Room #:

Phone #:

RN:

NB Feeding Plan:

Care Providers:

Last Pain Medication:

Food Service:

Vaginal Delivery Count

	Baseline Count	Added during delivery / Repair *Use running total for sponges* *i.e. 5^5 10^5 15*	Final Count
Lap Sponges			
Needles / Sharps			
Vaginal Packing			
FSE, IUPC, Other	☐ FSE ☐ IUPC Other		☐ FSE Removed ☐ To OR ☐ IUPC Removed ☐ To OR Other
Vaginal Inspection			☐ Completed

If permanent change to L&D RN, perform initial count again, confirming current numbers, and use above fields.