Alliance University
Intrapartum Assessment

Student Name _Ounita Pauoo_ Date of care _03\03\23_   39 WKS
- SCHEDULE C-SECTION

Patient's initial _JF_ Age _33_ Marital status _MARRIED_ LMP _6/3/22_ EDC _3/10/23_

Gravida/ Para _5_ / _2_ TPAL _3_ _0_ _2_ _3_ Blood Type _A+_ Allergies _NKDA_

Where and how many prenatal visits _6 OUTPATIENT CLINIC_

Complication during pregnancy _NO COMPLICATION_

Religion _CHRISTIAN_ Educational level _COLLEGE_ Occupation _NURSE_

Previous pregnancies

Date	Gestational weeks	Complications
01\2012	6 WKS	SPONTANEOUS ABORTION
02\2014	6 WKS	SPONTANEOUS ABORTION
03\2017	39 WKS (m)	C-SECTION
12\2018	38 WKS / 12 OZ (m) BABY	C-SECTION

Prenatal Medications- name, dose/frequency and action

Medication name	Dose/ Route/Frequency	Use/Action
PRENATAL NONE		

Intrapartum Medications- name, dose/frequency and action

Medication name	Dose/ Route/Frequency	Use/Action
CEPHALEXIN	500 MY IV ONCE	PREVENT INFECTION /C-SECTION
TORADOL	10 MG AS NEEDED	PAIN MANAGEMENT
EPIDURAL	ONCE	PAIN - BEFORE C-SECTION PREVENTION

Intrapartum Assessment

Vital Signs: Temp __98__ Pulse __86__ Resp __16__ BP __117/76__ O$_2$ sat __99%__
LOC/ orientation __A+O x4__ Activity_____

Skin
color, texture, tugor, integrity, variations __INTACT COMPLEXION MATCH ETHNICITY__ COLOR __WARM TO TOUCH__ TURGOR +V
IV- location, fluid & rate __IV ON LEFT HAND W/ CEFALEXIN + .9% SALINE__
__RATE NOT NOTED__

Psychological
Childbirth preparation classes __NONE__
Support system __HUSBAND__
Cultural/religious practices identified __CHRISTIAN__

Chest- Respiratory/ Cardiovascular
Breath sounds __VESICULAR__ Heart sounds: ☑ S$_1$ S$_2$ ☑ murmurs:_____ Other_____

Date & time of:
expulsion of mucus plug □ yes ☒ no
ROM: □ spontaneous □ artificial □ premature □ prolong:___hrs;
COCAF ___NONE___ onset contractions (date/time) __NONE__

Labor
Stage (latent, active, transition, 2nd, 3rd, or 4th) ___N/A___
Labor (spontaneous, induction, or augmentation) __N/A__
Pain management __EPIDURAL__

Abdomen/ Nutrition
Diet __NPO__ BS: ☒ normoactive □ hypoactive □ absent

Fetal Monitoring
☒ external □ internal FHR ___143___
Variability __N/A__ accelerations or decelerations __N/A__

Uterine ctx
□ external □ internal frequency, duration, intensity __N/A__

Pelvic Exam — __NONE__
dilation_____ effacement_____ station_____ presentation_____ position_____

Elimination
Urinary output: __NOT MEASURE__ ☒ foley Last BM: __02\03\23 - 6AM__
↳ __PUT IN BEFORE__
__C-SECTION__

Extremities
Varicosities_____ pedal pulses_____ homan's sign_____
Edema: □ none □ non-pitting □ pitting: □1+ □2+ □3+ □4+

Delivery

Date & time _9:49 am_

Type:

☐ VD: ☐ intact ☐ episiotomy ☐laceration/ repaired: ☐1° ☐ 2° ☐ 3° ☐ 4°

☑ Cesarean: type of incision _LOW TRANVERSE_

fundal assessment: ☐ firm ☑ boggy

☑ midline ☐ displaced/ deviated

Fingerwidths/ fingerbreaths: _____

Lochia: color _DARK RED_ amount _MODERATE_ odor _EARTHY_

Note: _HEAVY_

Infant

Sex ~~M~~ _F_ weight _6.8 lbs_ length _51 CM_

complications _NONE_

resuscitative measures _NONE_

Medications: ☑ vitamin K ☑ erythromycin ophthalmic ointment

Client Education Topic	Patient verbalize or demonstrate understanding or needs reinforcement	Additional information
HOW TO CHANGE DIAPER	PATIENT DEMONSTRATE	NONE
PT HAS TWO BOYS FIRST GIRL	DIAPER CHANGE	
WIPE FRONT TO BACK	PROPERLY	

Additional Comments:

NONE

Alliance University
Newborn Assessment

Student Name _____ Date of care _____ Infant initial___ Gender____

Date & time of birth _____Type of delivery_____

Complications/ resuscitation measures _____

Apgar __/__ Blood type _____ Coombs _____ TCB/ bili levels_____

Newborn screening: □ yes □ no   Hearing screen: □ yes □ no   results:_____

Medications

Medication name	Dose/ Route/Frequency	Use/Action

Assessment

Vital Signs: Temp_____ Pulse_____ Resp_____ BP_____ O$_2$ sat_____
Weight_____ Birth weight _____ % change_____
Length_____ Head_____ Chest_____

Skin
Turgor: □ good   □ poor   Condition: □ smooth   □ dry, cracked   □ peeling
Color: □ pink   □ ruddy   □ pale □ cyanotic   □ acrocyanosis
        □ jaundice: Location_____ Type_____
        TCB_____
Variations: (rashes, lesions, birthmarks etc)_____

Head & Neck
Shape: □ normocephalic   □ other: _____
Fontanelles: Anterior: □ flat   □ bulging   □ sunken/depressed
             Posterior: □ flat   □ bulging   □ sunken/depressed
Sutures: □ open   □ closed   □ overridding
Variation: □ molding □caput succedaneum   □ cephalhematoma
Facial: □ symmetrical   □ non-symmetrical:_____
Eyes (symmetry, conjunctiva, sciera, eyelids, PERL): □ normal   □ abnormal
Ears (shape, position, auditory, auditory response): □ normal   □ abnormal
Nose (patency): □ normal   □ abnormal
Mouth (lip, mucous membranes, tongue, palate): □ normal   □ abnormal