



System Assessment -	Assessment- MOTHER	Assessment - BABY
<p><b>Central Nervous System/ Neurological</b>  Orientation to time, place, person  LOC  Reflexes  Pain, 0-10  Maternal-Familial / Infant Bonding  <b>BABY</b>  awake  sleeping  crying  Reflexes (Moro, sucking, babinski, rooting, tonic neck)</p>		
<p><b>Cardiovascular / Cardiac</b>  Heart rate (HR) regular/irregular  Pulse, pedal or peripheral edema, capillary refill,  Blood pressure  <b>BABY</b> – heart rate, color, activity</p>		
<p><b>Pulmonary /Respiratory</b>  Breath sounds (adventitious sounds), oxygen saturation  Regular, unlabored  Clear, crackles, wheezes, rhonchi  <b>BABY</b> – respiratory rate/effort; normal, flaring, grunting</p>		
<p><b>Gastro-intestinal</b>  Abdomen soft, bowel sounds positive in all quadrants,  Abdominal distention  Fundus firm? boggy? Location @ umbilicus or above/below  Flatulence ? BM  Toleration of diet / appetite  Weight of Mom  <b>BABY</b> – feeding type/toleration weight / birth weight  Stooling? Meconium?</p>		
<p><b>Genitourinary</b>  Voids without difficulty, urine clear,  No bladder distention  Foley  Group Beta Strep  <b>BABY</b> – voiding? Circumcision?</p>		
<p><b>Musculoskeletal/</b>  Balance, pain, moves all extremities,  OOB w/assist  <b>BABY</b> – moves all extremities?</p>		
<p><b>Eyes, Ears, Nose, Throat / Head &amp; Neck</b>  Mucous membranes pink moist, no redness  or discharge  Baby – any drainage, discharge, molding of head, fontanelles</p>		
<p><b>Integumentary</b>  Skin  Dressing  Sutures, staples  Breasts/ Nipples – engorged, filling / cracked, sore,  Episiotomy - Tear - Laceration  Lochia – quantity/quality (rubra, serosa, alba)  <b>BABY</b> – clear, dry, rash, milia, Mongolian spots  Cord – dry, moist, clamped  Jaundice? Coombs?</p>		
<p><b>Psychosocial</b>  Gender, support system, race/ethnicity; marital status;  education; religion; occupation; primary language;  smoker/alcohol/drug use; family structure; education level;  current life stressors; insurance  Level of Psycho-Social Development (Erickson's Stage) –  document for both mom and baby</p>		

**PLAN/GOAL:** select one patient specific measurable goal:

Patient will \_\_\_\_\_  
\_\_\_\_\_

**As evidenced by:**

1.

2.

3.

**IMPLEMENTATION:**

<b>IMPLEMENTATION: Nursing Actions/Interventions*</b>	<b>Rationale for EACH action/intervention*</b>
1.	
2.	
3.	
4.	
<b>This intervention is to be patient/family education intervention:</b> 5.	
<b>SOURCE:</b>	

**NOTE:** \* You must indicate the source for EACH of your actions/interventions/rationales

	Clinical Day #1	Clinical Day #2
<b>Diet:</b> <b>Why on this diet?</b>		
<b>Activity order</b>		
<b>Laboratory Results</b> <b>Mom –</b> <b>Hemoglobin/Hematocrit</b> <b>WBC</b> <b>Coomb's</b>  <b>Baby –</b> <b>Coomb's Test</b> <b>Other tests</b>		
<b>Treatments:</b>	Reason for treatment	Results

<b>Vital Signs</b>	<b>Mom</b>	<b>/</b>	<b>Baby</b>	<b>Mom</b>	<b>/</b>	<b>Baby</b>
T	_____		_____	_____		_____
P	_____		_____	_____		_____
R	_____		_____	_____		_____
B/P	_____		_____	_____		_____
Pain	_____		_____	_____		_____
Pulse Ox	_____		_____	_____		_____

<b>Health History:</b>
Include diagnosis cards for any medical diagnoses other than pregnancy / normal newborn experience

## MEDICATIONS

**NOTE: Include all meds administered during labor, delivery, post-partum or to the infant or child (if medication was administered for pain, indicate if effective)**

Date Ordered	Medication	Why was drug ordered and Action of Drug
	Generic: Trade: Dosage: Admin. Times Route: Classification:	Action:      Why ordered:
	Generic: Trade: Dosage: Admin. Times Route: Classification:	Action:      Why ordered:
	Generic: Trade: Dosage: Admin. Times Route: Classification:	Action:      Why ordered:
	Generic: Trade: Dosage: Admin. Times Route: Classification:	Action:      Why ordered:
	Generic: Trade: Dosage: Admin. Times Route: Classification:	Action:      Why ordered:

Attach clinical log to care plan each week

## **Clinical Experience Log – Guidelines**

Each week, you are to include a written log of your clinical experiences. It is due on the 1<sup>st</sup> day of your week following the clinical experience, and is to be handed in to your clinical faculty member, with your care plan.

To be included:

- ❖ What client interactions did you have this week?
- ❖ What kind of clinical experiences did you have?
- ❖ What clinical skills did you perform?
- ❖ What did you learn in clinical this week?
- ❖ Did the experiences complement the theory presented in your textbook and/or in class?
- ❖ What did you observe as regards the role of the professional nurse interacting with the health care delivery team, delivering maternal-child health care?
- ❖ Where there any difficulties you encountered in the clinical setting this week?
- ❖ Any reflections or areas of concern you would like to ventilate or share