

COMMUNITY MEMORIAL HOSPITAL
Menomonee Falls, Wisconsin

Your Requests for Personalized Care

Name _____

Physician name _____

Due date _____

Date form was completed _____

LABOR GOALS

PAIN MANAGEMENT DURING LABOR

(Print with black pen to complete form)

Pain is a natural part of the labor process. You, your support person, your doctor and your nurse will work as a team during your labor and help you decide which methods of pain control are best for you and your baby. Below are choices for pain management. *Circle the alternative pain control methods you would like to use.*

- | | | | |
|-----------------------------|----------------------|---------|-------------------|
| Breathing/relaxation | Pressure to the back | Touch | Warm comfort sock |
| Praise/verbal encouragement | Rocking chair | Walking | Focal point |
| Position change | Massage | Shower | Birthing ball |
| Cold compresses | Music | Imagery | |

Indicate with a checkmark, the choice that best describes your preference for pain control:

- I do not want pain medication.
 I may want pain medication.
 I definitely want pain medication.
 I don't want an epidural.
 I may want an epidural.
 I definitely want an epidural.
 Other _____

1. The following best describes my support person's involvement during labor:
 Emotional support and active involvement in coaching with assistance from your nurse.
 Emotional support only.

2. If you had a previous delivery, which techniques did you find especially helpful?

3. Do you have any individual requests that you would like your labor and delivery nurse to know ?

Above information was reviewed and remains appropriate.

_____, RN Date _____

DURING YOUR POSTPARTUM STAY

The following are my concerns after delivery:

Admitting Diagnosis: _____

PROBLEM LIST

1. _____ 2. _____

PATIENT OUTCOMES With Outcome Measures (To be met by time of discharge)								Outcome Status at Discharge	PATIENT SPECIFIC ORDERS (May include standards, protocols, pathways) Date and sign when initiated
Date/								<input type="checkbox"/> Met	Date/Initial any additions/revisions
Progress									
Initials									
Date/Initial any additions/revisions								<input type="checkbox"/> Not Met	
								For all out-comes <u>not met</u> document post-discharge plan on IPR/IDPC	

Care Plan Reviewed: RN/LPN to Date and Initial (Every Shift)

Progress Rating Scale Definitions:

0 = No progress toward outcome 25 = Minimal progress 50 = Moderate progress 75 = Substantial progress 100 = Outcome met