

Admission Checklist for Care of Postpartum Patient in CCTC

Action	Resource/Contact	Completed ✓ and initial
1. Avoid adjacent placement or doubling with ARO + patients	CN	
2. If possible, select room assignment away from high activity/noise zones (to support breast feeding/maternal attachment or parental grieving as required).	CN	
3. Obstetrics Identify whether patient is Red or Blue OB Team Obtain orders from Obstetrics for postpartum care and post cesarean care.	Obstetrics	
4. Cardiac Patients If patient has a cardiac condition, notify cardiology upon admission.	Switchboard	
5. Resuscitation Report If admitted from OR/OBCU, obtain report from OB Anaesthesia regarding blood products/ventilation/vasopressor administration, line insertion status and pain management.	OB Anaesthesia	
6. Postpartum Support Admitted from OBCU/OR: Obtain report and consultation regarding care plan. Perform initial assessment together with OBCU RN. Obtain report on baby re name, location, status Admitted form MBCU: Obtain report and consultation regarding care plan from MBCU RN. Perform initial assessment together. Obtain report on baby re name, location and status	OBCU Extension 58168 CN Direct phone 74680 MBCU CN Direct phone 72079	
7. Emergency Drugs Call pharmacy and ask to have premixed bags of oxytocin and magnesium sulphate added to fridge if indicated. These can also be obtained/brought down with patient from OBCU stock.		
8. Postpartum Hemorrhage If patient is admitted with postpartum hemorrhage, ensure recent fibrinogen level..	PowerChart	

<p>9. Blood Transfusion Sample In Date</p> <p>Ensure Blood Transfusion sample is current for all postpartum admissions while in CCTC.</p>	<p>Powerchart</p>	
<p>10. RH Positive</p> <p>Identify patient blood group and Rh; if Rh negative, consult Obstetrics for direction on Rh immune globin to be given within 72 hours postpartum if baby is Rh + or unknown</p>	<p>CCTC</p>	
<p>11. Breast Feeding</p> <p>Determine patient wishes for neonatal feeding. If unknown, discuss wishes with mother/SDM. Breast feeding should be initiated within 6 hours of birth.</p> <p>Prior to initiating breast pumping, obtain verbal consent from the mother (or SDM if patient is not capable) to initiate pumping. Document that consent was obtained (and who provided consent) in your clinical note. This can be done by telephone if family has gone home. A consent form is not required.</p> <p>Breast pump can be borrowed by calling Lactation Consultant during daytime hours or Mother Baby Care Unit Charge Nurse. Any costs for the pumping kits will be addressed after transfer from CCTC.</p> <p>Consult Lactation Consultant or call MBCU if assistance is needed.</p>	<p>MBCU CN Direct phone 72079</p> <p>Lactation Consultants: Pager 14087 (MBCU).</p>	
<p>12. Maternal Birth Information</p> <p>Review Ontario Antenatal Record I and II and Summary of Birth for information related to pregnancy, labour and birth (i.e forceps)</p>		
<p>13. Neonatal Outcome</p> <p>Review Summary of Birth to determine birth outcome: status of neonate, gestational age, gender, weight,</p>	<p>Contact for baby: NICU x 64427 MBCU CN Direct phone 72079</p>	
<p>14. Loss</p> <p>If loss has occurred, post butterfly signage (Charge Nurse drawer) and alert colleagues. If neonatal/fetal loss (in or out of CCTC), consult OBCU to initiate loss checklist. OBCU/OB Social Worker will assume responsibility for completion of provincial registrations, memory box, photographs of baby.</p>	<p>CCTC</p> <p>OBCU Extension 58168 CN Direct phone 74680</p>	

<p>15. Neonate in Room</p> <p>Setup a separate suction with 6 to 8 F suction catheters and 100 mmHg suction if newborn is in mothers room. For newborn emergencies, call Code Pink or PCCOT.</p> <p>Give PCCU a courtesy call to let them know if we have a neonate in the unit.</p>	<p>PCCU Extension 52824 PCCOT Direct phone 15555</p>	
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