

Name: **Cesarean, Susie**

Dr. **Smith**

DOB: **11/19/1993**

S	B	A	A	R
<p>Dx: Unsuccessful Elective Induction</p> <p>Allergies: PCN</p>	<p>G 1 P 0 EDC: 4/10/16 Gest Age: 39 1/7</p> <p>Type/Rh: O + Rub:Non-Immune Hep B: Neg GBS: Pos on 3/7/16 -Tx 4 hrs prior? Yes</p> <p>Labs: WNL</p> <p>Med Hx: Anxiety/Depression</p> <p>Surg Hx: Denies</p> <p>Vaccines during pregnancy: Influenza & Tdap</p> <p>ROM- SROM - @ 0130 on 4/4/16 -clear fluid</p> <p>Culture/Social (Interpreter):</p> <p>Complications:</p>	<p>SVE: 7/100/0 Unchanged for 4 hours</p> <p>FHR: Category II</p> <p>Uterine Activity: UCs q 2-3 min</p> <p>IUPC: 260 MVUs for 6 hours</p> <p>Foley @ 0325 current output 1150</p> <p>IV: LR @ 100cc/hr</p> <p>Anesthesia: epidural @ 0300 Pain 2/10</p> <p>Max Temp: 99.7 F Abx: Clindamycin</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>Prepare for cesarean delivery</p> <p>Fall Precautions/Skin _____ _____</p> <p>Consults_____</p> <p>_____ _____</p> <p>Patient Educ_____</p> <p>_____ _____</p> <p>Vaccines: Rubella after delivery</p>