

Name: **Pre-eclampsia, Paula**

Dr. Smith

DOB: 2/28/1997

S	B	A	A	R
<p>Cervical Ripening Balloon Induction</p> <p>Time: 0900</p> <p>Dx: Pre-eclampsia</p> <p>Allergies: NKDA</p>	<p>G 1 P 0 EDC: 3/12/16 Gest Age: 38 2/7</p> <p>Type/Rh: O+ Rubella: Immune Hep B: Neg GBS: Neg on 2/6/16 -Tx 4 hrs prior? Y / N</p> <p>Labs: CBC – WNL, Plts - WNL AST – 112 ALT – 123 Uric Acid – 11 Alk Phos - 216</p> <p>Med Hx: Denies</p> <p>Surg Hx: Denies</p> <p>Vaccines during pregnancy: Influenza & Tdap</p> <p>ROM- A / S - @ _____ on _____ -clear / meconium</p> <p>Culture/Social (Interpreter):</p> <p>Complications:</p>	<p>SVE: Closed/10/-2</p> <p>HA – c/o mild HA Visual Disturbances – Denies Epigastric Pain - Denies Edema – Mild periorbital, moderate dependent</p> <p>BP: 150s/90s</p> <p>Urine: 2+ protein</p> <p>Foley / Void/ Strt.Cath @ _____ Amt _____</p> <p>IV/LR _____</p> <p>Anesthesia _____ -Duramorph _____ -Zofran _____ -Toradol _____ -PCA _____</p> <p>Labs _____</p> <p>Pain Meds _____</p> <p>Max Temp _____ Abx _____</p>	<p>Ped _____</p> <p>M F Lbs _____ oz _____</p> <p>Apgars _____/_____</p> <p>Breast / Bottle P F W Last Feed _____</p> <p>V/S due _____</p> <p>Void _____ Stool _____</p> <p>Sepsis/Chorio/Glucose</p> <p>Hep _____ Vit K _____</p> <p>Eyes _____ Bath _____ Hearing _____ PKU _____ Other _____</p> <p>_____</p> <p>Hugs#</p>	<p>Fall Precautions/Skin _____</p> <p>_____</p> <p>Consults _____ _____</p> <p>Patient Educ _____ _____</p> <p>Vaccines: None</p>