

**Post C-Section Recovery Room Handover
(Mother)**

Unit Record Number:

Surname:

Given Names:

DOB:

Sex:

Affix PT Identification Label Here

DATE

TIME

CRITERIA OF PATIENT STATUS ON DISCHARGE FROM RECOVERY

PACU discharge assessment score of ≥ 8 , temperature ≥ 35.5 C, pain score $\leq 5/10$

KEY: Indicate Yes with ✓ Indicate No with —

*Recovery Nurse to provide
information below in handover*

Yes/No

*Transfer Nurse to complete when receiving handover and
accepting patient from recovery*

Gestation _____ wks P _____ ☐ Singleton ☐ Multiple x _____

Procedure ☐ Elective C-Section ☐ Emergency C-Section

Anaesthetic Type ☐ LA ☐ GA ☐ SA ☐ SEDATION

Premedication

Intra-Operative Medications
Spinal Morphine
Other

Obstetric / Antenatal (relevant)

Medical (relevant)

Surgical (relevant)

Psychosocial (relevant)

Complications / Incidents

Vital Signs stable

BP P R T SpO2

Comfort maintained/stable Pain score ____/10

IV access

Indwelling Catheter insitu

Drains insitu

EBL in OT

Dressing dry and intact

Wound closure

PV loss

☐ Small ☐ moderate ☐ large

Risks

Allergies

Infection control Alerts

VTE Prophylaxis

☐ drug therapy ☐ TEDs ☐ SCDs ☐ leg movement encouraged

Pain management

☐ Spinal / Epidural ☐ PCA

☐ Other ☐ PRN ☐ Regular

Post Op Orders

IVT

☐ Additives

Antibiotics

Anti-emetics

VTE prophylaxis

☐ Clexane ☐ Heparin

O2

_____lpm via ☐ nasal prongs ☐ mask

Other Medications

DOCUMENTATION

Matrix completed and received

Medical Orders read and followed

Other Documentation captured in progress notes / variance notes as applicable

Additional notes:

PLEASE COMPLETE SIGNATURE LOG ON FRONT OF CAREPATH

Recovery Nurse providing handover: ☐ Primary MW/RN ☐ Meal Relief ☐ Other _____ Initial

Transfer Nurse receiving handover ☐ Primary MW/RN ☐ Meal Relief ☐ Team leader ☐ Other _____ Initial

Ward Midwife receiving handover ☐ Primary MW/RN ☐ Meal Relief ☐ Team leader ☐ Other _____ Initial

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All Clinical Form Creation And Amendments Must Be Conducted Through Health Information Services.

POST C SECTION RECOVERY ROOM HANDOVER 290 / 802