

Eligible Individual (EI) Information

Name:

Address:

City:

County:

State:

Home Phone:

Cell Phone:

Delivery Date:

Room:

Gestational Age at Delivery

Delivering DHCP:

Date of Encounter:

Encounter Type:

_____ Hospital Delivery Visit

_____ Missed Hospital Delivery Visit (within twenty (20) Calendar Days of the delivery if the visit is missed)

Current Plan of Care:

Client Actions:

Delivery Data

Type of Delivery:

Pregnancy Outcome:

Reason for induction of pregnancy:

Other:

Feeding Method:

Baby's Name:

Male _____ Female _____

Weight _____ lbs _____ oz

NICU:

Smoking Status:

Mother's Health Data		
Y	N	Changes in mother's health during/after pregnancy
Y	N	Client developed pregnancy induced hypertension (PIH)
Y	N	Delivery due to PIH
Y	N	Client currently on medication in the hospital for PIH
Y	N	Client believes she will go home on medication for PIH Not known
Y	N	Complication from PIH
Y	N	Mother in ICU for complications from PIH
Y	N	Client developed gestational diabetes (G Diabetes) during pregnancy
Y	N	Delivery due to G Diabetes
Y	N	Client went to G diabetes counseling
Y	N	Client currently on medication in the hospital for G Diabetes
Y	N	Client believes she will go home on medication for G Diabetes
Y	N	Complication from G Diabetes
Y	N	Mother in ICU from complications for G Diabetes
Y	N	Changes in motor function after delivery
Y	N	Struggles with ADL (feeding, clothing, bathing, toileting & transferring)
Y	N	Needs help: feeding clothing bathing toileting transferring
Y	N	Struggles moving, grabbing, holding or getting to a standing position:
Y	N	Needs equipment for mobility or for function daily
Notes:		
Y	N	Has issue with sensation, balance or touch after delivery
Notes:		
Y	N	Takes over-the-counter or RX medication (including Methadone)

Checklist	
Eligibility:	
	Assessed patient for readiness to learn
	Emphasize importance of family planning, discuss options
	Verify birth control option / review FP using PT+3 method / assist forms
	Birth control to be used for future:
	Explain enrollment into Plan 1 st Program
	Instruct EI to call Plan 1 st care coordinator if the EI is not contacted
	Explain the option of LARC immediately after birth
	Ensure compliance with PP checkup
	Re-emphasize healthy lifestyle
	Confirm WIC:
	Assess for domestic violence
	Assess neonatal well-being/provide resources as needed
	Emphasize importance of pediatric care
	Ensure selection of pediatrician Pediatrician Name:
	Emphasize importance of infant dental care
	Educate regarding Medicaid Smile Alabama program
	Encourage breastfeeding/Breast care needed while breastfeeding
	Ensure home preparation for baby/car seat/support
	Car seat for discharge:
	Educate regarding SIDS and Safe Sleep
	Tell EI to contact Medicaid worker/DHR/WIC/SS worker with info on baby's birth
	Assess for further needs and make appropriate referrals
Maternal Risk Stratification:	
Psychosocial Assessment/Update:	
Notes:	

Care Plan Smoking Cessation
Smoking Status:
Tobacco Usage:
Type:
Smoking Cessation Information given on _____
Provided Smoking Quitline number 1-800-Quit-Now (1-800-784-8669) on _____
Referral for Face-to-face tobacco cessation counseling
Counseled on smoking and effects on pregnancy on _____
1ST ENCOUNTER (INITIAL CARE COORDINATION ENCOUNTER)
Smoking Status:
Action Taken:
2ND ENCOUNTER (OPTIONAL ENCOUNTER)
Smoking Status:
Action Taken:
3RD ENCOUNTER (SUBSEQUENT ENCOUNTER)
Smoking Status:
Action Taken:
4TH ENCOUNTER (POSTPARTUM ENCOUNTER)
Smoking Status:
Action Taken:
SMOKING CESSATION NOTES:

Opportunity: Pregnancy
Problem #1:
Related to:
Problem #2
Related to:
Problem #3
Related to:
Goals:
Start Date: _____ Priority: _____
Status:
Nurses Interventions:
Client's Actions:
Progress toward goal:
Notes: