

Student Name: Peter Guarardo

Date: 4/22/25

<p><b>Situation:</b>          Patient Room #: 405 3640          Allergies: N/A          Delivery Date &amp; Time: 4/21</p> <p>NSVD <input checked="" type="checkbox"/> PC/S <input type="checkbox"/> RC/S <input type="checkbox"/></p> <p>Indication for C/S:</p> <p>QBL: 1712 BTL: N/A          LMP: 8/5/24 Est. Due Date: 5/10/25</p> <p>Prenatal Care: &lt;28 wks <input checked="" type="checkbox"/> LPNC <input type="checkbox"/></p> <p>Anesthesia: None Epidural <input type="checkbox"/> Spinal <input checked="" type="checkbox"/></p> <p>General Duramorph/PCA</p> <p><b>Background:</b>          Patient Age: 35 y/o Living: 2          Gravida: 1 Para: 1 weeks          Gestational Age: 37 weeks          Hemorrhage Risk: Low Medium High</p> <p>Prenatal Risk Factors/Complications:          Hypothyroidism          PDS          *Confused/Altered mental status          Anemia          NB Complications: CPAP / PAP          Lavage          ICU attended          Family bedside</p>	<p>VS: <input checked="" type="checkbox"/> Q4hr <input type="checkbox"/> Q8hr</p> <p>0800: RR: 16          09:00: P: 0          1200: T: 101.9</p> <p>Diet: Regular / 10 Activity: N          Assisted ambulation</p> <p>Pain Level: <input type="checkbox"/> / 10</p> <p><b>Newborn:</b> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>          Feeding: Breast <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Bottle <input type="checkbox"/>          Formula: Similac Neosure Sensitive          Papgar: 1 min 3.1 5 min 6 10 min 9          AWR: 7 lbs 10 oz 34 inches          5 10 19</p> <p><b>Maternal Lab Values:</b>          Blood Type &amp; Rh: A+          Rhogham @ 28 wks: Yes No          Rubella: Immune Non-immune          RPR: R / NR HBSAG: + / -          HIV: + / - GBS: + / - Treated: X          H&amp;H on admission: 13.2 hgb / 34.8 hct</p> <p><b>Newborn Lab Values:</b>          Blood Type &amp; Rh: A+          POC Glucose: _____ Coombs: + / -          Q12hr Q24hr AC Glucose: 51 71 60          Bilirubin (Tcb/Tsb):          CCHD O2 Sat: _____          Pre-ductal _____ % Post-ductal _____ %          Other Labs: _____</p>	<p><b>MD:</b>          Mom- Blann          Baby- Walker</p> <p>Consults:          Social Services: _____          Psych: _____</p> <p>Lactation: Kaley Bryant RN 4/21 TSD</p> <p>Case Mgmt: _____          Nutritional: _____</p> <p><b>Vaccines/Procedures:</b>  <b>Maternal:</b>          MMR consent _____ Date given: _____          Tdap: Date given _____ Refused          Rhogham given PP: Yes No N/A</p> <p><b>Newborn:</b>          Hearing Screen: Pass Retest Refer          Circumcision: Procedure Date N/A          Plastibell Gornco Voided Y / N          Bath: Yes Refused</p>
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