

POSTPARTUM: ASSESSMENT GUIDE

IDENTIFYING DATA

Date _____ PP Day _____ Marital Status _____ Weeks Gest. _____

Name _____ Age _____ Ethnic Group _____

Address _____ Religion _____

Education/Occupation: Wife _____ Husband _____

Gravida _____ Para _____ Abortions _____ Living Children & Ages _____

PRENATAL:

Preparation _____ Medications _____

Blood Type _____ Rh _____ Serology _____

Significant Family, Personal, OB History, Complications _____

LABOR:

Membranes Ruptured: Artificially _____ Spontaneously _____ Time _____ Appearance _____

Stimulation (type) _____ Meds. _____ Anesth. _____

Length of Labor: Stage I _____ Stage II _____ Stage III _____

Fetal Distress _____ Complications _____

DELIVERY:

Date/Time _____ Type _____ Presentation _____

Episiotomy/Incision _____ Adm. Hct. _____ PP Hct. _____

Infant:

Apgar (1) _____ (5) _____ Complications _____

Wt. _____ Sex _____ Method of Feeding _____

Newborn Nursery _____ Neonatal Intensive Care Unit _____

POSTPARTUM: ASSESSMENT GUIDE (continued)

IDENTIFYING DATA (Continued)

POST PARTUM:

Meds. _____ Allergies _____

**Description of:	<u>Baseline</u>	<u>1st Day</u>	<u>2nd Day</u>
Vital Signs	_____	_____	_____
Breasts/Nipples	_____	_____	_____
Incision (BTL-C/S)	_____	_____	_____
Fundus/Bladder	_____	_____	_____
Episiotomy/Hemorrhoids	_____	_____	_____
Lochia	_____	_____	_____
Pretibial Areas/Calves	_____	_____	_____

****Note any abnormalities.**

OXYGENATION: V/S - B/P, PULSE, RESPIRATION

Faintness or "Lightheadedness" since Delivery _____

Breathing Problems since Delivery _____

Smoking (amount/day) _____

NUTRITION

Typical Diet at Home:
Breakfast _____

Lunch _____

Dinner _____

Snacks _____

Appetite in Hospital _____

Fluid Intake Per Day (cc's) _____

ELIMINATION

Urinary:
Time and Amount of 1st PP Voiding _____

Subsequent Frequency and Amount of Voidings _____

Bowel Movement Since Delivery _____

POSTPARTUM: ASSESSMENT GUIDE (continued)

ACTIVITY

Ability to Ambulate _____

Sleep and Rest Patterns _____

SAFETY AND SECURITY

Appearance on First Sight _____

Feelings about Labor and Delivery _____

Main Focus of Attention _____

Discomfort Experienced since Delivery (episiotomy, headache, afterpain)

Degree of Dependency/Independency in Caring for Self _____

Knowledge of Self Care (breasts, episiotomy) _____

SEXUALITY

Pregnancy Planned _____

Contraception Plans _____

LOVE AND BELONGING

Thoughts About How Baby is Progressing

Mother's Knowledge of Baby Care (safety, feeding, bathing)

Concerns About Taking Baby Home _____

Help at Home _____

Family Reaction to Birth (siblings, father, grandparents)

SELF-ESTEEM

Reactions to and Communication with Infant (body contact, security)

Infant's Reaction to Mother _____

Role Fulfillment Vs. Conflict _____

SELF-ACTUALIZATION

Future Plans for Self _____

Include Erikson's Stage of Growth and Development

NEWBORN PHYSICAL ASSESSMENT GUIDE

Date of birth _____ Time ^{am} _____ _{pm} _____ Gestational age _____
Mother's blood type _____ Coombs _____
Infant's blood type _____ Coombs _____
Delivered by _____ Type of del. _____ Apgar ___ 1 min. ___ 5 min.
Weight _____ gm. Length _____ cm. Head circum. _____ cm.
_____ lbs. _____ in. Chest circum. _____ cm.

OXYGENATION

Temperature _____ Heart rate _____ Respirations _____
Rhythm _____ Rhythm _____

Neck Motion _____ Tenderness or Nodes _____
Breast Engorgement _____ Nipple size _____ Breast tissue _____
Chest Resp. Movem. _____ Breath sounds _____ Rales _____
Rhonchi _____ Wheezes _____ Ribs _____
Clavicles _____ Patent airway _____ Retractions _____
Apnea _____ Chin lag _____ See-saw pat. _____
Signs of RDS: Secretions:
Flaring _____ Viscus _____
Grunting _____ Amount _____
Color _____

NUTRITION

Formula/Breast _____
General Appearance:
Nutrition _____ Musc. flexion _____ Movement _____
Abdomen Visibility of
Vessels _____ Bowel sounds _____ Hernias _____
Umbilicus: Whartons
Staining _____ # vessels _____ jelly _____

NEWBORN PHYSICAL ASSESSMENT GUIDE (continued)

ELIMINATION

Genitalia Engorgement _____ Immaturity _____ Voiding _____
Meconium _____
Females:
 Labia _____ Clitoris _____ Vagina _____ Urethra _____
Males:
 Testes _____ Scrotum/Rugae _____ Ext. Meatus _____
Rectum Patency _____ Dimples _____ Sinuses _____

MOBILITY

Extremities ROM of all joints:
 Neck _____ Shoulder _____ Elbow _____ Wrist _____
 Hips _____ Knee _____ Ankle _____
Spontaneous motor activity _____
Extremities Polydactyly _____ Syndactyly _____ Fractures _____
Reflexes Moro _____ Babinski _____ Sucking _____
 Stepping _____ Rooting _____
Grasping:
 Palmar _____
 Plantar _____
pHisoDerm bath @ _____ Temp. after bath _____ Color _____

LOVE AND BELONGING

Interaction with parents

NEWBORN PHYSICAL ASSESSMENT GUIDE (continued)

SAFETY AND SECURITY

Skin Milia _____ Cyanosis _____ Pallor _____
 Jaundice _____ Vernix _____ Lanugo _____
 Mec. stain _____ Erythema T. _____ Mongolian spots _____
 Simian creases _____ Telangiectatic nevi _____
 Hemm. sites:
 a. petechiae _____ b. ecchymosis _____

Head Sutures _____ Fontanels _____ Molding _____
 Caput. Suc. _____ Cephalhem. _____ Hair _____

Face Symmetry _____

Eyes Movement _____ Iris _____ Pupil _____
 Lid _____ Conj. _____ Sclera _____

Ears Position _____ Cartilage _____ Recoil _____
 Canal _____ Ear tags _____

Nose Patency _____ Discharge _____

Mouth Lips _____ Teeth _____ Gums _____
 Palate _____ Lesions _____ Tongue _____

6/09