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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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

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| Oxygen  Skin 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 pulse  Blood pressure: Enter B/P Resps/min: Enter Respiration  Faintness/lightheadedness since delivery? Yes  No  Lab data: Adm Hct:Enter Hct PP Hct:Enter Hct  Serology: Enter Serology | Blood Type: Rh:  Cough  Sputum: Enter type  Smoke  Packs Per Day: Enter #  Breath Sounds: Enter Sounds  Equipment in use: O2  Respiratory Rx  Homan’s Sign: Positive  Negative  Fundus: Firm  Boggy Midline: Yes  No  Height: Enter #  Lochia: Amount Enter Amount Color Enter Color  Condition of Breast/nipples: Describe |
| Fluids & Electrolytes  Skin turgor over sternum: Elastic  Loose  Tongue & Lips: Moist  Dry  Amount of liquids taken since 7AM today: Approximate amount mL  Medications: List All That Apply  Comments: List | Nausea  Vomiting  Presence of edema: Yes  No  IV: Location Enter Location  Solution Enter Location  Lab data: List Data |
| Nutrition  Ordered diet: Enter diet  Dietary supplement: Enter  Medications: List All That Apply  Lab data: List Data | Typical diet at home: List  Appetite in hospital: List Percent meal consumed: Enter %  Comments: List |
| Elimination  **Urinary**  Time of 1st PP voiding: Enter  Subsequent frequency & amount: Enter  Foley catheter: Yes  No  Lab data: List Data  Medications: List All That Apply | **Bowel**  Bowel sounds: Enter  BM since delivery: Yes  No  Consistency: Enter  Lab data: List Data  Medications: List All That Apply |
| Mobility & Activity  Muscle strength: Handgrips equal  Footpushes equal  ROM: Normal  Limited Severely limited  Ability to ambulate: Assist  Ambulate  Gait: Enter  OOB: Chair  BRP AdLib | Lab data: List Data  Medications: List All That Apply |
| Rest, Sleep & Pain  Reported quality of sleep: Enter  Complaints of pain: Yes  No  Location: Enter loc. Intensity: Duration: Enter dur. | c/o fatigue: List Data  Lab data: List Data  Medications: 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 environment  Degree of dependency/independency in caring for self: Enter  Knowledge of self care (breasts, episiotomy): Enter | Skin integrity  Intact  Reddened  Location: Enter location  Blanching erythema  Non-Blanching erythema  Incision/episiotomy  Location: Enter location  Approximate size in centimeters: Enter #cm  Treatments (dressings etc.): Enter  Hemorrhoids  Perineal swelling: Ice  Sitz  Appearance on first sight: Enter  Feelings about labor & delivery: Enter  Main focus of attention: Enter  Allergies: Enter |
| --- | --- |
| Love & Belonging  Indicators: Cards Flowers  Family pictures  Other  Religious affiliation: Enter clients religion  Help at home: Enter  Family reaction to birth (siblings, father, grandparents): Enter | Thoughts about how baby is progressing: Enter  Mother’s knowledge of baby care (safety, feeding, bathing): Enter  Concerns about taking baby home: Enter |
| Self Esteem  Family role Enter clients family role if any  Occupation List All That Apply  Interest in appearance: Yes  No  Comments: Enter | Reactions/communications with infant (body contact, security, etc.): Enter  Infant’s reaction to mother: Enter  Role fulfillment vs. conflict: Enter |
| Self Actualization  Client report of satisfaction with life: Yes  No  Future plans for self: Enter | Pregnancy planned? Enter  Contraception plans: Enter  Comments: Enter |

Erickson’s Stage of Development

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