN ADMISSION ORDERS

1. Baby to be followed by:

A. Family Care Services: Attending: \_\_\_\_\_ Resident: \_\_\_\_\_

B. Neonatal Services / Peds Attending

C. Private MD, Dr. \_\_\_\_\_

D.  Clinicas de Camino Real Pediatrician.

2. Admit to Hospital room.

3. Vital signs q 15 min. X 1 hour, q 30 min. X 2, then if stable q 6 hours.

4. Phytonadione (Vitamin K) 1 mg IM x1

5. Erythromycin Ophthalmic Ointment 1/4" line administered in each eye, lower lid.

6. Hepatitis B Vaccine (Recombivax 5 mcg/0.5 ml or Engerix 10 mcg/0.5 ml) IM X 1, (Thimerosal free) by 4 hours of age.

7. Bathe following infant bathing protocol.

8. Feedings:

A. Initial breast feeding within 30 minutes if stable. Breast feed on demand q 2- 3 hours.

B. House formula with iron ad lib on demand q 2- 4 hours if not breast feeding.

C. Newborn is exclusively breast fed. Do not administer house formula

9. Newborn screen after 13 hours of age. Follow newborn screen protocol if discharged < 12 hours or > 5 days of age.

10. Weigh daily.

11. Newborn Hearing screen prior to discharge.

12. Total Bili if jaundiced before 24 hours of age, call results to MD.

13. A. If mother's blood is type O or RH negative send cord blood for type, RH, and Coombs. (HDN Workup)

B. Notify MD of positive Coombs, for follow up bilirubin orders.

14. A. Hypoglycemia screen according to policy. Identified risk factors for this infant

< 37 weeks  > 42 weeks  < 6 pounds  > 9 pounds  IDM  PIH  symptomatic

\_\_\_\_\_

B. Notify MD of all results.

15. A. Hepatitis B Immune Globulin (HBIG) 0.5 ml IM x 1 for positive maternal HBs AG.

B. Maternal HbsAG status is unknown at present, please notify MD of results ASAP or before discharge.

16. Observe in NICU.

Date/Time: 9/15/08 14:20 M.D./D.O. Signature: Dr. JONES

Date/Time Transcribed By: \_\_\_\_\_ Date/Time R.N. Signature: \_\_\_\_\_



VENTURA COUNTY MEDICAL CENTER  
SANTA PAULA HOSPITAL  
NEWBORN ADMISSION ORDERS

Baby Boy

## Rounding On Mom Postpartum

Here is an example of a typical Progress Note.

Things you want to ask mom while rounding on her include: fevers, pain (?relieved by pain meds), difficulty with breastfeeding, frequency of breast feeding, duration of breastfeeding, amount of lochia, difficulty passing urine/stool.

First-time Moms or moms having difficulty with breastfeeding may benefit from the first-time mom course or lactation consult respectively. Please write those in your orders section.

Consults with social work may be beneficial for very young mothers or mothers with difficult social backgrounds (social work can also provide moms with additional outpatient resources).

Please schedule 6wk postpartum checks with her home clinic, keeping in mind that appointments can only be made M-F (plan ahead). Earlier appointments may have to be made depending on if the patient went to c-section (wound checks), etc.

\*SIGN AFTER EACH ENTRY

DATE	TIME	Discipline	PROGRESS NOTES
8/6/08	6am	MD	MD Progress Note
			2leyo Bz Pz S/P NSVD - Postpartum Day #1
			Pt reports minimal cramping relieved by Ibuprofen. & fever
			⊕ voiding & difficulty. Ambulating. ↓ lochia.
			Reports difficulty getting Baby to latch; very frustrated.
			vital signs: 110/60 75 120 98°/99
			NAD, Alert ABD - soft, NT/ND ⊕ BS
			CTAB firm fundus palpated ZFB ↓ umbilicus
			⊕ S/S <sub>2</sub> RRR EXT - edema
			Postpartum CBC - Hgb = 10.6
			A. 2leyo Bz Pz S/P NSVD, PPD #1 - Doing well, though
			some difficulty with BF.
			P Continue & provide postpartum care
			Continue to encourage BF - will provide lactation consult
			today Re: difficulty latching
			Bedside education provided.
			JONES, MD

**LEGEND:** N - NURSING      PT - PHYSICAL THERAPY      RAD - RADIOLOGY      DP - PODIATRIST  
 MD - PHYSICIAN      RT - REPIRATORY THERAPY      PSY - PSYCHIATRY      O - OTHER  
 CN - CLINICAL NUTRITIONIST      SS - SOCIAL SERVICES      CP - CLINICAL PHARMACIST



VENTURA COUNTY MEDICAL CENTER  
SANTA PAULA HOSPITAL

INTERDISCIPLINARY  
PROGRESS RECORD

Mama, Jo

unit # 000000

## Rounding On Baby

Here is an example of a daily progress note.

Important things to note include: how well baby is latching, sucking and feeding, voiding and stooling, birth weight, today's weight and percent weight loss.

Vitals can be found under "Infant Recovery Record Queries" and weights can be found under "Assesment Forms".

If you have any questions about baby's labs- please ask!

Plan ahead for follow-ups. It is generally a good idea to have baby follow up in clinic two days later for weight check. If you have any concerns about the baby, either hold off on discharge or make follow-up for one day instead and contact the attending.



## Handling Discharges

Your discharge paperwork is ideally already half-way done for you!

You may use your discharge paperwork to document your exam on the day of discharge instead of writing a whole separate progress note.

Document the hgb at the time of discharge, which helps you determine how much Iron supplementation the mom might need as an outpatient, especially if she is breastfeeding.

Make sure you sign at the bottom! If mom was a c-section and was here for three or more days, now is the best time to dictate a discharge summary (before you forget the hospital course). Keep your discharge summary brief- use the operative report to determine indication for c-section.

Always check with the attending who did the case, when it comes to removing staples prior to discharge.



Date \_\_\_\_\_

Rx  
Prescription

ALLERGIES \_\_\_\_\_

ADDRESS \_\_\_\_\_

- Rx
1. Multivitamins one tablet orally daily for six weeks. Dispense fifty (#50). No refills.
  2. Ferrous sulfate 324 mg one tablet orally \_\_\_\_\_ times a day for six weeks. Dispense fifty (#50). Three refills.
  3. Colace 100 mg tablet orally twice a day as needed for constipation. Dispense forty (#40). Two refills.
  4. Ibuprofen 800 mg orally three times a day as needed for pain. Dispense thirty (#30). Two refills.

Signature: \_\_\_\_\_ O Label in Spanish

License Number: \_\_\_\_\_ DEA Number: \_\_\_\_\_, M.D.

ADMISSION DATE <u>8/5/08</u> HR.	DISCHARGE DATE <u>8/7/08</u> HR.	ADMISSION DIAGNOSIS <u>Active Labor</u>	
FINAL DIAGNOSIS (Do Not Abbreviate) *Condition, after study, chiefly responsible for this admission.			
PRINCIPAL <u>Term Intrauterine Pregnancy</u>			
SECONDARY <u>Active Labor</u>			
OPERATIONS/PROCEDURES	DATE	SURGEON'S NAME	ANES.
<u>NSVD</u>	<u>8/5/08</u>	<u>Blank / Jones</u>	

DISCHARGE EXAM

Subj: Doing well - minimal pain. Initially, difficulty with BF - now resolved

VS: Tmax 99.9 T 97.6 P 70 R 18 BP 110/65

Heart: RRR

Lungs: CTAB

Breasts:  $\phi$  engorged.

Abd/Fundus: NT, firm fundus

Perineum/Locia:  $\downarrow$  lochia.

Extremities:  $\phi$  edema

Labs: 10.6 = Hgb

SUMMARY OF CARE

intrauterine pregnancy at 39<sup>+</sup> weeks, delivered.

Lacerations (describe) 1<sup>o</sup> vaginal - repaired

Episiotomy (describe)

Induction/Augmentation

OB DISCHARGE INSTRUCTIONS

DISABILITY STATUS: Six weeks for vaginal deliveries. Eight weeks for cesarean deliveries.

DIET: Regular diet and take plenty of fluids and milk especially if breastfeeding.

ACTIVITIES:

SEX: No intercourse for six weeks. After this, if you do not desire to get pregnant again immediately, you must use a method of birth control. You can get pregnant even if nursing.

WORK: Plenty of rest especially if breastfeeding.

WOUND CARE: (for cesarean section deliveries)

No heavy lifting or unnecessary stress on your incision until your next appointment. Leave sterile strips on until they fall off. If you still have staples, they will be removed in clinic at your next appointment. You may shower with them in place.

SPECIAL INSTRUCTIONS: No heavy lifting for two weeks. No douching for two weeks. No tampons for two weeks. Take frequent warm sitz baths to help heal the episiotomy or laceration and soothe discomfort.

CONTRACEPTION: Ask your regular doctor about ways to avoid getting pregnant again. Call for an appointment in 2 weeks with your doctor if this is a concern.

SMOKING CESSATION: If you smoke, we recommend quitting. Call 1-800-NOBUTTS for more information or ask for a brochure.

FOLLOW UP APPOINTMENT: Place: \_\_\_\_\_ PHONE # \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Return sooner if having heavy bleeding, fever, or unusual discharge. These instructions have been explained to me and I understand them.

Signature of Patient \_\_\_\_\_ Nurse \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

JONES

PHYSICIAN'S SIGNATURE

8/7/08

DATE

6am

TIME



VENTURA COUNTY MEDICAL CENTER  
SANTA PAULA HOSPITAL  
OB DISCHARGE FORM

## MAR Sheet

OB patients are sent home on a cocktail of four medications generally, so they need a MAR filled out for them.

There is a prescription stamper located in the doctor's room on the OB floor to help save time in writing out prescriptions for each woman. Please indicate here how much iron you would like them to take on a daily basis.

You will be called back to the floor to finish this paperwork prior to the patient's discharge, so make sure it's done before you leave!

**MEDICATION RECONCILIATION FORM**

LIST BELOW ALL OF THE PATIENT'S MEDICATIONS PRIOR TO ADMISSION (past 30 days) INCLUDING ANTIBIOTICS, OTC & HERBALS  
**THIS IS NOT TO BE USED AS ADMISSION ORDERS / ON DISCHARGE: 1) FAX COPY TO DISCHARGE CLINIC 2) SEND YELLOW COPY WITH PATIENT**

- Source of Medication List: (check all that apply)  
 Patient recall  
 Family recall  
 Medication bottles  
 Previous discharge paperwork  
 Patient medication list  
 MAR from outside facility  
 Other: \_\_\_\_\_

Prohibited abbreviations: q.d., q.o.d., u, IU, MS, MSO<sub>4</sub>, µg, OD, OS, OU, AD, AS, AU, t.i.w., cc, SQ

**ALLERGIES/MED INTOLERANCE:**

NKDA

MEDICATION NAME (Print Legibly)	DOSE	ROUTE AND FREQUENCY	Continue On Admission	Continue On Discharge	DISCHARGE INSTRUCTIONS (in language that the patient can understand)
<b>DOCTOR TO COMPLETE THIS SIDE OF FORM</b> (Place a single line cross out through med if discontinued on discharge)					
			Y N	Y N	
			Y N	Y N	
			Y N	Y N	
			Y N	Y N	
			Y N	Y N	
			Y N	Y N	
			Y N	Y N	
			Y N	Y N	
			Y N	Y N	
			Y N	Y N	
			Y N	Y N	
			Y N	Y N	

**Additional Medications on Discharge**

					Iron 325mg - one tablet daily	Y
					Prenatal vitamins - one tablet daily	Y
					Colace 100mg twice daily	Y
					Ibuprofen 600mg every 8 hours as needed for pain	Y
						Y

Nurse recording meds on admission: \_\_\_\_\_ RN      Admission physician: \_\_\_\_\_ MD Date: \_\_\_\_\_  
 Date: \_\_\_\_\_      Discharge physician: JONES      MD Date: 8/7/08



VENTURA COUNTY MEDICAL CENTER  
 SANTA PAULA HOSPITAL

**MEDICATION RECONCILIATION**

VCMC-516-006 (1/107)      Distribution: White - Patient's Record      Canary - Pharmacy

Mama, Jo      Unit # - 000000

## Newborn Discharge Paperwork

This paper can serve as a means to communicate with the clinic doctors who will be caring for the baby.

It can be very helpful to document birth weight, bilirubin trends, Mom and Baby's blood type and whether they passed the hearing screen.

You can also indicate if there were any procedures done such as renal ultrasound, scrotal ultrasound, circs, etc.

Encourage mothers to bring this paperwork to their first pedi appointment in two days (for baby's first weight check).

ADMISSION DATE 8/5/08 HR. \_\_\_\_\_

DISCHARGE DATE 8/7/08 HR. \_\_\_\_\_

ADMISSION DIAGNOSIS Newborn

**FINAL DIAGNOSIS (Do Not Abbreviate) \*Condition, after study, chiefly responsible for this admission.**

PRINCIPAL • Newborn Male  
SECONDARY Hyperbilirubinemia  
OTHER Poor Latching

**COMPLICATIONS (Do Not Abbreviate)**

**OPERATIONS/PROCEDURES & DATES**

DATE SURGEON'S NAME ANES.

**DISCHARGE CONDITION (see over)**

- DISCHARGE STATUS (circle one)
- 1 - ROUTINE (home)
  - 4 - SKILLED NURS.
  - 7 - EXPIRED
  - 2 - AMA
  - 5 - OTHER FACILITY
  - 8 - INTERMED. CARE
  - 3 - OTHER HOSP.
  - 6 - HOME HEALTH
  - 9 - MENTAL HEALTH FAC.

**PATIENT INSTRUCTIONS (INSTRUCCIONES)**

**DIET**

(DIETA)

**ACTIVITY**

(ACTIVIDADES)

**RESTRICTIONS**

(RESTRICCIONES)

Breastfeeding Mom - A+  
Baby - A+ DC Negative  
Birth Weight - 3520  
Tbili 10.5 → 12.3 @ 60 hours of life

**IF SYMPTOMS WORSEN:**

**MEDICATIONS**

(MEDICACIONES)

I have reviewed and reconciled this patient's medications, including all prescription drugs, OTC drugs and herbals.  
Passed Hearing Screen

**SPECIAL INSTRUCTIONS (INSTRUCCIONES ESPECIALES)**

**SMOKING CESSATION:**

Return to Emergency room if baby is unable to breast-feed or becomes lethargic.

**FOLLOW UP APPOINTMENT (PROXIMA CITA)**

DATE 8/9/08 TIME 9:45am PLACE Mandalay Bay  
(FECHA) (TIEMPO) (LUGAR)

UPON ARRIVAL SEND PT. FOR:

LABS: \_\_\_\_\_ X-RAY \_\_\_\_\_ FILE# \_\_\_\_\_  CAST OFF FOR X-RAY OR EXAM

PATIENT SIGNATURE

RN SIGNATURE

MEDICARE RECORDS

"I certify that the narrative description of the principal and secondary diagnosis and the major procedures performed is accurate and complete to the best of my knowledge."  
\_\_\_\_\_  
ATTENDING PHYSICIAN SIGNATURE  
Date \_\_\_\_\_

**MEDICARE ATTESTATION**

JONES

PHYSICIAN NAME (PRINT)

INTERN SIGNATURE

RESIDENT SIGNATURE



**VENTURA COUNTY MEDICAL CENTER  
SANTA PAULA HOSPITAL  
DISCHARGE ENCOUNTER FORM**

Baby Boy