

Care Map – FIRST 48 HOURS						Vital Signs & Assessments: On admission to the ward, q1h x 2, q4h until 24 hours, q8h 24- 48 hours, then BID until discharge and PRN					
Delivery Date: _____ TIME: _____											
Vital Signs											
D/M/Y											
Time											
Temp											
Pulse											
Resp											
BP											
O2 Sat											
Initial											

* = Integrated Progress Note (IPN)

Assessment Outcomes		Date:		0 – 24 HOURS						25- 48 HRS					
		Time:													
A S S E S S M E N T S/ C O N S U L T S	Consult														
	• Social work as necessary														
	<input type="checkbox"/> Other Consults _____														
	• Breasts: soft, nipples comfortable to slightly tender														
	soft to filling, nipples comfortable to slightly tender														
	• Fundus: firm, midline at level of umbilicus or slightly below														
	firm, midline at U1 - U2 or lower														
	• Lochia: small to moderate rubra, small clots														
	small to moderate rubra or serosa, small clots														
	• Bladder: bladder not palpable, foley draining clear/amber urine														
	bladder feels empty following voids, no pain on urination														
	• Bowels: bowel sounds present, passing flatus, no bowel movement expected														
	• Lower Extremities: less than +2 edema, no calf tenderness on ambulation														
	• Perineum: healing, minimal swelling/bruising, no signs of infection or hematoma, wound edges well approximated														
	• Chest: no pain on inspiration, no shortness of breath and chest clear														
• Dressing: dry and intact															
• IV site: healthy and patent															
• Pain: States comfortable, or controlled with analgesia															
TESTS		D/M/Y/TIME		TESTS						D/M/Y/TIME					
1. _____				4. _____											
2. _____				5. _____											
3. _____				6. _____											

Care Map continued– FIRST 48 HOURS		Vital Signs & Assessments: On admission to the ward, q1h x 2, q4h until 24 hours, q8h 24- 48 hours, then BID until discharge and PRN											
		0 – 24 HOURS						25-48 HOURS					
Date:													
Time:													
TESTS	<input type="checkbox"/> Other: _____												
	<ul style="list-style-type: none"> Intake and output until IV and foley discontinued and voiding adequately <input checked="" type="checkbox"/> Discontinue foley 12 – 24 hours if urine output greater than 30 mL/hour: D/C'd at _____ Date/Time _____ Initial _____ Due to void _____ Date/Time _____ Initial _____ <input checked="" type="checkbox"/> Dressing: if dry and intact leave on until discharge; change if needed and notify physician if concerns <input checked="" type="checkbox"/> TED Stockings until mobilizing <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> Incision (if open to air): clean, well proximated no redness or exudate 												
MEDICATION	<input type="checkbox"/> Intravenous: _____												
	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Discontinue IV when patient drinking well, voiding adequately and afebrile <input type="checkbox"/> IV discontinued at _____ with cathlon intact _____ Date/Time _____ Initial _____ <input type="checkbox"/> Other: _____ 												
	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Clear fluids increase as tolerated <input checked="" type="checkbox"/> Tolerates diet 												
	<ul style="list-style-type: none"> Call bell/forms explained Encourage activity/ambulation Shower Encourage deep breathing and coughing and range of motion q1h while awake <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> Tolerates Mobilization 												
PSYCHO-SOCIAL	<ul style="list-style-type: none"> Assess emotional status, energy level Assess parental-infant interaction <input checked="" type="checkbox"/> Positive affect <input checked="" type="checkbox"/> Cares for own physical needs or requires minimal assistance <input checked="" type="checkbox"/> Demonstrates positive parent-infant interaction 												

Care Map continued– 49 – 96 HOURS

Vital Signs & Assessments BID

Delivery Date: _____ Time: _____

Vital Signs

D/M/Y						
Time						
Temp						
Pulse						
Respirations						
BP						
O ₂ Sat.						
Initial						

Assessment Outcomes

Date: _____

Time: _____

* = Integrated Progress Notes

ASSESSMENTS/CONSULTS	<input type="checkbox"/> Consults _____					
	• Vital signs within normal range					
	• Breasts: soft to filling comfortable to slightly tender					
	• Fundus: firm, midline at U/1 – U/2 or lower					
	• Lochia: small to moderate rubra or serosa, small clots					
	• Bladder: bladder feels empty following voids, no pain on urination					
	• Bowels: passing flatus, no bowel movement expected					
	• Lower Extremities: less than +2 edema, no calf tenderness on ambulation					
	• Perineum: healing, minimal swelling/bruising, no signs of infection of hematoma, wound edges well approximated					
	• Chest: no pain on inspiration, no short of breath and chest clear					
	• Incision: clean, well approximated, no redness or exudate					
• States comfortable or pain controlled with analgesia						
TESTS/TREATMENTS	• TED Stockings until mobilizing					
	<input type="checkbox"/> Other: _____					
MEDICATIONS	<input type="checkbox"/> Intravenous: _____					
	• IV discontinued at _____ with cathlon intact _____ Date/Time Initial					
NUTRITION	■ Clear fluids increase as tolerated					
	• Tolerates diet					
SAFETY/ACTIVITY	• Encourage activity/ambulation					
	• Shower					
	• Fully mobile					
PSYCHO-SOCIAL	• Assess emotional status, energy level					
	• Assess parent-infant interaction					
	• Positive affect					
	• Cares for own physical needs with minimal assistance					
	• Demonstrates positive parent-infant interaction					