

Patient Identification

**Comprehensive Perinatal Services Program
COMBINED REASSESSMENT &
INDIVIDUALIZED CARE PLAN (ICP) SECOND TRIMESTER**

Date: ____/____/____ Wks. Gestation: _____

Abbreviations: Ecd--educated Fwd--followed HE--Health Education HO---handout N--Nutrition P--Psychosocial STT--Steps to Take
Y--Yes N--No N/A--not apply (Info, F/U, R: See Guidelines)

PSYCHOSOCIAL ASSESSMENT

ICP Interventions

Info FU R

- | | |
|---|--|
| <p>1. Do you have any questions/concerns about your..... pregnancy? <input type="radio"/>Y <input type="radio"/>N Describe: _____

Current pregnancy complications? <input type="radio"/>Y <input type="radio"/>N

Fears about labor/delivery? <input type="radio"/>Y <input type="radio"/>N
Fears about infant care/parenting skills? <input type="radio"/>Y <input type="radio"/>N
_____</p> <p>2. Have there been any changes in your personal life..... since your last interview?
Lifestyle <input type="radio"/>Y <input type="radio"/>N
Relationship with FOB <input type="radio"/>Y <input type="radio"/>N
Living accommodations <input type="radio"/>Y <input type="radio"/>N
Finances <input type="radio"/>Y <input type="radio"/>N
Emotional support <input type="radio"/>Y <input type="radio"/>N
Feeling overwhelmed <input type="radio"/>Y <input type="radio"/>N
Experiencing mood swings <input type="radio"/>Y <input type="radio"/>N
Other _____
_____</p> <p>3. Are you working? <input type="radio"/>Y <input type="radio"/>N.....
Attending school? <input type="radio"/>Y <input type="radio"/>N
Is FOB working? <input type="radio"/>Y <input type="radio"/>N</p> <p>4. How are others in your life adjusting to your pregnancy?
FOB: <input type="radio"/>Positive <input type="radio"/>Negative _____
Family: <input type="radio"/>Positive <input type="radio"/>Negative _____
Friends: <input type="radio"/>Positive <input type="radio"/>Negative _____
_____</p> <p>5. Do you have adequate housing? <input type="radio"/>Y <input type="radio"/>N.....
Transportation <input type="radio"/>Y <input type="radio"/>N
Adequate finances <input type="radio"/>Y <input type="radio"/>N
Clothing for yourself &/or children <input type="radio"/>Y <input type="radio"/>N
Other: _____
_____</p> <p>6. Are you preparing/prepared for the baby?.....
Adequate support system <input type="radio"/>Y <input type="radio"/>N
Infant clothing and supplies <input type="radio"/>Y <input type="radio"/>N Crib <input type="radio"/>Y <input type="radio"/>N
Child care arrangements for siblings <input type="radio"/>Y <input type="radio"/>N</p> <p>7. Perinatal substance use? <input type="radio"/>Y <input type="radio"/>N.....
Changes in use? <input type="radio"/>Y <input type="radio"/>N Describe: _____

Alcohol _____
Street Drugs _____
Tobacco _____

Prescription drugs _____

_____</p> <p>8. Are you experiencing threats or abuse from your..... partner? Emotional <input type="radio"/>Y <input type="radio"/>N Physical <input type="radio"/>Y <input type="radio"/>N
Sexual <input type="radio"/>Y <input type="radio"/>N _____

_____</p> | <p>1. <input type="radio"/>Educate to allay fears.
<input type="radio"/>Encourage class attendance-childbirth prep, and infant care/parenting.
<input type="radio"/>Encourage client to discuss concerns re: complications with medical provider.
<input type="radio"/> _____
_____</p> <p>2. <input type="radio"/>Fwd STT P 28-34 <i>Financial Concerns</i> _____
<input type="radio"/>Referral: _____

<input type="radio"/>Counseling referral: _____

_____</p> <p>3. <input type="radio"/>Fwd STT P 87 <i>Teen Preg. & Parenting: Educ. Plans</i>.....

_____</p> <p>4. _____

_____</p> <p>5. <input type="radio"/>Housing referral: _____
<input type="radio"/>Discussed public transportation.
<input type="radio"/>Referral: _____

_____</p> <p>6. <input type="radio"/>Reviewed clothing/supply needs.
<input type="radio"/>Referral: low cost/used baby items _____
<input type="radio"/>Referral: free infant clothing _____
<input type="radio"/>Referral: _____</p> <p>7. <input type="radio"/>Referred to Perin. Subst. Abuse Program.
<input type="radio"/>Fwd STT HE 87 <i>Drug & Alcohol Use, The Risks</i>
<input type="radio"/>Fwd STT P 65-68 <i>Perinatal Substance Abuse</i>
<input type="radio"/>Ecd per STT P HO-G, H
<input type="radio"/>Ecd per STT HE HO-R
<input type="radio"/>Fwd STT HE 83 <i>Secondhand Tobacco Smoke</i>
<input type="radio"/>Fwd STT HE 79 <i>Tobacco Use</i>.....
<input type="radio"/>Ecd per STT HE HO-Q
<input type="radio"/>Ecd per STT P HO-G
<input type="radio"/>Reassess each visit.</p> <p>8. <input type="radio"/>Fwd STT P 53-59 <i>Spousal/Partner Abuse</i>.....
<input type="radio"/>Ecd per P HO-E, F
<input type="radio"/>Referral: _____

_____</p> |
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Psychosocial Problems/Needs

Plan (Developed in consultation with the patient.)

Info FU R

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NUTRITION ASSESSMENT

ICP Interventions

9. Any change in your eating habits? Y N.....
 Do you have enough food to eat? Y N
 Enrolled in WIC? Y N Declined

9. Referred to food assistance: _____
 Referred to WIC: _____
 Referred to RD: _____

 10. Fwd STT N 21-28 *Eating..., Food Intake & Recall*
 Ecd *Daily Food Guide, WIC or STT N 28*
 Ecd _____

10. 24 Hour Diet Recall obtained below. Y N.....

24 Hour Diet Recall

Time	Amount	Food & Drink	Fruits & Vegetables			Breads, Grains, Cereals	Milk	Protein	Fats Other
			A	C	Other				
		Total							
		WIC Recommendations							
		Evaluation							

Comments/Nutrition Goals:

ICP Interventions

Info FU R

- | | |
|---|---|
| <p>11. Current wt: _____ lbs.
 Wt. goal: _____ lbs.
 Cumulative wt gain: _____ lbs.</p> <p>12. BP _____ Change since last visit: <input type="radio"/> Higher <input type="radio"/> Lower...
 Edema <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> Other: _____</p> <p>13. Hgb/Hct: _____ Date: ____/____/____
 Abnormal blood/urine test results: _____
 _____ Date: ____/____/____
 GTT: <input type="radio"/> Y <input type="radio"/> N Date ____/____/____</p> <p>14. Are you taking any of the following?.....
 Prenatal vitamins <input type="radio"/> Y <input type="radio"/> N Iron tablets <input type="radio"/> Y <input type="radio"/> N
 Other vitamins/minerals <input type="radio"/> Y <input type="radio"/> N
 Herbs <input type="radio"/> Y <input type="radio"/> N _____
 New medications <input type="radio"/> Y <input type="radio"/> N _____</p> <p>15. How do you plan to feed your baby?.....
 <input type="radio"/> Breast
 <input type="radio"/> Bottle
 <input type="radio"/> Both</p> | <p>11. <input type="radio"/> Plotted wt. on grid. <input type="radio"/> Counseled on wt. gain/loss
 <input type="radio"/> Fwd STT N 8-14 <i>STT to Appropriate Wt. Gain</i>
 <input type="radio"/> Ecd STT N HO-A, B1, B2 (as appropriate)
 <input type="radio"/> Referral to RD: _____</p> <p>12. <input type="radio"/> Notified medical provider.
 <input type="radio"/> Reinforced medical recommendations.</p> <p>13. <input type="radio"/> Reviewed lab results.
 <input type="radio"/> Reinforced medical recommendations.
 <input type="radio"/> Fwd STT N 59-60 <i>Anemia</i>
 <input type="radio"/> Ecd STT N HO-L, M, N
 <input type="radio"/> Referred to RD: _____</p> <p>14. _____

 _____</p> <p>15. <input type="radio"/> Fwd STT HE 99-100 <i>Infant Feeding Decision-Making</i>
 <input type="radio"/> Fwd STT N 122-131 <i>Breastfeeding</i>
 <input type="radio"/> Ecd STT N HO-AA, BB1-2, CC1-2, DD1-2, EE1-2
 <input type="radio"/> Breast anatomy & physiology discussed.
 <input type="radio"/> Safe formula preparation and storage discussed.
 <input type="radio"/> Safe feeding and burping techniques discussed.</p> |
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Nutrition Problems/Needs	Plan (Developed in consultation with the patient).

HEALTH EDUCATION ASSESSMENT

ICP Interventions

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| <p>16. Have you been scheduled for tests/procedures?.....
 <input type="radio"/> Y <input type="radio"/> N
 Any questions about them? <input type="radio"/> Y <input type="radio"/> N</p> <p>17. Have you selected a birth control method?
 <input type="radio"/> Y <input type="radio"/> N</p> <p>18. Do you have a family planning provider? <input type="radio"/> Y <input type="radio"/> N</p> <p>19. Do you have a doctor/provider for your baby?
 <input type="radio"/> Y <input type="radio"/> N</p> <p>20. Do you have a car seat for your baby? <input type="radio"/> Y <input type="radio"/> N.....</p> <p>21. Are you getting enough rest? <input type="radio"/> Y <input type="radio"/> N</p> <p>22. Are you exercising regularly? <input type="radio"/> Y <input type="radio"/> N</p> <p>23. Are you taking any new medications or herbs?....
 <input type="radio"/> Y <input type="radio"/> N</p> <p>24. Have you attended any prenatal classes? <input type="radio"/> Y <input type="radio"/> N.....</p> <p>25. What are you interested in learning about?
 <input type="radio"/> Breastfeeding
 <input type="radio"/> Changes: emotional, physical
 <input type="radio"/> Circumcision</p> | <p>16. <input type="radio"/> Ecd _____
 _____</p> <p>17. <input type="radio"/> Fwd STT HE 95-97 <i>Family Planning Choices</i>
 <input type="radio"/> Ecd _____</p> <p>18. <input type="radio"/> Referral: _____</p> <p>19. <input type="radio"/> Referral: _____
 <input type="radio"/> Procedure for accessing care discussed.</p> <p>20. <input type="radio"/> Fwd STT HE 101-102 <i>Infant Safety and Health</i>
 <input type="radio"/> Rationale discussed/law explained.
 <input type="radio"/> Plans to purchase/get as gift
 <input type="radio"/> Referral: _____</p> <p>21. <input type="radio"/> Ecd _____</p> <p>22. <input type="radio"/> Fwd STT HE 69 <i>Safe Exercising & Lifting</i>
 <input type="radio"/> Ecd STT HE HO-N1&2, O, P</p> <p>23. <input type="radio"/> Ecd _____</p> <p>24. <input type="radio"/> Referred to classes: _____
 _____</p> <p>25. <input type="radio"/> Fwd STT N 122-131 <i>Breastfeeding</i>
 <input type="radio"/> Ecd STT N HO-AA, BB1-2, CC1-2, DD1-2, EE 1-2
 <input type="radio"/> Ecd _____
 <input type="radio"/> Ecd _____</p> |
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Common Discomforts:

- Constipation
- Diarrhea
- Fatigue/rest needs
- Headaches
- Heartburn
- Hemorrhoids
- Hormonal effects on gums
- Leg cramps
- Ligament pain/backache
- Nausea/vomiting.....
- Skin changes/striae
- Danger signs/emerg. med. care
- Dental care
- Fetal growth
- Fetal movement pattern.....
- Kegal exercises
- Labor & delivery
- Hospital tour/pre-registration
- Parenting skills
- Preterm labor education
- Rhogam injection (Rh neg.)
- SIDS
- 1 hour GTT
- 3 hour GTT
- Other: _____
- _____
- _____

ICP Interventions

- Fwd STT N 47 *Constipation*.....
- Ecd STT N HO-H, I
- Ecd
- Ecd
- Ecd
- Ecd
- Fwd STT N 41-42 *Heartburn*
- Ecd STT N HO-F, G
- Ecd
- Ecd
- Ecd
- Ecd
- Maternity back support
- Fwd STT N 31-32 *Nausea & Vomiting*
- Ecd STT N HO-D 1-2, E1-2
- Ecd
- Ecd
- Ecd
- HE HO-L
- Ecd
- Ecd
- STT HE HO-N1
- Ecd
- Ecd
- Ecd
- Ecd
- Ecd
- Referral:
- Fwd STT HE 14-15 *Preterm Labor*.....
- Ecd HE HO-D
- Ecd
- Ecd
- Ecd
- Ecd

Info F/U R

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Health Education Problems/Needs

Plan (Developed in consultation with the patient.)

Signature/Title _____ Date ____/____/____ Time in minutes _____

Supervising Physician's Signature _____ Date ____/____/____