|  |  |  |  |
| --- | --- | --- | --- |
| Student: Enter Your Name  | Date: Enter Today's Date | Client’s Initials: Intials | Age: Age |
| Admitting Diagnosis: Enter | Living Children Ages: Enter Ages |
| PP Day: Enter # | EDC: Enter # | Gravida: Enter # | Para: Enter # |
| Status: Hepatitis [ ] Rubella[ ]  HIV [ ] GBS [ ]  | Term [ ]  Post Term [ ] Pre Term [ ]  Gestation [ ]  |

Nursing III - Postpartum Assessment (Data Collection) Physiological

|  |  |
| --- | --- |
| OxygenSkin warm to touch: Yes [ ]  No [ ] Skin Color: Normal For Ethnic Group [ ] Abnormal: Pale [ ]  Dusky [ ] Cyanotic[ ] Color of nail beds: Pink [ ]  Blue or Grey [ ] Dyspnea: At Rest [ ] On Exertion [ ]  Chest Pain [ ] Temperature: Enter Temp.Radial pulse rate: Enter pulse Apical pulse rate: Enter pulseBlood pressure: Enter B/P Resps/min: Enter RespirationFaintness/lightheadedness since delivery? Yes [ ]  No [ ] Lab data: Adm Hct:Enter Hct PP Hct:Enter HctSerology: Enter Serology | Blood Type: Rh: Cough [ ]  Sputum: Enter typeSmoke [ ]  Packs Per Day: Enter #Breath Sounds: Enter SoundsEquipment in use: O2 [ ]  Respiratory Rx [ ] Homan’s Sign: Positive [ ]  Negative [ ] Fundus: Firm [ ]  Boggy [ ] Midline: Yes [ ]  No [ ] Height: Enter #Lochia: Amount Enter Amount Color Enter ColorCondition of Breast/nipples: Describe |
| Fluids & ElectrolytesSkin turgor over sternum: Elastic [ ]  Loose [ ] Tongue & Lips: Moist [ ]  Dry [ ] Amount of liquids taken since 7AM today: Approximate amount mLMedications: List All That ApplyComments: List | Nausea [ ]  Vomiting [ ] Presence of edema: Yes [ ]  No [ ] IV: Location Enter LocationSolution Enter LocationLab data: List Data |
| NutritionOrdered diet: Enter dietDietary supplement: EnterMedications: List All That ApplyLab data: List Data | Typical diet at home: ListAppetite in hospital: List Percent meal consumed: Enter %Comments: List |
| Elimination**Urinary**Time of 1st PP voiding: EnterSubsequent frequency & amount: EnterFoley catheter: Yes [ ]  No [ ] Lab data: List DataMedications: List All That Apply | **Bowel**Bowel sounds: EnterBM since delivery: Yes [ ]  No [ ] Consistency: EnterLab data: List DataMedications: List All That Apply |
| Mobility & ActivityMuscle strength: Handgrips equal [ ]  Footpushes equal [ ] ROM: Normal [ ]  Limited [ ] Severely limited[ ] Ability to ambulate: Assist [ ]  Ambulate [ ] Gait: EnterOOB: Chair [ ]  BRP [ ] AdLib[ ]  | Lab data: List DataMedications: List All That Apply  |
| Rest, Sleep & PainReported quality of sleep: EnterComplaints of pain: Yes [ ]  No [ ] Location: Enter loc. Intensity: Duration: Enter dur. | c/o fatigue: List DataLab data: List DataMedications: List All That Apply |

| Safety & Security**Vision**Able to see without glasses [ ]  Needs glasses [ ] **Hearing**Responds to normal voice tones [ ] Hearing aid [ ]  Deaf [ ] **Speech**Clear [ ]  Garbled [ ]  Language Barrier [ ] **Mental status**Alert [ ]  Lethargic [ ]  Unresponsive [ ] Environment: Enter room environmentDegree of dependency/independency in caring for self: EnterKnowledge of self care (breasts, episiotomy): Enter | Skin integrityIntact [ ] Reddened [ ]  Location: Enter locationBlanching erythema [ ]  Non-Blanching erythema [ ] Incision/episiotomy [ ]  Location: Enter locationApproximate size in centimeters: Enter #cmTreatments (dressings etc.): EnterHemorrhoids [ ] Perineal swelling: Ice [ ]  Sitz [ ] Appearance on first sight: EnterFeelings about labor & delivery: EnterMain focus of attention: EnterAllergies: Enter |
| --- | --- |
| Love & BelongingIndicators: Cards[ ]  Flowers [ ]  Family pictures [ ]  Other [ ]  Religious affiliation: Enter clients religionHelp at home: EnterFamily reaction to birth (siblings, father, grandparents): Enter | Thoughts about how baby is progressing: EnterMother’s knowledge of baby care (safety, feeding, bathing): EnterConcerns about taking baby home: Enter |
| Self EsteemFamily role Enter clients family role if anyOccupation List All That ApplyInterest in appearance: Yes [ ]  No [ ] Comments: Enter | Reactions/communications with infant (body contact, security, etc.): EnterInfant’s reaction to mother: EnterRole fulfillment vs. conflict: Enter |
| Self ActualizationClient report of satisfaction with life: Yes [ ]  No [ ] Future plans for self: Enter | Pregnancy planned? EnterContraception plans: EnterComments: Enter  |

Erickson’s Stage of Development

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| --- |
| The client is at the following developmental stage as evidenced by… |