

**WOMEN'S HEALTH CHARGE SLIP**



HEALTH CARE

Triage Arrival Date/Time \_\_\_\_\_

Admission Date/Time \_\_\_\_\_

Newborn's Attending Physician: \_\_\_\_\_

Mother's Name \_\_\_\_\_

FIN: \_\_\_\_\_

Mother's Date of Birth \_\_\_\_\_

Mother's Attending Physician: \_\_\_\_\_

**Newborn Information**

Newborn Sex at Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Newborn FIN: \_\_\_\_\_

**Discharge Information**

Mother's Discharge Date: \_\_\_\_\_

Newborn's Discharge Date: \_\_\_\_\_

Nursing Charge Description		Date/Time
<b>Maternal Care</b>	Triage Level 1	
	Triage Level 2	
	Triage Level 3	
	Triage Level 4	
	Triage Level 5	
	NST	
	Vaginal Delivery Level 1	
	Vaginal Delivery Level 2	
	Vaginal Delivery Level 3	
	Vaginal Delivery Level 4	
	Cesarean Delivery	
	Tubal with Vaginal Delivery	
	Other PeriOp Procedures (list below)	
	Version	

	Amniofusion	
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Nursing Charge Description		Date/Time
<b>Supplies</b>	Epidural	
	Urinary Catheter Insertion	
	Straight Catheterization, include qty	
	Uterine Tamponade	
	Abdominal Binders, include qty	
	Amnisure	

<b>Blood</b>	Blood Administration	
	# of units administered	
	Rhogam Administration	
	# of syringes administered	

<b>Lactation Services (MGL Only)</b>	Patient rounded on with provider requesting the consultation	

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Admission Date/Time \_\_\_\_\_



HEALTH CARE

Mother's Name \_\_\_\_\_

FIN: \_\_\_\_\_

Mother's Date of Birth \_\_\_\_\_

Nursing Charge Description		Date/Time
<b>Newborn Care</b>	Well baby (not in nursery)	
	Nursery Baby (in nursery for additional interventions and Pediatric request)	
	Special Care Nursery (MGL only)	
	Circumcision	
	Frenulectomy	
	Polydactyly	
	Newborn Hearing Screen	
	NRP – OB Nurse driven (RT will charge if they initiate)	

Nursing Charge Description		Date/Time
<b>Outpatient Newborn Procedures</b>	Circumcision	
	Repeat Hearing Screen	
	Serum Bili Draw	
	CCHD Re-screen	

OTHER Nursing Charge: Specify Below	Date/Time