

KEY									
PR - Parent Request		HG - Help Given		NI - Nurse's Initials					
	PR	HG	NI	DATE		PR	HG	NI	DATE
<b>INTRO TO MOTHER-BABY</b>					<b>BABY CARE</b>				
hand washing					bath/cord care				
flow sheets					stools/urine				
visitors					positioning				
no smoking policy					crying/comfort				
classes/videos available					infant states/cues				
<b>GENERAL</b>					jaundice/TSB screen				
diet					newborn screen				
exercise/rest					sick baby/temperature				
return of menses					rashes				
<b>BREASTS</b>					check up				
nipple care					<b>BABY-BREASTFEEDING</b>				
engorgement					milk production/ejection				
sore nipples					latching-on				
breast infection					feeding positions (mom/baby)				
<b>PERINEAL AREA</b>					feeding frequency				
peri - care/sitz bath					hand expression/pump				
involution/lochia					storage of milk				
afterpains					assessing milk supply				
hemorrhoids					assessing infant intake				
<b>CESAREAN BIRTH</b>					<b>BABY-FORMULA FEEDING</b>				
before surgery					for formula feeding see				
after surgery - comfort					formula feeding resource				
after surgery - infant care					<b>BABY AT HOME</b>				
after surgery - incision care					siblings				
<b>ADJUSTMENT TO PARENTHOOD</b>					developmental milestones				
relations - infant					immunizations				
relations - spouse/partner					home safety/safe sleep				
relations - family/friends					car seats				
intercourse/family planning					post natal resources				
feelings/fatigue					<b>PREMATURE BABY/SICK BABY</b>				
return to work					incubator				
<b>ADJUSTMENT TO SINGLE PARENTHOOD</b>					feeding - breast/bottle/tube				
relations - infant					I/V				
relations - partner/family					developmental milestones				
adoption					going home				
finding help					<b>TWINS/MULTIPLES</b>				
<b>GOING HOME – MOTHER AND BABY</b>					managing infant care				
return visit to Primary Care Provider					developmental milestones				
contacting PHN					breastfeeding				
applicable local agencies					help/support				
<b>INITIALS</b>	<b>SIGNATURE /STATUS/PRINT NAME</b>				<b>INITIALS</b>	<b>SIGNATURE /STATUS/PRINT NAME</b>			

For Reference Only

MOTHER							BABY										
Date & Time	PP Day	Breasts Normal Filling Engorged	N F E	Nipples Normal Blister Crack	N B C	Fundus f. ↑ o. ↓ ⊙	Lochia Rubra Serosa	R S	Incision/ Episiotomy	BM y/n	Voiding √	Urine √	Stool Mec. Green Yellow	Umb √	Colour	Tone	SIGNATURE/STATUS/PRINT NAME

  

**DISCHARGE SUMMARY**

Today how prepared do you feel about taking care of yourself and your baby?  
 Not well prepared      **1**      **2**      **3**      **4**      **5**  
 Very well prepared

**COMMENTS** \_\_\_\_\_

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\_\_\_\_\_ Nurse's Signature      \_\_\_\_\_ Date