



0300001

PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

DOWNTIME LABOR & DELIVERY TRIAGE**NURSING DATA:**

DATE: _____ TIME: _____ ROOM# _____ Age: _____ G _____ P _____ / _____ / _____ EDC _____ / _____ / _____ EGA _____

PRIMARY PROVIDER: _____ PCC NR MFM Fam Med Transfer form: _____

ALLERGIES: Food _____ Environmental _____ Medication _____

CHIEF COMPLAINT: _____

HT _____ Current WT _____

Vital Signs: T _____ P _____ R _____ BP _____ FHR _____

Pain assessment: 1 2 3 4 5 6 7 8 9 10

Data collector signature: _____

Reviewing RN signature: _____

MD/APN DATA

DATE: _____ TIME: _____

CHIEF COMPLAINT: _____

HPI: _____

ROS: _____

PE: _____

NST: _____

ASSESSMENT: _____

PLAN/ DISPOSITION: _____

Resident/ APN Signature: _____ PIC: _____

☐ I have personally interviewed and examined the patient. I have reviewed Dr. _____'s history,

physical exam, assessment and management plans. Concur with or have edited all elements of the resident/fellow's note.

☐ I personally reviewed today's fetal heart rate tracing, and give the following interpretation:

Baseline FHR: _____

Variability: ☐ absent ☐ minimal ☐ moderate ☐ marked

Accelerations: ☐ present ☐ absent

Decelerations: ☐ present ☐ absent

Contractions: ☐ present ☐ absent Frequency: _____

Overall assessment: ☐ reactive ☐ reassuring ☐ non-reassuring

Attending Signature _____ **PIC:** _____ **Date:** _____ **Time:** _____