

Room: _____ OB: _____ Pedi: _____

Name: _____ DOB: ___/___/___ Support: _____

Vag / PCS / RCS / BTL: _____

G ___ P ___ L ___ Blood Type: ___ GBS: Neg / Pos / Unk / Intact / Tx'd ___

HIV +/- RPR +/- HBsAg +/- Rubella Immune: Y / N Rhogam Y / N

Allergies: _____

Significant History: Drug Use UDS Results _____

Intact / Episiotomy / Lac _____ QBL _____

Incision: _____ OTA / CDI Ambulating: Y / N

Fundus: _____ Lochia: _____ Hemorrhage Risk: _____

Foley: Y / N Amt: _____ Dc'd _____ @ _____ DTV: _____

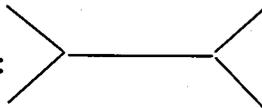
Ice / Dermoplast / Heat / Tucks / Proctofoam / Binder / SCDs / IS

Diet: _____ Bowel Sounds: +/- Flatus +/- BM _____

IV / INT Location: _____ IV Fluids: _____

Anesthesia: Dr _____ Spinal Epidural General

Vital Signs: Q4 / Q8 AFEb Parameters: _____

Labs:  _____ Dietary Consult: Y / N

Accudata: Fasting AC 1 hr PP _____ 2 hr PP _____ HS _____ Other _____

Sliding Scale: Y / N Scheduled Insulin: Y / N _____

Meds: _____

Discharge: Rhogam _____ MMR _____ Tdap _____ COVID _____ Flu _____

Birth Cert _____ Edinburgh _____

Name: _____

Band #: _____ Sensor #: _____ Male / Female

Gest. Age _____ Ballard: _____ SGA / AGA / LGA

Apgar / ROM _____

Birth Wt: _____ gm
Daily Wt: _____
>10%: _____

Significant History: _____

Breast / Bottle / DHM / Pumping

Accudata: 12 / 24 _____

Infant Blood Type: _____ Coombs: - / +

Meds: Heb B: Y / N HBIG: Y / N Vit K: Y / N Erythromycin: Y / N

Void: Y / N Stool: Y / N _____

Circumcision: Y / N Ref: Y / N Consent Y / N Void post circ: Y / N

Bili: TcB _____ TsB: _____

Daily/Repeat Bili: _____

Phototherapy: Blanket / Single / Double

CCHD: Pass / Retest _____ Bath: Y / N

PKU: Y / N Consent: _____

Murmur: Y / N Heard on Admission: Y / N 4 Limb BP's: Y / N

Hearing Screen: Pass / Retest Appointment: _____

Labs: _____

Last Feeding: _____ Car Seat Challenge: Y / N _____

UDS / Cord Stat / SS / CPS _____

Echo: _____ EKG: _____ MD Consult: _____

PATIENT LABEL