

NURSE TO NURSE HUDDLE

Patient Name:		Physician:		
G__P__T__A__L__		EDC:		GA:
Reason for Admission:				
Allergies:		Significant History:		
PPH Risk Assessment: Low (Clot) Medium (T&S) High (T&C)		Home Medications:		
<b>Prenatal Labs</b>				
Blood Type:	GBS:	Rubella:	HIV:	Hep B:
Hep C:	RPR:	Other:		
<b>Admission/Current Labs</b>				
Hgb	Hct	WBC	Platelets	
Other Significant Labs:				COVID:
Fetal Status:		Antenatal Steroids Dose #1 _____ @ _____ Dose #1 _____ @ _____		
Current VE:		Membranes:		
<input type="checkbox"/> Magnesium ___ Gram Bolus @ _____ ___ Gram Continuous		Admit Reflexes:	Clonus:	
		Edema:		
Physical Assessment/Complaints:		Current Vitals:		
<b>Antihypertensives</b>				
<input type="checkbox"/> Labetalol ___ mg @ _____ ___ mg @ _____ ___ mg @ _____ ___ mg @ _____ ___ mg @ _____		<input type="checkbox"/> Hydralazine ___ mg @ _____ ___ mg @ _____ ___ mg @ _____ ___ mg @ _____ ___ mg @ _____		<input type="checkbox"/> Procardia ___ mg @ _____ ___ mg @ _____ ___ mg @ _____ ___ mg @ _____ ___ mg @ _____
Support Person:			Boy    Girl    Surprise	
Pain Management Plan:			Breast    Bottle	
Birth Plan/Requests:				