



FAITH MEDIPLEX

POSTPARTUM RECORD

SURNAME				FIRST NAME				BED NO.				HOSP. NO.															
Date																											
Postpartum Day																											
Hospital Day																											
BLACK-PULSE RED-TEMPERATURE	Pulse	Temp		A.M.			P.M.			A.M.			P.M.			A.M.			P.M.			A.M.			P.M.		
		C		12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8
	150	40.5																									
	140	40.5																									
	130	39.5																									
	120	39.0																									
	110	38.5																									
	100	38.0																									
	90	37.5																									
	80	37.0																									
70	36.5																										
60	36.0																										
Respiration																											
Blood Pressure																											
MEDICATIONS																											
Activity																											
HEVD																											
TEMP																											
Breasts																											
Fundus																											
Perineum																											
Lochia																											
Oedema																											
Weight																											
Intake																											
Urine																											
Stool																											
Nurse's Initials																											