

Name: **Augmentation, Anne**

**Dr. Smith**

**DOB: 5/2/1990**

<b>S</b>	<b>B</b>	<b>A</b>	<b>A</b>	<b>R</b>
<p>Dx: Spontaneous labor</p> <p>Allergies: NKDA</p>	<p>G 3 P 1 EDC: 4/4/16 Gest Age: 39 5/7</p> <p>Type/Rh: O -- Rub: Immune Hep B: Neg GBS: Neg on 2/29/16 -Tx 4 hrs prior? Y / N</p> <p>Labs: WNL</p> <p>Med Hx: Synthroid</p> <p>Surg Hx: D&amp;C 2014</p> <p>Vaccines during pregnancy: Influenza &amp; Tdap</p> <p>ROM- SROM - @ 2200 on 4/1/16 -clear fluid</p> <p>Culture/Social (Interpreter):</p> <p>Complications:</p>	<p>SVE: 4/80/-2</p> <p>FHR: Category I</p> <p>Uterine Activity: UCs q 5-10 min</p> <p>Foley / Void/ Strt.Cath @ ____Amt____</p> <p>IV/LR_____</p> <p>Anesthesia_____</p> <p>-Duramorph_____ -Zofran_____ -Toradol_____ -PCA_____</p> <p>Labs_____</p> <p>Pain Meds_____</p> <p>Max Temp_____</p> <p>Abx_____</p>	<p>Ped_____</p> <p>M F</p> <p>Lbs_____oz_____</p> <p>Apgars_____/_____</p> <p>Breast / Bottle P F W</p> <p>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____</p> <p>Hearing____PKU____</p> <p>Other_____</p> <p>_____</p> <p><b>Hugs#</b></p>	<p>Fall Precautions/Skin _____ _____</p> <p>Consults_____</p> <p>_____</p> <p>Patient Educ_____</p> <p>_____</p> <p>Vaccines: Rhogam after delivery</p>

