

POSTPARTUM TEACHING AND COMMUNITY HEALTH REFERRAL RECORD

Key:

- U – Teaching done; understood
- R – Teaching done; reinforcement needed
- ✓ – Teaching done; see notes
- H – Handout given
- A – No teaching required
- * – Teaching not done; see notes

PPSP Questionnaire given and explained by: _____ ID Date: _____						Babe's Registered Name:							
PLACE OF BIRTH: _____ Infant's DOB: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F						Attending Physician:							
Mother: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> CL <input type="checkbox"/> Sep <input type="checkbox"/> W Address: _____													
Tel #:						Father's/Significant Other name:							
T	P	A	L	G	EDC:	Gestation: _____ wks		Apgar: 1 min		5 min			
Birth wt: _____ gms			Discharge wt: _____ gms			Head circ: _____ cms		Length: _____ cms					
Mother's disc date:			Babe's disc date:			Feeding: <input type="checkbox"/> Breast <input type="checkbox"/> Formula Type:							
Delivery: <input type="checkbox"/> Vaginal <input type="checkbox"/> C-section						PKU done <input type="checkbox"/> Yes (date) _____ <input type="checkbox"/> No (why not?) _____							
MOM	Rh Immune Globulin given <input type="checkbox"/> Yes (date) _____					BABE	HepB given <input type="checkbox"/> Yes (date) _____ GBS: <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Rubella (MMR) given <input type="checkbox"/> Yes (date) _____						HBig given <input type="checkbox"/> Yes (date) _____						
MOTHER		DATE / ID	KEY	REINFORCEMENT DATE / ID		KEY	INFANT		DATE / ID	KEY	REINFORCEMENT DATE / ID		KEY
Unit Routine							Breast feeding exclusive						
Breast care nipple care							total						
engorgement							predominant						
expression/storage							partial						
Perineal care							positioning/latching on						
Sitz/tub bath							burping/regurgitation						
Lochia							Formula feeding freq/amt						
Involution							positioning						
Afterpains							burping/regurgitation						
Nutrition							formula prep/storage						
Exercise							Circumcision information						
Postpartum emotions							circumcision care						
Menses							Bathing						
Family planning							cord care						
Elimination							Stools/diapering						
Incisional care							Jaundice						
							Sleeping position						
REFERRAL COMMENTS/CONCERNS													
HOME		DATE / ID	KEY	REINFORCEMENT DATE / ID		KEY	Infant home with mother <input type="checkbox"/> Yes <input type="checkbox"/> No (why)						
Rest													
Relationships family													
friends							Maternal complications:						
Safety home													
car							Neonatal complications:						
Follow-ups CHN													
Physician							Congenital anomalies:						
other													
Infant clothing							Perinatal loss:						
Illness infant													
mother							<i>I understand that this information will be forwarded to the Health unit in my health district/region.</i>						
<input type="checkbox"/> Language barrier:						<i>Patient's Signature:</i>							
<input type="checkbox"/> Precautions:													
Sent to:						Date:			ID				