LABOR AND DELIVERY FOCUSED ASSESSMENT

STUDENT'S NAME:			**DATE OF CARE:**		
Pt. Initial:		**Age:**	**Weeks of gestation:**		
Prenatal History:					
Problems this pregnancy:					
Medications taken during the pregnancy:					
Prenatal education classes:		**Yes:**	**No:**		
Plans to:	**Bottle feed:**		**Breastfeed:**		
Significant other present:		**Yes:**	**No:**	**Relationship:**	
LABOR AND DELIVERY:					
1.	**Labor began (time):**				
	Induction:	**Yes:**	**No:**		
	Augmentation:	**Yes:**	**No:**		
Reason:					
2.	**Time/date of delivery:**				
	Significant other present:				
	Type of delivery:		**If C/S, reason:**		
	Episiotomy:		**Laceration:**		
3.	**Analgesia or anesthesia:**				
4.	**Estimated blood loss:**	**ml.**			
5.	**Complications:**				
6.	**Infant's:**	**Sex:**	**Wt:**	**Apgar:**	
7.	**Recovery experience: (Family members present, bonding, feeding)?**				

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Student's Name:

8. List all medications given during labor and delivery and recovery (include dose, route, drug class, and 2 major side effects). Include epidural/spinal medications:

Drug	Class	Dose	Route	Side Effects