



8111161

CUSHING REGIONAL HOSPITAL
1027 E. CHERRY CUSHING, OKLAHOMA 74023

Table with columns for Intake (Oral, IV, Blood, Other, Total) and Output (Urine, Stool, Emesis, Other, Total). Includes weight tracking (Previous/Today Weight in LB and KG), Chair/Stand status, Diet notes, and Patient Hygiene (Bath, Linen Change, Pericare) with associated times.

Monitoring grid with columns 07-06 and rows for TEMP, PULSE, RESP, PULSE OX, FSBS (NORMAL 65-110 mg/dl), and O2 at \_\_\_\_\_.

Table for learner evaluation with columns: DATE, TIME, LEARNER, NEEDS, METHOD, INSTRUCTION, EVALUATION, COMMENTS. Includes a legend for Learner, Needs, Method, Instruction, and Evaluation categories.

IV FLOWSHEET

IV FLOWSHEET table with columns: TIME, APPEARANCE OF SITE & LOCATION, FLUID INFUSING, ADDITIVES/FLUSH, RATE (ML/HR), DC'D INTACT, CATH SIZE, ATTEMPTS, INITIALS. Rows are provided for times from 7:00 to 5:00.

SIG/INIT: table with three rows for signature and initials, structured as a grid for documentation.



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Form with columns for Neurological/Musculoskeletal, Respiratory, and Cardiac systems, and rows for time periods 7A-7P and 7P-7A. Includes checkboxes for WDL, LOC, ORIENTED, BEHAVIOR, PUPILS, GRIPS, EXTREMITIES, EFFORT, RHYTHM, SOUNDS, POSITION, COUGH, SPUTUM, CHEST TUBE, RATE, and CAPILLARY REFILL. Includes Edema Scale and SIG/DATE & TIME fields.



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	7A-7P	7P-7A
SKIN	<input type="checkbox"/> <b>WDL</b> – Skin warm, dry and intact with good skin turgor and without bruising or edema. Mucous membranes moist and pink. <input type="checkbox"/> <b>WDL Except:</b> <b>COLOR:</b> <input type="checkbox"/> PALE <input type="checkbox"/> CYANOTIC <input type="checkbox"/> JAUNDICED <input type="checkbox"/> MOTTLED <input type="checkbox"/> RUDDY <input type="checkbox"/> APPROPRIATE FOR ETHNICITY <b>TEMP:</b> <input type="checkbox"/> HOT <input type="checkbox"/> COOL <input type="checkbox"/> COLD <b>MOISTURE:</b> <input type="checkbox"/> MOIST <input type="checkbox"/> WET <b>TURGOR:</b> <input type="checkbox"/> INELASTIC <b>AIR OVERLAY:</b> <input type="checkbox"/> <b>WOUNDS:</b> _____	<input type="checkbox"/> <b>WDL</b> – Skin warm, dry and intact with good skin turgor and without bruising or edema. Mucous membranes moist and pink. <input type="checkbox"/> <b>WDL Except:</b> <b>COLOR:</b> <input type="checkbox"/> PALE <input type="checkbox"/> CYANOTIC <input type="checkbox"/> JAUNDICED <input type="checkbox"/> MOTTLED <input type="checkbox"/> RUDDY <input type="checkbox"/> APPROPRIATE FOR ETHNICITY <b>TEMP:</b> <input type="checkbox"/> HOT <input type="checkbox"/> COOL <input type="checkbox"/> COLD <b>MOISTURE:</b> <input type="checkbox"/> MOIST <input type="checkbox"/> WET <b>TURGOR:</b> <input type="checkbox"/> INELASTIC <b>AIR OVERLAY:</b> <input type="checkbox"/> <b>WOUNDS:</b> _____
	<b>LOCATION:</b> _____ <b>DRESSING:</b> _____ <b>APPEARANCE:</b> _____ <b>DRAINAGE:</b> <input type="checkbox"/> NO <input type="checkbox"/> YES <b>POLAR CARE:</b> <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> ON <input type="checkbox"/> OFF <b>DRAINS:</b> _____ <b>COMMENTS:</b> _____	<b>LOCATION:</b> _____ <b>DRESSING:</b> _____ <b>APPEARANCE:</b> _____ <b>DRAINAGE:</b> <input type="checkbox"/> NO <input type="checkbox"/> YES <b>POLAR CARE:</b> <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> ON <input type="checkbox"/> OFF <b>DRAINS:</b> _____ <b>COMMENTS:</b> _____
GI	<b>LAST BM:</b> _____ <input type="checkbox"/> <b>WDL</b> – Abdomen soft and symmetrical, with no distention, tenderness, discomfort, or masses visible. Bowel sounds are active and present in all 4 quadrants. Tolerates prescribed diet. <input type="checkbox"/> <b>WDL Except:</b> <b>INSPECTION:</b> <input type="checkbox"/> ROUND <input type="checkbox"/> FLAT <input type="checkbox"/> DISTENDED <b>SOUNDS:</b> <input type="checkbox"/> HYPER <input type="checkbox"/> HYPO <input type="checkbox"/> ABSENT <b>PALPATION:</b> <input type="checkbox"/> FIRM <input type="checkbox"/> TENDER <input type="checkbox"/> RIGID <b>EMESIS:</b> DESCRIBE <b>NG:</b> PLACEMENT _____ NARE <input type="checkbox"/> LIWS <input type="checkbox"/> CLAMPED <b>COMMENTS:</b> _____	<b>LAST BM:</b> _____ <input type="checkbox"/> <b>WDL</b> – Abdomen soft and symmetrical, with no distention, tenderness, discomfort, or masses visible. Bowel sounds are active and present in all 4 quadrants. Tolerates prescribed diet. <input type="checkbox"/> <b>WDL Except:</b> <b>INSPECTION:</b> <input type="checkbox"/> ROUND <input type="checkbox"/> FLAT <input type="checkbox"/> DISTENDED <b>SOUNDS:</b> <input type="checkbox"/> HYPER <input type="checkbox"/> HYPO <input type="checkbox"/> ABSENT <b>PALPATION:</b> <input type="checkbox"/> FIRM <input type="checkbox"/> TENDER <input type="checkbox"/> RIGID <b>EMESIS:</b> DESCRIBE <b>NG:</b> PLACEMENT _____ NARE <input type="checkbox"/> LIWS <input type="checkbox"/> CLAMPED <b>COMMENTS:</b> _____
	<input type="checkbox"/> <b>WDL</b> - The patient voiding (minimum of 30 ml/hr). Urine is clear yellow to amber without foul odor. Patient denies painful urination or frequency. <input type="checkbox"/> <b>WDL Except:</b> <b>VOIDING:</b> <input type="checkbox"/> INCONT <input type="checkbox"/> FOLEY <input type="checkbox"/> SUPRAPUB <b>ODOR:</b> <input type="checkbox"/> FOUL <input type="checkbox"/> STRONG <b>COLOR:</b> <input type="checkbox"/> PINK <input type="checkbox"/> RED <input type="checkbox"/> TEA <b>APPEAR:</b> <input type="checkbox"/> CLOUDY <input type="checkbox"/> SEDIMENT <b>CBI:</b> <input type="checkbox"/> NO <input type="checkbox"/> YES <b>COMMENTS:</b> _____	<input type="checkbox"/> <b>WDL</b> - The patient voiding (minimum of 30 ml/hr). Urine is clear yellow to amber without foul odor. Patient denies painful urination or frequency. <input type="checkbox"/> <b>WDL Except:</b> <b>VOIDING:</b> <input type="checkbox"/> INCONT <input type="checkbox"/> FOLEY <input type="checkbox"/> SUPRAPUB <b>ODOR:</b> <input type="checkbox"/> FOUL <input type="checkbox"/> STRONG <b>COLOR:</b> <input type="checkbox"/> PINK <input type="checkbox"/> RED <input type="checkbox"/> TEA <b>APPEAR:</b> <input type="checkbox"/> CLOUDY <input type="checkbox"/> SEDIMENT <b>CBI:</b> <input type="checkbox"/> NO <input type="checkbox"/> YES <b>COMMENTS:</b> _____
PERINEUM	<input type="checkbox"/> <b>WDL</b> – Minimal or no swelling or bruising. Soft with moderate puffiness. If episiotomy present, edges well approximated and without drainage. <input type="checkbox"/> <b>WDL Except</b> <b>Swelling:</b> <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <b>Bruising:</b> <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <b>Perineum:</b> <input type="checkbox"/> Hard <input type="checkbox"/> Severe puffiness <b>Episiotomy:</b> <input type="checkbox"/> Not approximated <input type="checkbox"/> Drainage: _____	<input type="checkbox"/> <b>WDL</b> – Minimal or no swelling or bruising. Soft with moderate puffiness. If episiotomy present, edges well approximated and without drainage. <input type="checkbox"/> <b>WDL Except</b> <b>Swelling:</b> <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <b>Bruising:</b> <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <b>Perineum:</b> <input type="checkbox"/> Hard <input type="checkbox"/> Severe puffiness <b>Episiotomy:</b> <input type="checkbox"/> Not approximated <input type="checkbox"/> Drainage: _____
	<b>SIG:</b> _____ <b>DATE &amp; TIME:</b> _____	<b>SIG:</b> _____ <b>DATE &amp; TIME:</b> _____



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Form with columns for UTERUS, BREASTS, PAIN, and SAFETY. Sub-columns for 7A-7P and 7P-7A. Includes checkboxes for WDL, Fundal Height, Lochia, DENIES PAIN, SIDE RAILS UP, and BED IN LOW POSITION.

SIG: \_\_\_\_\_ DATE & TIME: \_\_\_\_\_

BRADEN SCALE table with columns: RISK ASSESSMENT, 1, 2, 3, 4, SCORE. Rows include Sensory Perception, Moisture, Activity, Mobility, Nutrition, and Friction & Shear.

FALL RISK ASSESSMENT section with a list of risk factors and a Total Score calculation area. Includes checkboxes for Armband On and color coding (Green/Orange).

CRITICAL VALUE REPORTING

Table with 5 columns: LAB, VALUE, DR NOTIFIED, TIME, SIGNATURE. Multiple empty rows for reporting.



