

SUBJECT: FUNDUS (UTERINE) ASSESSMENT	REFERENCE #2002
DEPARTMENT: POSTPARTUM	PAGE: 1 OF: 1
	EFFECTIVE:
APPROVED BY:	REVISED:

POLICY:

The nurse will assess uterine tone, position, and fundal height by abdominal palpation.

PROCEDURE:

- Ask the patient to empty her bladder.
- Lower the head of the bed and place the patient in the supine position.
- Location and position of uterine fundus:
 - Place one hand just above the symphysis pubis to provide support.
 - Apply gentle downward pressure with the other hand until fundus is located.
 - Gently palpate fundus to determine tone.
 - ◆ The involuting uterus will feel round and firm, similar to a grapefruit.
 - ◆ A boggy uterus feels soft and may be difficult to locate.
 - Massage a boggy uterus immediately to increase tone and prevent excessive bleeding.
 - Deviation of the uterus from midline should be noted due to potential bladder distention which may lead to bladder atony and postpartum hemorrhage.
- Note the distance from the umbilicus to the fundus in centimeters or finger breadths (FB) and document. (example - "2 FB below U" or "1 FB above U")
- If fundus is 2-3 cm or FB above the umbilicus, massage gently to increase tone.
- Instruct patient to palpate and massage as needed.
- Assess fundus every four hours for the first twenty-four hours, then every eight hours until discharge.

SUBJECT: BREAST MILK COLLECTION AND STORAGE	REFERENCE #3002
DEPARTMENT: POSTPARTUM	PAGE: 1 OF: 1
APPROVED BY:	EFFECTIVE: REVISED:

POLICY:

- Any infant may be fed his/her mother's breast milk when ordered by the physician under the following provisions:
 - The mother must be free of infection and not taking drugs that are contraindicated in nursing.
 - Milk has been collected observing clean technique that protects from contamination.

PURPOSE:

To provide a technique of breast milk collection and storage, protected from contamination, so that sick and premature infants can obtain the nutritional benefits of breast milk until they can nurse directly from the breast.

EQUIPMENT:

- Breast pump (electric or manual)
- Breast pump collection kit
- Clean bottles/plastic bags for milk storage, (i.e., Playtex, Even-Flo or Gerber disposable bottle liners)
- Warm wash cloth
- Special Precautions:
 - If milk is to be frozen, the tightly sealed bag/bottle of breast milk should be placed in the freezer immediately at 0 degrees F (-18 degrees C). Once frozen, it can be stored for up to six months, as long as it has remained at 0 degrees F.
 - Fresh refrigerated breast milk can be used for 24 hours following collection.
 - Once frozen milk is thawed, any portion not being fed to the infant must be refrigerated and discarded after 24 hours. Thawed milk should never be refrozen.
 - Bags/bottles of milk should be labeled with the mother's name, date and time of collection.

To provide a technique of breast milk collection and storage, protected from contamination, so that

SUBJECT: PERINEAL CARE - APPLICATION OF ICE	REFERENCE #3016
DEPARTMENT: POSTPARTUM	PAGE: 1
	OF: 1
APPROVED BY:	EFFECTIVE:
	REVISED:

PURPOSE:

Application of ice to the perineum of the postpartum patient is to prevent or relieve edema and prevent or relieve discomfort and pain at the site of the episiotomy/laceration.

POLICY:

- The duration and frequency of the procedure will be ordered by the physician.
- When continuous application is ordered, this treatment is ordinarily suspended when the patient is ambulating and resumed again when she returns to bed.
- Perineal care is to be given before each treatment has begun.

EQUIPMENT:

- A disposable sanitary pad ice pack.
- Mesh panties, OB Briefs or T binder

PROCEDURE:

- Activate the ice bag by squeezing firmly at the top.
- Explain the procedure to the patient.
- Assess that the mesh panties are clean and in place.
- Assist the patient to a dorsal recumbent position.
- Wash hands.
- Have the patient flex her knees and separate legs to expose the perineum.
- Observe the perineum and episiotomy, reporting to the physician any redness, suppuration or separation of the sutures. Report also any foul smelling lochia, excessive discharge or the passing of clots.

SUBJECT: RECOVERY CARE IMMEDIATE POST DELIVERY	REFERENCE #3019
DEPARTMENT: LABOR AND DELIVERY, POSTPARTUM	PAGE: 1 OF: 1
APPROVED BY:	EFFECTIVE: REVISED:

PURPOSE:

To care for and observe patients during the immediate post delivery period.

POLICY:

- Patients who have delivered vaginally are to be recovered, when circumstances allow, in the delivery area for a minimum of one hour or until stable. Any patients who are infectious are to be recovered in the previously used labor room.
- Patients who have had any problems during the recovery period are to have their status reported to the physician prior to transfer to postpartum.
- The Postpartum nurses are to be notified prior to the patients transfer from Labor and Delivery to Postpartum and if there is a need for any special equipment in the patient room.
- The Labor and Delivery nurse caring for the patient is to accompany the patient to the Postpartum unit/room reporting her condition and any unusual occurrences to the receiving nurse.
- The patient is to be verbally instructed by the nurses not to get out of bed until assisted by a nurse.
- The Labor and Delivery nurse is responsible for seeing to it that the entire chart and charges are completed before transferring the patient.

EQUIPMENT:

- Blood pressure cuff and stethoscope or automatic blood pressure device
- Oxygen
- Wall suction
- Supplies and equipment for patient to void, receive peri-care and be cleaned before transfer
- T-binder, mesh panties/disposable briefs to secure peri-pads prior to transfer

RELEASE OF NEWBORN TO PARENT/LEGAL GUARDIAN AND DISCHARGE DOCUMENTATION

ID BAND VERIFICATION/RELEASE

I hereby acknowledge that during the discharge procedure, I received my baby, examined him/her and determined that the baby was mine. The nurse and I verbally and visually checked the Ident-A-Band parts sealed on the baby and on me and found that they were identically numbered _____ and contained correct identifying information.

Date: _____ Time: _____ Discharged To: _____

The parent/legal guardian has paraphrased the above to me. I acknowledge the above information.

Nurse's Signature

Parent/Legal Guardian's Signature

(Attach Ident-A-Band(s) Here)

DISCHARGE APPOINTMENTS:

1. Dr. _____ Date: _____ Time: _____

Phone: _____ Location: _____

2. Special Instructions: Call clinic for appt. # _____ in _____ weeks

Appointment to be mailed/phoned

3. Dr. _____ Date: _____ Time: _____

Phone: _____ Location: _____

Special Instructions: _____

3. Hepatitis vaccine series (3 shots) Hepatitis vaccine #1 given. (Date: _____)

Call clinic for appt. # _____ for follow-up vaccine due on _____ (date)

Home care will follow: Yes No Referral made: _____

DISCHARGE INSTRUCTIONS:

Refer to newborn information in handouts

Feeding: On demand Breast feed every 2-3 hours Formula every 3-4 hours

Follow up labs: Bilirubin Date: _____

Medications: _____

Other Instructions: _____

DISCHARGE ASSESSMENT:

Newborn Screening Done: _____ Date: _____ Slip #: _____ Discharge Weight: _____

NEWBORN ASSESSMENT:

Skin: Warm Good turgor Other: _____

Cord: Dry Moist Clamp: On Off Tied

Eyes: Clear Drainage: _____

Parent-Infant Interaction: Talks to baby Strokes baby Calls baby by name

Toxicology: N/A Negative Positive Pending