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POSTPARTUM NOTES:'

- I. Use the large stamp on a progress noteit will prompt you for most of the information needed for each day postpartum.
- 2. Always Date and time note
- 3. Always have a label on each note
- 4. Determine if patient preferences: a) breast or bottle feeding b)which clinic they go to, likely PNC clinic c) What type of birth control they want (if breast feeding, pt can only receive Micronor, Depo, IUD, BTL. ie, progesterone-only methods)
- 5. Evaluated Vital signs found on nurses flow sheet in the graphic chart section.
 - a. If patient's blood pressure is elevated (> 140/90), check # of times elevated, if urine was dipped for protein, history of HTN or Pre-eclamptic syndrome present and if 24 hours of magnesium sulfate was received on L&D. Then discuss with a resident.
 - b. If a fever is present (T> I 00.4), examine the patient and pay attention for fundal tenderness, lower extremity signs of DVT, lung abnormalities, malodorous vaginal discharge, etc. Then discuss with a resident.
 - c. Follow urine output. If less than 30ml/hr, discuss with resident. 6.

Always examine the patient.

- a. If you are a male medical student, you may do all of the exam by yourself EXCEPT the breast exam and the perineum evaluation of laceration. You must do this with a resident or a female chaperon (nurse, medical assistant, etc).
- 7. All3^{cd} and 4th degree laceration of the perineum must be examined during postpartum. Check the delivery note for this information
- 8. Always ask patient about her bleeding/lochia (Light/spotting, moderate, heavy).
- 9. Discuss any problems the patient may be having, including difficulty with voiding, eating meals, pain control, difficulty walking, and difficulty with GI function (flatus/BM).
- 10. Labs: The pap smear, Rubella status and Blood type should be in the chart and on the admission summary, if not check the computer. Always Check the computer for current RPR and admitting hgb and for any other pertinent labs (pre-eclampsia has a CBC and PIH panel postpartum).

11. IfPPD#1 -

- a. Make sure there is a prescription written (stamp available) for prenatal vitamins, Motrin and iron sulfate. Also a prescription for the birth control of their choice like Micronor, Nuva Ring, Ortho Evra patch, etc (not needed for IUD, Depo or BTL).
- b. Add other medical problems to the problem list (AlP portion), including Chronic HTN, diabetes (with class, ex A2), Rubella NI, Dysplasia, Rh negative.
- c. Include appropriate plan for above problem list. Examples-
 - I. Rubella NI postpartum vaccine prior to discharge.
 - II. Rh negative -Rhogam evaluation.
 - III. Dysplasia (ASCUS pap with HR HPV, LGSIL, HGSIL) 8 week postpartum colposcopy.
 - IV. PPD#1 Plan always includes continue postpartum care and patient status (doing well, etc).

12. IfPPD#2-

a. Discharge on this day after total of 48 hours after delivery (ie, if delivered at 11:32am, will dlc at 11:30am on PPD#2) if there are no problems.

b.Always make sure they have prescriptions on chart from PPD#l. c.

- Follow up visits:
 - I. 6 weeks postpartum visit for everyone.
 - II. 2 weeks postpartum injection clinic visit, if patient desire Depo-Provera for birth control.
 - III. 8 week postpartum colposcopy visit, if patient has dysplasia (as above)
 - IV. 1 week blood pressure check if patient has had chronic HTN, PreEclampsia, Eclampsia, CHTN with SIPE.

13. Always discuss any questions with the resident.

14. ALWAYS HAVE RESIDENT SIGN YOUR NOTE!

DISCHARGE ORDERS:

- 1. Discharge home today with infant.
- 2. Discontinue all lines
- 3. Rx (prescriptions) on chart. Write out medications given.
- 4. Follow up visits 6 week post partum. Other follow-up as per postpartum notes.
- 5. Pelvic rest for 4 to 6 weeks.
- 6. If Rh negative, Rhogam evaluation prior to discharge.
- 7. If Rubella non-immune, Rubella vaccine prior to discharge.

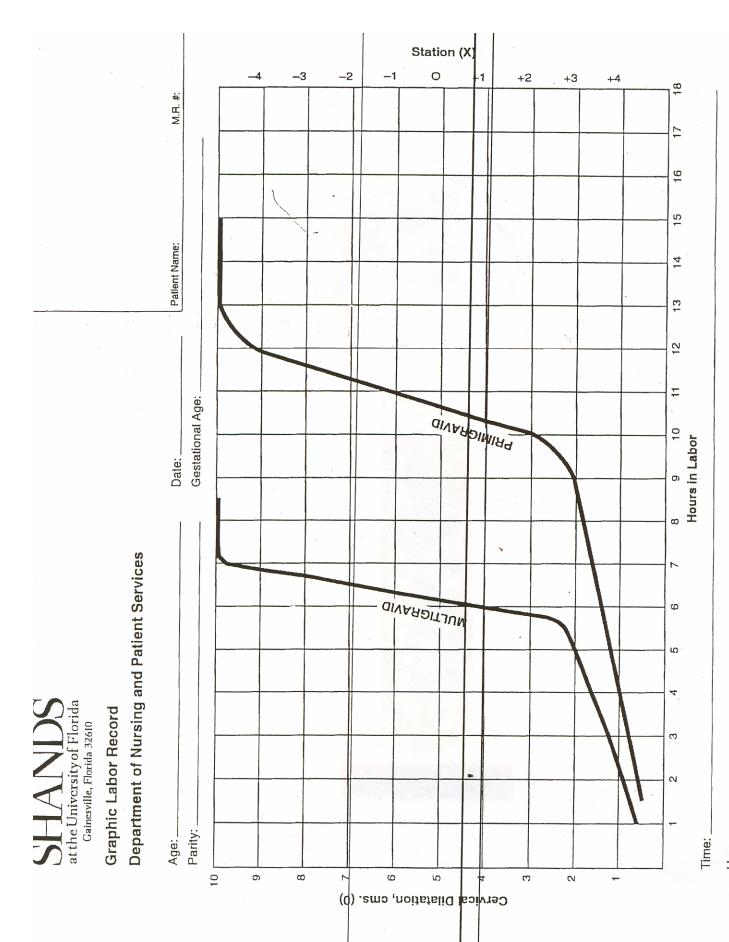
***"**DO NOT SIGN THESE ORDERS PLEASE! Let the resident sign them for safety purposes.

OTHER HELPFUL POINTERS:

-Always check the admission summary sheet... fill in boxes if you have results.

-It is very helpful to the residents to have the discharge orders written if the patient is ppd#2 and without problems.

-Always make sure that the patient has all needed prescriptions. All patients need Motrin, prenatal vitamins, and iron sulfate to be discharge home on.



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