



# Welcome to Women's & Children's

Date: \_\_\_\_\_  
Room #: \_\_\_\_\_  
Phone #: \_\_\_\_\_

## Care Team

Nurse: \_\_\_\_\_

Patient Care Tech: \_\_\_\_\_

Mom's Physician: \_\_\_\_\_

Baby's Physician: \_\_\_\_\_

Lactation: \_\_\_\_\_ Phone #: \_\_\_\_\_

Other members of care team: \_\_\_\_\_

## Plans/Goals for Mom:

## Plans/Goals for Baby:

## Next Huddle:

## Questions:

## Notes:

## My Baby

**M** **F**

Name: \_\_\_\_\_

Birthday: \_\_\_\_\_

Time: \_\_\_\_\_

Birth Weight: \_\_\_\_\_

Today's Weight: \_\_\_\_\_

Siblings: \_\_\_\_\_

## Feeding Preferences

☐ Bottle ☐ Breastfeeding

Feeding Notes: \_\_\_\_\_

## Plan for Discharge

- |   |   |
|---|---|
| <input type="checkbox"/> Birth Certificate  | <input type="checkbox"/> Car Seat Study (if needed) |
| <input type="checkbox"/> Hearing Screen     | <input type="checkbox"/> OB Discharge Orders        |
| <input type="checkbox"/> 24 Hour Testing    | <input type="checkbox"/> Discharge Paperwork        |
| <input type="checkbox"/> Lactation Teaching |   |

Follow up pediatrician appt. scheduled with Dr. \_\_\_\_\_

on \_\_\_\_\_ at \_\_\_\_\_

Ped. appt. must be scheduled before discharge

Thank you for allowing us to care for you and your family.

Charge RN 56650

Manager 53906

Emergency 88

Dietary 5FOOD

Housekeeping 51444

Free WiFi guest@nrhs