

Partners in Healing® Activity Checklist

Mom & Baby



Patient Name: _____ Partner Name(s): _____ Date(s): _____

Please write in the date & time you completed the task. (Example: 02/01/2018 8:15 a.m.)											
Staff Initials	Core Activities for Mom • Core Activities are individualized based on patient and partner needs • They are directed by caregiver team										
	Review medication purposes and check for possible side effects.										
	Obtain ice water and snacks										
	Get warm blankets as needed										
	Fill ice pack										
	Provide therapeutic environment in room										
	Assemble breast pump kit/wash breast pump										
Staff Initials	Body Mechanics to safely lift/position the patient										
	Safely help Mom on walks in the hall (baby in crib)										
	Safely help Mom to the restroom										
	Safely position Baby on back in crib (back to sleep)										
Staff Initials	Core Activities for Baby										
	Record feedings and diaper changes on log										
	Assist with breast/bottle feeding and positioning										
	Assist with burping Baby										
	Ensure safe sleep positions for Baby										
	Assist with Baby skin-to-skin contact										

Staff Initials	Additional Activities for Patients who have had Surgery										
	Learn to position catheter tubing and urine bag										
	Help the patient deep breathe with the Incentive Spirometer										
	Apply leg squeezers (sequential compression device)										
	Encourage ambulation										

<p>Partner Responsibilities</p> <ul style="list-style-type: none"> • Understand how to prevent falls. • Always wash hands before and after touching the patient, when leaving the patient room, and before entering a food room or blanket room. • Order food for the patient after clarifying daily diet and restrictions with the nurse or dietician. • Always use the call button to summon help, if a problem arises. • Wear gloves as needed. • Call if you need any help with equipment (chest tube, IV pole, catheter, oxygen, etc.) 	<p>Nurse Responsibilities</p> <ul style="list-style-type: none"> • Review the Activity Checklist with Partners and initial those activities that are appropriate. • Carefully train each Partner to perform the appropriate activities. • Follow up each shift to ensure the activities are being done correctly. • After completion, review and sign the Activity Checklist. • Ask your patient care tech to chart the Activity Checklist information electronically. • Save the signed Activity Checklist for the patient's medical record.
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How to measure what the patient drinks: Juice container = 120 ml • Milk container = 240 ml • Intermountain cup = 360 ml

Partner Name: _____

Partner Signature: _____

Nurse Name: _____

Nurse Signature: _____

Nurse Name: _____

Nurse Signature: _____

Nurse Initials: _____ Date: _____

Added form to Patient Record

Tech Name: _____

Time Documented in Patient Chart: _____

Partners
in Healing



Intermountain
Partners in Healing

Do Not Discard This Form