

Student Name: Jessica Longoria M3B 11/12/2025

Date: 11/12/2025

<p>Situation: Patient Room #: 405 Allergies: NKDA Delivery Date & Time: 11/11/25 0319</p> <p>NSVD <input checked="" type="radio"/> PC/S <input type="radio"/> RC/S</p> <p>Indication for C/S: Failure to progress</p> <p>QBL: 471ml BTL: LMP: 2/8/2025 Est. Due Date: 11/15/25</p> <p>Prenatal Care: <28 wks <input checked="" type="checkbox"/> LPNC <input type="checkbox"/></p> <p>Anesthesia: None <input checked="" type="radio"/> Epidural <input checked="" type="radio"/> Spinal</p> <p>General <input type="checkbox"/> Duramorph/PCA <input type="checkbox"/></p>	<p>VS: <input checked="" type="radio"/> Q4hr <input type="radio"/> Q8hr</p> <p>0800: Pain 5/10 MAP 81 O₂Sat 99% BP 111/66 Pulse 72 RR 18 Temp. 98.1°F</p> <p>1200:</p> <p>Diet: Regular Pain Level: 5/10 Activity: Ambulate</p> <p>Newborn: <input checked="" type="radio"/> Male <input type="radio"/> Female</p> <p>Feeding: <input checked="" type="radio"/> Breast <input type="radio"/> Pumping <input checked="" type="radio"/> Bottle Formula: <input checked="" type="radio"/> Similac <input type="radio"/> Neosure <input type="radio"/> Sensitive</p> <p>Apgar: 1min 5 5min 8 10 min 9</p> <p>Wt: 6 lbs 7 oz Ht: 19 inches</p>	<p>MD: Mom- Belle-Henry Baby- Hanson</p> <p>Consults: Social Services: _____</p> <p>Psych: _____</p> <p>Lactation: 11/11/2025</p> <p>Case Mgmt: _____</p> <p>Nutritional: _____</p>
<p>Background: Patient Age: 36 y/o Gravida: 5 Para: 2 Living: 2 Gestational Age: 39⁵ weeks <input checked="" type="radio"/> High Hemorrhage Risk: Low Medium <input checked="" type="radio"/> High</p> <p>Prenatal Risk Factors/Complications: Thyroid Disease GDM Anxiety (scars on arms & legs)</p> <p>NB Complications: PPV, CPAP, Sacral Dimple (closed 1/2) ↳ thick nec. bruised back</p>	<p>Maternal Lab Values: Blood Type & Rh O+</p> <p>Rhogam @ 28 wks: Yes <input checked="" type="radio"/> No</p> <p>Rubella: <input checked="" type="radio"/> Immune <input type="radio"/> Non-immune</p> <p>RPR: R / NR HbSAG: + / -</p> <p>HIV: + / - GBS: + / - Treated: ___ X</p> <p>H&H on admission: ___ hgb / ___ hct</p> <p>Newborn Lab Values: Blood Type & Rh O+</p> <p>POC Glucose: ___ Coombs: + / -</p> <p>Q12hr Q24hr AC Glucose: 57 47 60 47 66</p> <p>Bilirubin (Tcb/Tsb): 5.1</p> <p>CCHD O2 Sat: Pre-ductal 98 % Post-ductal 99 %</p> <p>Other Labs:</p>	<p>Vaccines/Procedures: Maternal: MMR consent ___ Date given: _____ Tdap: Date given _____ Refused Rhogam given PP: Yes <input checked="" type="radio"/> No</p> <p>Newborn: Hearing Screen: Pass Retest Refer Circumcision: Procedure Date _____ Plastibell Gomco Voided <input checked="" type="radio"/> Y / N</p> <p>Bath: Yes Refused</p>