

PATIENT LABEL

Midwives Postnatal Handover to Warkworth Birthing Centre

Please complete and send with hospital discharge notes or email to admin@wwbc.co.nz.

Informed consents given:

Vitamin K Oral/IM	Sign:
Guthrie Test	Sign:
Feeding Method (circle) Breast / Artificial	Sign:

Standard Care Plan for postnatal cares please:

Sign:

Any Deviations from the standard Care Plan:

Problem/Issues:	Plan:	Goal:

MEDICATION CHART

Drug Reactions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signature	Date	

Non-Drug Allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signature	Date	

MEDICATIONS

A	DATE	Medicine				Prescriber's signature	0600	
		P A R A C E T A M O L					0800	
	Dose	Route	Frequency	Max. Daily Dose	Sign, date and time to cancel	1200		
						1400		
		500mg -1g	orally	6hrly	4g in 24h			

B	DATE	Medicine				Prescriber's signature	0600	
		I B U P R O F E N					0800	
	Dose	Route	Frequency	Max. Daily Dose	Sign, date and time to cancel	1200		
						1400		
		200 - 400mg	orally	6hrly	2400mgs			

C	DATE	Medicine				Prescriber's signature	0600	
		D I C L O F E N A C					0800	
	Dose	Route	Frequency	Max. Daily Dose	Sign, date and time to cancel	1200		
						1400		
		75mg	orally	12hrly	150mg			

D	DATE	Medicine				Prescriber's signature	0600	
							0800	
	Dose	Route	Frequency	Max. Daily Dose	Sign, date and time to cancel	1200		
						1400		

E	DATE	Medicine				Prescriber's signature	0600	
							0800	
	Dose	Route	Frequency	Max. Daily Dose	Sign, date and time to cancel	1200		
						1400		

F	DATE	Medicine				Prescriber's signature	0600	
							0800	
	Dose	Route	Frequency	Max. Daily Dose	Sign, date and time to cancel	1200		
						1400		

G	DATE	Medicine				Prescriber's signature	0600	
							0800	
	Dose	Route	Frequency	Max. Daily Dose	Sign, date and time to cancel	1200		
						1400		

H	DATE	Medicine				Prescriber's signature	0600	
		C L E X A N E					0800	
	Dose	Route	Frequency	Max. Daily Dose	Sign, date and time to cancel	1200		
						1400		
			SC					

P A T I E N T L A B E L
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