

BELLINGHAM *Birth Center*, INC.

2730 Cornwall Avenue Bellingham, WA 98225 (360) 752-2229 fax: 752-2228

STATUS UPON ADMISSION FORM

CLIENT'S NAME: _____ DATE OF ADMISSION: _____

YES NO

- MEMBRANES INTACT ?
- HAS BEEN EATING AND DRINKING AS NEEDED ? TIME OF LAST MEAL: _____
- ASSESSED EMOTIONAL WELLBEING OF CLIENT ?
- CEPHALIC PRESENTATION ?
- EFW = WNL?
- ABLE TO DETERMINE POSITION ? (if yes, circle one) OA OP OT
- REASSURING FHR PATTERN ?
- CLIENT HAS AN ACTIVE LABOR PATTERN ?
- HAVE CERVICAL EXAM, LABOR ONSET, FREQUENCY/DURATION/STRENGTH OF CONTRACTIONS ALL BEEN CHARTED IN LABOR FLOW ?

ACCOMPANIED BY:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

CLIENT APPEARS TO BE HAVING A NORMAL LABOR AND REMAINS LOW-RISK AND APPROPRIATE FOR MIDWIFERY CARE. REASSURING FETAL STATUS. NSVD ANTICIPATED.

- OXYGEN TANK AND EQUIPMENT DOUBLE CHECKED. (TANK > ¼ FULL and/or SPARE TANK IN ROOM. ADULT OXYGEN MASK AND TUBING PRESENT. AMBUBAG PRESENT.)
- MEDICATIONS DOUBLE CHECKED THAT THEY ARE ADEQUATELY STOCKED AND UNEXPIRED.
- RESUSCITATION EQUIPMENT DOUBLE CHECKED

Signature of Midwife

Date