INCLUSION CRITERIA
All women who deliver via caesarian section.

HOW TO USE THE CLINICAL PATHWAY

1. This is a proactive tool to avoid delays in treatment and discharge. **These are not orders**, only a guide to usual orders. If already charting elsewhere, refer to the Unit specific Flow Records.

2. Place the Clinical Pathway in the nurses clinical area of the chart. All health care professionals should fill in the master signature sheet at the front of the Pathway. Addressograph/sticker each page of the Pathway.

3. PHYSICIANS: Add or delete tasks according to individual patient complexity, and initial all changes.

4. HEALTH CARE PROFESSIONALS: Mark appropriate charting descriptors in each box separately. Place a horizontal line in any box where the task is not applicable to the patient. Additional tasks due to patient individuality can be added to the pathway in “OTHER” boxes and/or Progress Notes. **Asterisk indicates documentation is required.** Additional pages can be printed on demand.

5. TRANSFER PATIENTS: If patient is transferred to another hospital in Grey-Bruce, send a copy of the following:
   - Discharge Criteria - original to stay on patient chart
   - MAR Sheet - original to stay on patient chart

6. Record on Pathway Progress Notes -- actions implemented and follow up assessments.
<table>
<thead>
<tr>
<th>NAME (Please Print)</th>
<th>INITIAL</th>
<th>SIGNATURE</th>
<th>POSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>NURSING</td>
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<td>CLINICAL</td>
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<td>NUTRITION</td>
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<td>PT</td>
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<td>DISCHARGE PLANNING</td>
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<td>CCAC</td>
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<td></td>
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<td>OTHER (Specify)</td>
</tr>
</tbody>
</table>

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Updated May 2010

Review May 2012
# CAESARIAN SECTION
## CLINICAL PATHWAY
### SBGHC - Walkerton

## POSTPARTUM
(Admission to Combined Care Unit - 24 hrs)

**Date/Time**

<table>
<thead>
<tr>
<th>PROCESS</th>
<th>PATIENT OUTCOME INDICATORS</th>
<th>PERFORMANCE INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PATIENT OUTCOME INDICATORS</strong></td>
<td>1 IMMEDIATE MOTHER-NEWBORN CONTACT</td>
<td>2 BREASTFEEDING INITIATED WITHIN 1/2 HOUR POSTPARTUM</td>
</tr>
<tr>
<td><strong>PERFORMANCE INDICATORS</strong></td>
<td><strong>ASSESSMENT (OBSERVATIONS/MEASUREMENTS/ELIMINATION)</strong></td>
<td></td>
</tr>
</tbody>
</table>

### MATERNAL VITAL SIGNS:
- Temperature
- Pulse
- Respirations
- BP

Q 1 HR X 2
(If appropriate, follow post Spinal Epi-morphine Flow Sheet) then Q shift & PRN

For additional Vital signs see Graphic Sheet

**FUNDUS**
- HEIGHT: ↑ or ↓ U - unbilicus
- F - firm
- B - boggy

**LOCHIA**
- H - heavy
- M - moderate
- R - rubra
- S - scant/small

**ABDOMINAL INCISION/DRESSING:**
- I - intact
- D - draining

**HEMORRHOIDS:** Y - yes
- N - no

**BREAST ASSESSMENT / LATCH SCORE**

**BREASTS:**
- S - soft
- F - filling
- E - engorged

**NIPPLES:**
- N - normal
- F - flat
- V - inVerted
- C - cracked
- B - bleeding

**REST/SLEEP:**
- W - well
- N - nap
- R - restless
- A - awake

**MENTAL STATUS:**
- E - euphoric
- D - depressed
- R - receptive
- A - anxious

**BOWELS:**
- S - suppository
- PGR - passing gas
- BM - bowel movement

**BOWEL SOUNDS:** (indicate quadrants)
- + A - absent*

**BLADDER:**
- C - catheter
- V - voided @ ______ hr

**IV Site Check:**
- P - patent
- N - no redness

**PATIENT PAIN RATING < OR EQUAL TO 5 OUT OF 10**
(PAIN SCALE 0-10) (Document intervention and rechecks)*

**HOMANS SIGN:**
- P - positive
- N - negative

**CONSULTS**
- DIETITIAN PRN*
- CHILDREN'S AID SOCIETY PRN*
- PUBLIC HEALTH UNIT PRN*
- LACTATION CONSULTANT PRN*

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**PROCESS** | **POSTPARTUM**  
(Admission to Combined Care Unit - 24 hrs)  
| Date/Time  
--- | ---  
**MEDICATIONS** | ASSESS MEDS FOR DISCHARGE  
| REVIEW INTRATHECAL/SPINAL ANALGESIA INFORMATION WITH PATIENT  
| REVIEW PCA WITH PATIENT  
**TREATMENTS/INTERVENTIONS** | PERICARE Q VOIDING  
| □ BATH AT BEDSIDE  
| □ SHOWER  
| □ TUB BATH  
| APPLY WARM PACKS FOR AFTER PAIN  
| BREAST PUMPING AS NEEDED / ENGORGEMENT REVIEWED  
**NUTRITION** | DIET AS ORDERED  
**MOBILITY/ACTIVITY** | ACTIVITY AS TOLERATED  
**PSYCHOSOCIAL SUPPORT/EDUCATION** | ENCOURAGE PARENTS TO PARTICIPATE IN NEWBORN CARE  
| PROVIDE PARENTS OPPORTUNITY FOR BONDING AND PRIVACY  
| ASSESS FAMILY INTERACTION | OTHER:*  
| BREASTFEEDING, INCLUDING:  
| VIDEO, PAMPHLETS/DIARY, POSITIONING/LATCH/FREQUENCY, BURPING, NIPPLE CARE, EXPRESSION/STORAGE, FEEDING CUES, VITAMIN D  
| FORMULA, INCLUDING:  
| PAMPHLETS/FORMULA PREP, FREQUENCY/AMOUNT, POSITIONING, BURPING/REGURGITATION  
| REVIEW "LET'S GROW" PACKAGE AND COMPLETE CONSENT FORMS  
| REVIEW COMMUNITY RESOURCES PAMPHLET  
| VIDEOS:  
| REVIEW/REINFORCE CAESARIAN SECTION INFORMATION  
| REVIEW "PERIOD OF PURPLE CRYING" AND OBTAIN SIGNED ACKNOWLEDGEMENT  
| REVIEW/REINFORCE PATIENT PATHWAY FOR CAESARIAN SECTION  
**DISCHARGE PLANNING** | PLANS FOR DISCHARGE DISCUSSED WITH FAMILY  
| COMPLETE HBHC SCREENING TOOL AND CONSENT FORM  
| HEARING SCREENING PAMPHLET REVIEWED  
| COMPLETE HEARING SCREEN CONSENT  
| IF EARLY DISCHARGE, ENSURE DISCHARGE PLANNING FOR 24-48 HOURS COMPLETE  
| CHECK DISCHARGE CRITERIA DAILY  

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## PATIENT OUTCOME INDICATORS

**PATIENT OUTCOME INDICATORS**

**INITIAL**

1. **PATIENT PAIN RATING < OR EQUAL TO 5 OUT OF 10**
   - (PAIN SCALE 0-10)

2. **MATERNAL VITAL SIGNS:**
   - Temperature
   - Pulse
   - Respiration
   - BP
   - For additional Vital signs see Graphic Sheet

3. **HOMANS SIGN:**
   - P - positive
   - N - negative

4. **BREAST ASSESSMENT / LATCH SCORE**
   - S - suppository
   - PGR - passing gas
   - BM - bowel movement

5. **REST/SLEEP:**
   - W - well
   - N - nap
   - R - restless
   - A - awake

6. **MENTAL STATUS:**
   - E - euphoric
   - D - depressed
   - R - receptive
   - A - anxious

7. **BOWELS:**
   - C - catheter
   - Catheter removed @ ______hr
   - V - voided @ ______hr

8. **IV SITE CHECK:**
   - P - patent
   - N - no redness

9. **PERICARE Q VOIDING**
   - See Progress Notes

10. **PATIENT PAIN RATING < OR EQUAL TO 5 OUT OF 10**
    - (PAIN SCALE 0-10)

11. **MEDICATIONS**
    - RH IMMUNE GLOBULIN 300 mcg IM IF MOM RH NEGATIVE AND BABE RH
    - POSITIVE

12. **TREATMENTS/INTERVENTIONS**
    - BREAST PUMPING AS NEEDED / ENGORGEMENT REVIEWED

13. **DIET AS ORDERED**

---

**PROCESS**

**POSTPARTUM**

**POST-OP DAY 1 - 3**

**Date/Time**

**INITIAL**

<table>
<thead>
<tr>
<th>ASSESSMENT (OBSERVATIONS/MEASUREMENTS/ELIMINATION)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q SHIFT</td>
</tr>
<tr>
<td>FUNDUS</td>
</tr>
<tr>
<td>HEIGHT: ↑ or ↓ U - umbilicus</td>
</tr>
<tr>
<td>F - firm B - boggy</td>
</tr>
<tr>
<td>LOCHIA</td>
</tr>
<tr>
<td>H - heavy M - moderate</td>
</tr>
<tr>
<td>R - rubra S - scant/small</td>
</tr>
<tr>
<td>ABDOMINAL INCISION/DRESSING: I - intact D - draining</td>
</tr>
<tr>
<td>Dressing removed @ _______ hr</td>
</tr>
<tr>
<td>View progress notes</td>
</tr>
<tr>
<td>BREAST ASSESSMENT / LATCH SCORE</td>
</tr>
<tr>
<td>HOMANS SIGN: P - positive N - negative</td>
</tr>
<tr>
<td>BREASTS: S - soft F - filling E - engorged</td>
</tr>
<tr>
<td>NIPPLES: N - normal F - flat V - inVerted I - requires intervention*</td>
</tr>
<tr>
<td>C - cracked B - bleeding</td>
</tr>
<tr>
<td>REST/SLEEP: W - well N - nap R - restless A - awake</td>
</tr>
<tr>
<td>MENTAL STATUS: E - euphoric D - depressed R - receptive A - anxious</td>
</tr>
<tr>
<td>BOWELS: S - suppository PGR - passing gas BM - bowel movement</td>
</tr>
<tr>
<td>BOWEL SOUNDS: (INDICATE QUADRANTS) + A - absent*</td>
</tr>
<tr>
<td>BLADDER: C - catheter Q Catheter removed @ ______hr</td>
</tr>
<tr>
<td>V - voided @ ______hr Q See Intake &amp; Output Sheet</td>
</tr>
<tr>
<td>IV SITE CHECK: P - patent N - no redness Q See IV Flow Record</td>
</tr>
</tbody>
</table>

---

**MEDICATIONS**

- RH IMMUNE GLOBULIN 300 mcg IM IF MOM RH NEGATIVE AND BABE RH
  - POSITIVE

**TREATMENTS/INTERVENTIONS**

- BREAST PUMPING AS NEEDED / ENGORGEMENT REVIEWED

**NUTRITION**

- DIET AS ORDERED
## POSTPARTUM
### Post-Op DAY 1 - 3

<table>
<thead>
<tr>
<th>PROCESS</th>
<th>Date/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MOBILITY/ACTIVITY</strong></td>
<td></td>
</tr>
<tr>
<td>MOTHER INITIATES SELF CARE</td>
<td></td>
</tr>
<tr>
<td>ENCOURAGE BALANCE BETWEEN REST AND ACTIVITY</td>
<td></td>
</tr>
<tr>
<td><strong>PSYCHOSOCIAL SUPPORT/EDUCATION</strong></td>
<td></td>
</tr>
<tr>
<td>ENCOURAGE PARENTS TO PARTICIPATE IN NEWBORN CARE</td>
<td></td>
</tr>
<tr>
<td>BATH AND GENERAL BABY CARE DEMONSTRATION PRN, INCLUDING: NEWBORN ASSESSMENT, CORD &amp; SKIN CARE, STOOL/DIAPERING, JAUNDICE, TEMPERATURE, CLOTHING, POSITIONING/SLEEPING PATTERNS</td>
<td></td>
</tr>
<tr>
<td>CIRCUMCISION VERSUS INTACT FORESKIN CARE/TEACHING</td>
<td></td>
</tr>
<tr>
<td>REVIEW &quot;LET'S GROW&quot; PACKAGE</td>
<td></td>
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<tr>
<td>REVIEW COMMUNITY RESOURCE PAMPHLETS</td>
<td></td>
</tr>
<tr>
<td>REVIEW CAESARIAN SECTION INFORMATION INCLUDING INCISION CARE</td>
<td></td>
</tr>
<tr>
<td>REVIEW PATIENT PATHWAY</td>
<td></td>
</tr>
<tr>
<td>REVIEW &quot;PERIOD OF PURPLE CRYING&quot; AND OBTAIN SIGNED ACKNOWLEDGEMENT</td>
<td></td>
</tr>
<tr>
<td>MOTHER VERBALIZES IMPORTANCE OF EMOTIONAL WELL-BEING</td>
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</tr>
<tr>
<td><strong>DISCHARGE PLANNING</strong></td>
<td></td>
</tr>
<tr>
<td>FOLLOW UP APPOINTMENTS (PUBLIC HEALTH UNIT, DOCTOR'S OFFICE, BIRTHING UNIT)</td>
<td></td>
</tr>
<tr>
<td>FOLLOW UP APPOINTMENT FOR LACTATION CONSULTANT IF NECESSARY</td>
<td></td>
</tr>
<tr>
<td>COMPLETE HBHC SCREENING TOOL &amp; CONSENT FORM</td>
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<tr>
<td>HEALTH CARD FORM</td>
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<tr>
<td>BIRTH REGISTRATION FORM</td>
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<td>CHILD TAX CREDIT APPLICATION</td>
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<tr>
<td>MOTHERS’ SUPPORT GROUP</td>
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<tr>
<td>BREASTFEEDING CLINIC</td>
<td></td>
</tr>
<tr>
<td>CHECK DISCHARGE CRITERIA DAILY</td>
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</tbody>
</table>

**INITIALS**

<table>
<thead>
<tr>
<th>DATE AND TIME</th>
<th>PROGRESS NOTES</th>
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## PATIENT OUTCOME INDICATORS

4. ALL DISCHARGE CRITERIA MET

If all Discharge Criteria met, patient can be discharged home.

## ASSESSMENT (OBSERVATIONS/MEASUREMENTS/ELIMINATION)

- PHYSICAL ASSESSMENT WITHIN NORMAL LIMITS

## CONSULTS

- HBHC SCREENING TOOL COMPLETED AND CONSENT FORM FAXED TO PUBLIC HEALTH UNIT

## DIAGNOSTICS/LABORATORY

- 

## MEDICATIONS

- 

## TREATMENTS/INTERVENTIONS

- 

## NUTRITION

- 

## MOBILITY/ACTIVITY

- SELF CARE RESUMED TO LEVEL OF NORMAL INDEPENDENCE

## PSYCHOSOCIAL SUPPORT/EDUCATION

**Mother demonstrates:**

- ATTACHMENT TO INFANT
- GOOD FEEDING TECHNIQUE
- ABILITY TO INTEGRATE KNOWLEDGE WITH SAFE AND EFFECTIVE PARENTING PRACTICES
- AWARENESS OF IMPORTANCE OF HER PHYSICAL AND EMOTIONAL WELL BEING IN HER ABILITY TO COPE WITH NEWBORN AND HER ROLE AS A MOTHER

## DISCHARGE PLANNING

- AWARE OF COMMUNITY-BASED RESOURCES AVAILABLE FOR SUPPORT
- NOTIFY PHYSICIAN FOR ALC ORDER IF MOTHER MEETS DISCHARGE CRITERIA AND BABY DOES NOT
- FOLLOW-UP APPOINTMENT WITH PHYSICIAN
- DISCHARGE TIME