

NURSING PROCESS TOOL
Postpartum Patient Care Worksheet / Report Sheet
Coming ON

MOM

Pt.'s Initials _____ Rm. # _____ Age _____
 Mom's Dr. _____
 Admission date/time _____
 Delivery date/time _____ C/S Vaginal
 Diagnosis _____
 Surgery _____
 Co -Dx. _____
 Allergies _____
 Blood type _____ Gravida _____ Para _____
 Rubella _____ Group B Strep _____
 Hepatitis _____
 Diet _____
 Activity _____

PP Assessment:
 Vital signs _____
 Breasts _____
 Fundus _____
 Lochia _____
 Perineum _____
 Incision _____
 Laceration _____
 Hemorrhoids _____
 Pain level _____ Location _____

Pending labs/diags _____

Teaching: Baby care _____
 Sitz/postpartum self-care _____
 Discharge _____

New orders _____

BABY

Baby's name _____ Sex _____
 Baby's Dr. _____
 Gestational age _____
 Apgar Score 1 min. _____ 5 min. _____
 Weight at birth _____

Baby Assessment:
 Vital signs _____
 Weight _____
 Color _____
 Cord _____
 Skin _____
 Voids _____
 Stools _____
 Circumcision _____
 Bonding _____

Feedings:
 Time of last feeding _____
 Breast How long _____
 Bottle Formula _____ Amount _____

Pending labs/diags _____

MOM

PP Assessment:
 Vital signs _____
 Breasts _____
 Fundus _____
 Lochia _____
 Perineum _____
 Incision _____
 Laceration _____
 Hemorrhoids _____
 Last BM _____
 Pain level _____ Location _____
 Intervention _____

Diet % eaten _____ Activity _____

Labs/diag results _____

New orders: _____

Teaching implemented: _____

Going OFF

BABY

Baby Assessment:
 Vital signs _____
 Weight _____
 Color _____
 Cord _____
 Skin _____
 Voids _____
 Stools _____
 Circumcision _____
 Bonding _____

Feedings: Breast: Time of feeds _____
 How long each breast: R _____ L _____
 R _____ L _____

Bottle: Type of formula _____
 Amount _____
 Time of feeds _____

Lab/diag results _____