

FLORIDA INTERNATIONAL UNIVERSITY

COLLEGE OF NURSING AND HEALTH SCIENCES

NURSING UNIT

CLINICAL WORKSHEET: OB NURSING PROCESS CARE PLAN

STUDENT NAME										DATE				
Client Initials				Culture/Ethnicity			Support System							
Unit		Room/Bed		Religion			Children & Ages							
Age		Sex		Language										
Pre-preg Wt		Pre-preg Ht		Marital Status										
Current Wt		Current Ht		Occupation										
G	T		P	A		L	Health Insurance					Name of Significant Other/Primary Caregiver		
							Current Work Status							
Current Medical Diagnosis							Highest Grade Completed							
Infant Feeding							Pain Rating, Quality & Location							
Date/Time of Delivery							Delivery Type (Vaginal, Cesarean**, Forceps, Vacuum)							
							**Reason for Cesarean							
Diagnostic procedures														
Surgical procedures														
Pathophysiology/Psychopathology (List Reference)														

Today's Assessment

M		Vital Signs	
A		T	Frequency
B		P	
U		R	
B B		B/P	
L		Allergies/Side Effects	
E			
H			
Brief Health History		Diet with Rationale	
Time	Flowsheet Notes	Activity Order	
		Limitations/Prosthetic Device	
References			

PERTINENT LABORATORY DATA

Lab Test # 1		Lab Test # 2		Lab Test # 3		Lab Test # 4	
Hgb/Hct #1							
Hgb/Hct #2		Results		Results		Results	
Hgb/Hct #3							
Rationale for abnormal results		Rationale for abnormal results		Rationale for abnormal results		Rationale for abnormal results	

INTRAVENOUS SOLUTION #1			
Type			
cc/hr		gtts/min	
Additives			
Rationale for solution			

INTRAVENOUS SOLUTION #2			
Type			
cc/hr		gtts/min	
Additives			
Rationale for solution			

INTRAVENOUS SOLUTION #3			
Type			
cc/hr		gtts/min	
Additives			
Rationale for solution			

INTRAVENOUS SOLUTION #4			
Type			
cc/hr		gtts/min	
Additives			
Rationale for solution			

Medication Name Generic/Trade	Classification	Major Actions (why taking meds)	Dose/ Route Safe Range	Adverse Effects	Nursing Implications
○				•	•
○				•	•
○				•	•
○				•	•
○				•	•
○				•	•
○				•	•
○				•	•
○				•	•
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○				•	•
○				•	•
○				•	•
○				•	•
○				•	•

Assessment Data Subjective/Objective	Nursing Diagnosis	Plan Outcome Criteria (Client Centered)	Interventions (Nurse Centered)	Rationale for Interventions (REFERENCED)	Evaluation

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