

NAME:		
DOB:		
PHIN:	MHSC:	
PHONE:		
PCP:		

## Assessments and Vital Signs

(Community practice is to assess the birthing person every 15 minutes for 1 hour, followed by 30 minutes for 1 hour.)

Date (D/M/Y	<b>'</b> ):						PPI	utine Teaching I i-care/Stitches		
Time:							Voi Nu	Voiding/Bowel motions Nutrition/Hydration Exercise/Movement		
Temperatur	e:						Rea	asons to page dwifery visits		
Pulse:								ndal height and position	on	
Blood Pressure:							R L M	<ul><li>Right</li><li>Left</li><li>Midline</li></ul>		
Fundus: Height, Position, Tone								<b>Fundal Tone</b> F - Firm		
Lochia: Amount, Colour							Sc	<b>hia Amount</b> - Scant - Small		
Bladder:							L	Mod - Moderate		
Perineum:								hia Colour - Rubra/Red		
General wellbeing:								Bladder  NP - Non Palpable P - Palpable		
Initials:						Sw	rineum - Swollen - Bruised			
Medications/	'IV:									
Date/Time	Туре				Dose	Ro	oute	Initials		
☐ Client mov	ed to hospital fo	r further foll	ow-up							
Date and Tin	ne Midwife Left	Home:								
Midwife:	Printed Name			Signature			Designa	etion		
	Fillited Name			oignature			Designa	auoi I		



NAME: _	
DOB:	
PHIN:	MHSC:
PHONE:	
DCD.	

Date/Time	Narrative Notes	Initials
Jrgent Tran	sport Record - Client	

Date:									
Reason for Transport:									
Hospital: ☐ Boundary Trails Health Centre ☐ Bethesda Regional Health Centre ☐ Ste. Anne Hospital									I
Hospital staff notified:Time of notification:									
Time EMS called: Time EMS arrived: Time of transport: Time of arrival at hospital:									
FETAL HEART RATE during transport:									
Time									
FHR									
Initials									

## **Transport Summary:**

Gestational Age	G/P	RH Type	GBS	HGB	Length of ROM	EBL
Additional Concerns:						

Midwife's printed name and signature: