POSTPARTUM FOCUSSED ASSESSMENT

STUDENT'S NAME :				**DATE OF CARE:**	
Patient's Initials:					
DELIVERY INFORMATION:					
Date of Delivery:				**Postpartum Day#:**	
Type of Delivery:					
Complications During Delivery:					
CURRENT POST PARTUM ASSESSMENT:					
BOWEL				**BLADDER**	
Last BM:				**Nondistended:**	
Constipation:				**Output last 8 hours:**	
Diarrhea:				**Foley:**	
Gas Pains:					
Bowel Sounds:				**Present:**	**Absent:**
Fundus:	**Firm:**	**Soft:**		**Level:**	
Homan's Sign:				**Positive:**	**Negative:**
Perineum	**Intact:**				
Episiotomy	**Yes:**	**No:**		**Type:**	
	Laceration:			**Degree:**	
Hemorrhoids:	**Amount of Lochia:**			**Color:**	
Abdominal Incision (Type/Location)					
Appearance of Wound:				**Dressing:**	
Bonding:	**Mother/Infant:**			**Father/Infant:**	
Psychosocial:					
Breastfeeding:	**Yes:**	**No:**		**Lactation support:**	
Last Feeding:	**Good**	**Fair**		**Poor**	
Latch:		**Nipples:**		**Breasts:**	
Last hgb/hct (date and results): hgb:				**hct:**	
Pain Meds:		**Last Dose:**		**Current Pain Scale:**	
Location of pain, intensity, description:					
Infant complications:					

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Student's Name:	
Educational Needs Identified:	
Evidence of Support System:	
Other Pertinent Assessment:	