



Queensland Government

Caesarean Birth Clinical Pathway Ongoing Care (Additional Page)

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

» *Clinical pathways never replace clinical judgement.*
 » *Care outlined in this clinical pathway must be altered if it is not clinically appropriate for the individual client.*

Every person documenting in this clinical pathway must supply a sample of their initials in the signature log on the Caesarean Birth Clinical Pathway (SW231). This additional page must be kept with the original Caesarean Birth Clinical Pathway.

Post partum LSCS

Instructions: Initials - care attended to, Rule out - not applicable, V - variance (record and sign all variances on sheet provided or progress notes)

⌚ Key ▲ Midwife / Nursing ■ Medical / GP ★ Physiotherapist @ Pharmacy □ ♦ Allied Health 🏥 QCG

..... Hrs ⌚ Date: / / to Date: / / Initial Time V

Hospital care Home care

Physiotherapist ★ Bladder / bowel function, posture, ergonomics, back care and pelvic floor rehabilitation discussed with consent

Enter shift that will occur predominately within the next 8 hours Time V

Medication ▲ VTE risk assessment reviewed and thromboembolic prophylaxis administered (if ordered) 🏥
 Stocking insitu (if applicable)

Pain management ▲ Minimal discomfort, nil pain relief required
 Discomfort managed with prescribed analgesia

Observations ▲ Observations of vital signs as per local protocol & recorded on Q-MEWT
 Epidural Diabetes
 Other (specify:)
 Nil calf tenderness

Breasts / nipples ▲ Breasts firming and filling, nipples intact

Infant feeding ▲ Safe feeding discussed 🏥
 Breast feeding - requires minimal supervision
 Formula feeding - understands increasing formula volumes required by infant

Wound ▲ Wound is clean and dry

Lochia ▲ Dark red - pink, ≤ 1 pad / 2 hours

Elimination ▲ Nil dysuria, no urinary incontinence or voiding difficulties
 Bowels opened

Nutrition ▲ Tolerating full diet

Hygiene ▲ Showered independently

Falls risk ▲ Standard falls prevention strategies implemented and recorded.
 Mobilising independently

Pressure injury ▲ Conduct skin inspection if "at risk".
 Standard pressure injury prevention and management strategies implemented and recorded.

Emotional state ▲ Emotional needs identified including labour and birthing concerns

Education ▲ Education plan updated and completed

Discharge ▲ Discharge plan updated and completed

Expected outcomes ▲ **Ask mother about the following** Initial Time V
 3.1 Mother has her concerns addressed to care for herself and her baby.

Further notes:

DO NOT WRITE IN THIS BINDING MARGIN

v7.00 - 07/2015
 Mat. No.: 10253034



SW231a

CAESAREAN BIRTH CLINICAL PATHWAY ONGOING CARE (ADDITIONAL PAGE)



Queensland
Government

**Caesarean Birth Clinical
Pathway Ongoing Care
(Additional Page)**

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Post partum LSCS

Instructions: Initials - care attended to, Rule out - not applicable, V - variance (record and sign all variances on sheet provided or progress notes)

Key **▲** Midwife / Nursing **■** Medical / GP **★** Physiotherapist **Ⓢ** Pharmacy **◊** Allied Health **🏥** QCG

hrs	Key	Date: / / to Date: / /	Initial	Time	V
		<input type="checkbox"/> Hospital care <input type="checkbox"/> Home care			
Physiotherapist	★	Bladder / bowel function, posture, ergonomics, back care and pelvic floor rehabilitation discussed with consent			
Enter shift that will occur predominately within the next 8 hours				Time	V
Medication	▲	Thromboembolic prophylaxis administered (if ordered) Stocking insitu (if applicable)			
Pain management	▲	Minimal discomfort, nil pain relief required Discomfort managed with prescribed analgesia			
Observations	▲	Observations of vital signs as per local protocol & recorded as per Q-MEWT			
Breasts / nipples	▲	Breasts firming and filling, nipples intact			
Infant feeding	▲	Mother assessed as awake and lucid, call bell within reach Breast feeding - requires minimal supervision Formula feeding - understands increasing formula volumes required by infant			
Wound	▲	Wound is clean and dry			
Lochia	▲	Dark red - pink, ≤ 1 pad / 2 hours			
Elimination	▲	Nil dysuria, no urinary incontinence or voiding difficulties Bowels opened			
Legs	▲	Nil calf tenderness			
Nutrition	▲	Tolerating full diet			
Hygiene	▲	Showered independently			
Falls risk	▲	Standard falls risk prevention strategies implemented and recorded. Mobilising independently			
Pressure injury	▲	Conduct skin inspection if "at risk". Standard pressure injury prevention and management strategies implemented and recorded.			
Emotional state	▲	Emotional needs identified including labour and birthing concerns			
Education	▲	Education plan updated and completed			
Discharge	▲	Discharge plan updated and completed			
Expected outcomes	▲	Ask mother about the following	Initial	Time	V
	3.1	Mother has all her concerns addressed to care for herself and her baby.			

Further notes:

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