Mother name:

Room:__________ Allergies:__________ TIME:
Age:__________ Dr:__________
G:______ P:______ B/P
Delivered on:__________ @__________
HEP:________ GBS:________ P
C/S or Vag:__________ ☐Edema:__________
Staples/Dressing/Episiotomy ☐ Hemorrhoids O2
☐ BF ☐ Bottle
Rubella:________ Blood type:________ RR
Coombs:________ RhoGam:________
F/C:________ Last BM:________ ☐ Gas T
Labs - Date/Time:__________ H/H:__________
WBC:________ RBC:________ Plt::________ PAIN
IV site: Ga: Fluid: Rate:
Last pain med: MgSO4: Abx:
Pain: ☐Epidural @ delivery
Hx:

Baby info: Sex:_____ Age @ Delivery:__________

TIME: Weight:__________ Apgar:__________
Dr:__________
P Blood type:________ Coomb's:________
☐HepB ☐Bath
RR ☐Hearing ☐Exam
☐PKU ☐O2
T ☐Bili ☐TCB
Feedings - Last fed:
Boob
Time
Amt
Pee Labs - Date/Time:__________
Poop CRP:________ Blood cult:________
Circumcision:__________ CBC:________ Urine:________
FSBG:__________
☐Meconium ☐Vacuum ☐Dystocia

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