

GUIDELINE FOR: Data Base (Nursing) L&D/OB-GYN: Completion of

**INTRODUCTION:** This form is designed to assist the OB-GYN nurse in obtaining a nursing history, initial systems assessment and information regarding expected level of service needs post-discharge.

**PROCEDURE:**

ACTION

POINTS OF EMPHASIS

1. Each page is stamped with the patient's identification card.
2. Initiate the data base on the unit where the patient is admitted - L&D or OB-GYN.

2. The data base is to be completed within 24 hours of admission. If patient is transferred prior to completion of form, the accepting unit will complete within the 24 hours.

ADMISSION DATA:

1. Complete admission data as requested.
2. Record chief complaint/reason for admission upon admission.
3. Identify the emergency contact person.

2. Record patient's explanation for admission.
3. Emergency contact person should be the person that the patient wants as primary support if an emergency should arise.

DEMOGRAPHIC DATA:

1. Check off and/or fill in appropriate data as requested in both maternal and/or paternal section.

1. Ask what is the primary language the patient speaks, reads and writes.

SIGNIFICANT OTHERS:

1. List those individuals with whom the patient has a significant relationship.

1. Do not limit this section to immediate household.

Legal Problems:

1. Check box as appropriate. Provide explanation as needed.

1. Possible problems can include paternity issues, abuse, trauma from auto accident.

OB-GYN/L&D - Unit Practice Manual  
John Dempsey Hospital-Department of Nursing  
The University of Connecticut Health Center

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2. Check appropriate box for orientation and Antenatal Testing.

2. For patients being admitted for prostaglandin termination, an ultrasound report is necessary to begin procedure.

ALLERGIES:

1. Check box if appropriate. List all allergies: medications, foods, environment and the type of reaction.

SUBSTANCE USE:

1. Record under appropriate column.

1. Be sure to inquire of past uses as well, i.e., past smoking habits, recovering alcoholic, teenage experimentation.

CURRENT PRESCRIBED MEDICATIONS:

1. List all present medications.

1. Medications unless approved by Pharmacy, cannot be used inpatient.

CURRENT OTC MEDICATIONS:

1. List all medications.

1. As above.

DISCHARGE PLANNING:

1. Identify Primary Physician.

1. If patient does not have a private MD, enter clinic or referring hospital.

2. Check appropriate insurance/assistance.

3. Check if medical equipment used prior to admission.

3. Included in equipment evaluation - home monitoring.

4. Identify agencies of community assistance if applicable.

4. If no agency is being utilized but is needed, enter in appropriate box.

5. Check all in-house services that are applicable to patient need.

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POINTS OF EMPHASIS

Pastoral Services:

1. Check appropriate boxes.

Sources of Information:

1. Check appropriate boxes.

OBSTETRICAL HISTORY:

- |  |  |
|--|--|
| <ol style="list-style-type: none"><li>1. Enter information as requested.</li></ol> | <ol style="list-style-type: none"><li>1. If patient doesn't have private pediatrician, enter clinic or referring hospital.</li></ol> |
|--|--|

MEDICAL HISTORY:

- |   |   |
|---|---|
| <ol style="list-style-type: none"><li>1. Enter surgeries and/or medical procedures.</li></ol> | <ol style="list-style-type: none"><li>1. If a delivery is listed, document gestational age.</li></ol> |
|---|---|

SYSTEMS ASSESSMENT:

1. Document admission vital signs.

Skin:

- |   |  |
|---|--|
| <ol style="list-style-type: none"><li>1. Check appropriate boxes.</li></ol> | <ol style="list-style-type: none"><li>1. If other is checked or more information is needed, use general appearance section to explain.</li></ol> |
|---|--|

EENT:

- |   |   |
|---|---|
| <ol style="list-style-type: none"><li>1. Check appropriate boxes.</li></ol> | <ol style="list-style-type: none"><li>1. Use explanation section to document surgeries injuries or expand on information given.</li></ol> |
|---|---|

Respiratory:

- |   |  |
|---|--|
| <ol style="list-style-type: none"><li>1. Check appropriate boxes.</li></ol> | <ol style="list-style-type: none"><li>1. As above.</li></ol> |
|---|--|

Cardiovascular:

- |   |  |
|---|--|
| <ol style="list-style-type: none"><li>1. Check appropriate boxes.</li></ol> | <ol style="list-style-type: none"><li>1. As above.</li></ol> |
|---|--|

Gastrointestinal:

- |   |  |
|---|--|
| <ol style="list-style-type: none"><li>1. Check appropriate boxes.</li></ol> | <ol style="list-style-type: none"><li>1. As above.</li></ol> |
|---|--|

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<u>ACTION</u>	<u>POINTS OF EMPHASIS</u>
<u>Genito-Urinary:</u>	
1. Check appropriate boxes.	1. As above.
<u>Neurological:</u>	
1. Check appropriate boxes.	1. As above.
<u>Mental Status:</u>	
1. Check appropriate boxes.	1. As above.
<u>Musculoskeletal:</u>	
1. Check appropriate boxes.	1. As above.
<u>Attitude Toward Delivery/ Hospitalization:</u>	
1. Document patient's perception of delivery/need for hospitalization.	
<u>Patient Goals for Hospitalization:</u>	
1. Document short and/or long term goals.	
<u>Post Delivery Infant Plans:</u>	
1. Check appropriate boxes as they apply to infant care.	1. If infant care review box checked, use comment section to elaborate on aspects of infant care that patient needs.
2. Enter on appropriate line, patient's plans for child care and plans for return to work.	
3. Check Unit Admission Protocol Ini- tiated box.	1. Refer to admission protocols for L&D and OB-GYN for specifics related to admission to unit(s).
<u>RN Signature:</u>	
1. Enter signature of RN who has ob- tained data base information.	

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POINTS OF EMPHASIS

Reviewed by Primary Nurse:

1. Enter signature of patient's primary nurse after review of data base has been completed.

APPROVAL: Nursing Standards Committee

CREDENTIALS: RN

EFFECTIVE DATE: 10/94

REVISION DATES:

REVIEWED DATES: 9/08