

REQUEST FOR FAMILY OR MEDICAL LEAVE

Employee Notification

Request for Family or Medical Leave must be made in writing, if practical, at least 30 days prior to the date the requested leave is to begin.

Name Carnesha Dowdell Date 5-2-18

School Bryant School Position Hostees

I request a family or medical leave for one or more of the following reasons. I understand that a physician's certification and all required information must be submitted before this request is processed.

Because of the birth of my child, or because of the placement of a child with me for adoption or foster care.

In order to care for my spouse/child/parent who has a serious health condition.

For a serious health condition that makes me unable to perform my job. THIS CONDITION IS IS NOT WORK RELATED.

Requested intermittent or reduced leave scheduled _____

Leave to start 5/2/18 Expected return date 05/25/18

- I would like to use my sick/personal days
- I would not like to use my sick/personal days
- Original request for leave
- Request for extended leave

Employee Signature Carnesha Dowdell Date 5-2-18

LEAVE APPROVAL

Principal/Designee Signature Verna Lydeell Date _____

Superintendent Signature Lela G. Bridges Date 5-8-18

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

Sick Days - 12

Instructions

IP DISCHARGE INSTRUCTIONS FOR MATERNAL PATIENT

FOLLOW THE INSTRUCTIONS ON THIS SHEET AS WELL AS ANY INSTRUCTIONS FROM YOUR DOCTOR

Breast Care

___Nursing Mothers

- Wear supportive bra.
- Refer to breastfeeding guide/handouts.
- Call your doctor if you experience symptoms of mastitis, such as flu-like symptoms, fever greater than 100.4 degrees or painful breasts.
- You may contact a lactation consultant for concerns at ***.

___Non-Nursing Mothers

- Wear supportive bra.
- Use ice packs and prescribed analgesics for discomfort from engorgement.
- Avoid nipple/breast stimulation, including warm showers onto breast.

Activity

As directed by your physician:

- No lifting greater than ten pounds for four to six weeks.
- No vigorous exercise until released by physician at four to six weeks postpartum.

Pericare/Genital Care

- Pericare should be performed after both vaginal and C-section deliveries. Do pericare with soap and water three to four times a day for a week after you are discharged from the hospital.
- Wipe front to back to help prevent infection and change peripad often.
- The first week you must always perform pericare after bowel movements. If no bowel movement within five days after delivery notify your healthcare provider.
- Avoid anything vaginally until after your 4-6 week follow-up appointment, including tampons and intercourse.

Postpartum Blues Vs. Postpartum Depression

Postpartum Blues

- Also known as "baby blues."
- Common occurrence. Fifty to eighty percent of women experience the baby blues.
- Occurs within the first few days postpartum and can last up to two weeks.
- You may have feelings of impatience, irritability, and/or crying.
- Symptoms usually come and go quickly.
- Postpartum Depression
- Could start as early as second or third day postpartum but may take several weeks or months to develop.
- Many of the symptoms of "baby blues" are present, but much more intense.
- Symptoms include: loss of appetite, crying spells, feelings of hopelessness or loss of control, fear of touching the baby, little concern about your own appearance, inability to sleep or excessive sleep.
- Please contact your healthcare provider **immediately** if you think you are depressed.

Warning Signs

Call your physician for these symptoms.

Infection

- You have foul smelling vaginal discharge.

Instructions (continued)

- You have abdominal pain not relieved by pain medicine.
- You have a fever greater than 100.4 lasting twenty-four hours or longer.

Bleeding

- You pass a clot as big as your fist.
- You soak a small peripad in one hour, front to back.
- You are passing clots every time you use the bathroom.

Elevated Blood Pressure/ Pregnancy Induced Hypertension and Pre-eclampsia/ Eclampsia

If you have had an elevation of your blood pressure during your pregnancy or after your delivery you will want to **immediately** notify your physician for any of the following symptoms:

- Headache not relieved by pain medicine
- Pain under your right breast, nausea or vomiting
- Blurred vision or seeing spots

 Your physician would like to come back to the doctor's office and have your blood pressure checked on.

Follow Up Appointment

- Call doctor's office upon your release from the hospital to schedule your postpartum visit. This appointment usually occurs four to six weeks after delivery.

Condition at time of discharge

Patient condition at discharge is stable for next level of care or home.

This document contains confidential information about your health and care. It is provided directly to you for your personal, private use only.

Signatures

I, Camesha Dowdell, on 04/29/2018, received patient instructions and the after visit summary was reviewed with me.

I have read or had the instructions reviewed with me and understand the instructions given to me by my caregivers.

I've designated _____ as my lay caregiver and understand they will receive my medical information.

_____ preferred method of contact is _____

Patient/Lay Caregiver Signature: Camesha Dowdell
Date and Time of Signature: 4/29/18 1:45

Nurse Signature: Shirley L. Davis, RN
Date and Time of Signature: 4/29/18 1:45