

Name: _____

Date: _____

Activity Instructions for Obstetrical Patients on Bed Rest

____ y/o G ____ P ____ EDC: _____

High Risk Factors: _____

Date					
Gestational age in weeks					
CERVIX sono _____					
digit					
Tocolytic / Antibiotics / Steroid					
FFN / Cultures					
NST / AFI / Doppler / HUAM					
SIT up in bed or chair: 5 or 30 min./episode Lift < 5 or 15 lbs.					
SHOWER activities: 2x/wk, daily, bedbath					
MEALS: lay in bed / sit up in bed /kitchen					
BATHROOM: bedpan / commode / OK Total # hours / day out of bed					
TRIPS require being driven to door steps: doctor / classes / party / shop and eat					
WORK: off / @ home					
Plans / help					
EDUCATION: Preterm Labor Book / Classes					
Call to check in every week with nurse					

* All limitations are subject to change as your medical condition evolves and test results return.*