

British Columbia Postpartum Clinical Path

1 Birth Summary

G 1 T φ P φ A φ L φ Birth: 10 01 11 1300
dd mm yy Time

Delivery: SVD Vacuum Forceps
 Perineum: Intact Laceration degree 1° Episiotomy
 C/S emergent C/S elective

Blood loss: 500-1000 mL >1000 mL

Epidural catheter removed: N/A
 Date _____ Time _____ By _____
 Catheter intact Yes No

Allergies: NKA Yes _____

2 Clinical Observation

Date	10/1	11/1						
Time	1315	1330	1345	1400	1500	2015	0730	0800
Blood pressure								
Systolic v	120	120	120	110	110	110	110	110
Diastolic ^	80	80	80	80	80	80	80	80
Pulse •	90	90	90	90	90	90	90	90
Temp x	37	37	37	37	37	37	37	37
Respiratory rate	24	20	18	24	24	28	18	18
O ₂ sat	-	-	-	-	-	-	-	-
Sedation scale	-	-	-	-	-	-	-	-
Pain	6	7	7	9*	7		2	
Fundal tone	F	F	F	F	F	F	F	F
Fundal height	1↓	1↓	1↓	2↑	1↓	1↓	2↑	1↓
Lochia amount	S	S	S	M	S	S	M	S
Lochia colour	R	R	R	R	R	R	R	R
Abdominal incision								
Initials	AB	AB	AB	AB	AB	AB	AB	AB

Legend (For any variance * = see Variance Record/Progress Notes)

Pain scale (0-10) 0 = No pain ↓ 10 = Worst pain possible	Sedation scale 1 = Fully awake and oriented 2 = Drowsy 3 = Eyes closed but rousable to command 4 = Eyes closed but rousable to mild physical stimulation (earlobe tug) 5 = Eyes closed but unrousable to mild physical stimulation For scores of 5 or more - Call attending physician/anesthesiologist	Abdominal incision DI = Drsg dry intact Oz = Drsg oozing H = Wound healing DR = Drsg removed S/R = Sutures/staples removed N/A = Not applicable	Fundal tone F = Firm M = Firm with massage B = Boggy	Fundal height 0 = Umbilicus ↑ = Above 0 ↓ = Below 0	Lochia-colour R = Rubra S = Serosa A = Alba	Lochia-amount Sc = Scant S = Small M = Moderate H = Heavy CL = Clots
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* = Record variance/concern on Variance Record/Progress Notes

3 Maternal Assessment

Put a check mark (✓) in the appropriate column

Document in 'N' column

N = Normal

NA = Not applicable

V = Variances/concerns

X = Not assessed

* Record variances/concerns on Variance Record/Progress Notes

Intrapartum IV N/A Yes
 Discontinued: Date _____ Time _____
 By _____

Foley catheter removed: N/A Yes
 Date _____ Time _____ By _____
 First void: Date 10/01 Time 1415 Amount 300ml

Date	10/1		11/1		11/1																	
Time	1415		0400		0800																	
Hours postpartum up to 72/ then # of days	1		15		19																	
	N	V	N	V	N	V	N	V	N	V	N	V	N	V	N	V	N	V	N	V	N	V
Breasts	✓		✓		✓																	
Breastfeeding	✓		✓		✓																	
Skin-to-skin	✓		✓		✓																	
Responds to newborn feeding cues	✓		✓		✓																	
Hand expression/pumping	X		✓		✓																	
Perineum	✓		✓		✓																	
Urinary function	✓			✓	✓																	
Bowel function	✓		✓		✓																	
Healthy eating	X		✓		✓																	
Fluid intake/output	✓		✓		✓																	
Activity/rest	X		✓		✓																	
Emotional status and mental health	X		✓		✓																	
Bonding and attachment	X		✓		✓																	
Family function	X		✓			✓																
Tobacco use	N/A		→																			
Alcohol	N/A		→																			
Substance use	N/A		→																			
Other																						
Initials	AS		AS		AS																	

4 Summary, Education/Anticipatory Guidance

Interpretation req'd Language _____

EDUCATION/ANTICIPATORY GUIDANCE	INITIALS	INITIALS	N/A	COMMENTS
1. Breast, nipple care, management of engorgement	AB			
2. Knows how to hand express milk		AB		
3. Recognizes and responds to infant feeding cues, behaviours				
4. Recognizes effective feeding and milk transfer				
5. For infants fed breastmilk substitute: appropriate formula, preparation, and storage				
6. Normal physiological changes/care, fundus & flow, incision				
7. Voiding & bowel patterns				
8. Self-care hygiene, pericare				
9. Pain management/options				
10. S & S for follow-up (e.g. fever, infection, overly drowsy)				
11. Prescription/self-medication/medication reconciliation				
12. Activity and rest				
13. Healthy eating				
14. Postpartum blues/depression				
15. Family planning/sexuality				
16. Support systems in place	AB			
17. Access to <i>Baby's Best Chance</i> Parents' Handbook		eg		
18. Tests and procedures Rubella status <u>Immune</u> MMR given: Date _____ Initials _____ Rh immune globulin given: Date <u>Jan 11/10</u> Time <u>1100</u> Initials <u>AB</u> Other: _____		eg		
19. Tobacco cessation/exposure to second-hand smoke			✓	
20. Review of communicable diseases				
21. Knows who primary health care provider (PHCP) is, how to access & when to contact				
22. Aware of PHN contact/role/community resources				
23. Ready for hospital discharge, discharge order		eg		
Variances - Plan(s) including referrals				

5 Discharge Postpartum hours/days at discharge: 24 Home with Baby Liaison completed

Hospital discharge: Date Jan 11, 2011 Time 1300 RN Signature AB

