

Evaluation Method Ultrasound Amniocentesis NST CST FAST Other

Complications

Medical Complications Asthma Obstetrical
 Complications No Yes
 Depression Diabetes GBS+ Hyperemesis Hypertension - Chronic PIH - Mild Preeclampsia
 Eclampsia Incompetent cervix Multiple gestation Nausea / vomiting Oligohydraminos Placental abruption
 Placental previa STD Other

Psychosocial Assessment & Screens

Communication Barriers None Yes, Describe
 Self Care Needs None Yes, Describe:
 Emotional Status Happy Ambivalent Concerned Depressed Angry Other
 Partner Involved Yes No
 Name _____
 Others Involved Yes No
 Name _____

Do you Smoke or have you ever used tobacco? Yes No Hospital smoking policy reviewed with patient/parent

Caffeine, Alcohol, Substance Use: No Yes

ABUSE & NEGLECT Due to the increase in domestic violence, we ask all patients this question:

Are you being hurt, hit, or frightened by any one at home or in your life? No Yes Unable to asses at this time.
 Children are safe in home Yes No N/A Referral offered or made see notes

Medication	Dose / Route / Frequency	Compliant	Last Taken - Date / Time
Vitamin Prenatal	1 QD	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07 / 14 0800
Iron		<input type="checkbox"/> Yes <input type="checkbox"/> No	/
B/P Med		<input type="checkbox"/> Yes <input type="checkbox"/> No	/
Diabetic Tx		<input type="checkbox"/> Yes <input type="checkbox"/> No	/
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	/
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	/

More Meds

Physical Assessment Height(inches) 71 Weight (Pregrav) 125 Current Weight 166 Kg 75.45

General Health Good Significant History, describe below
 Illness within 14 days None Yes
 Recent exposure to illness/disease (Flu, Varicella, TB, Hepatitis, HIV) None Yes
 Nutritional problems None Yes
 Last oral intake: Fluids date: 07 / 14 / 09 Time: 1230 Solids date: 07 / 14 / 09 Time: 1230
 Membranes Intact Bulging Ruptured date: / / Time:
 Fluid: None Seen Clear Bloody Foul Odor Meconium Stained
 Vaginal Bleeding: None Normal Show Bleeding (describe):
 Nitrazine Test Positive Negative Equival Fern Test by Physician Positive Negative
 Sterile Speculum Exam by physician - see physician notes.

PATIENT TEST PATIENT **ACCT#** CPSI64 **MR#** 999999 **DOB** 02/02/1920 **AGE** 89



OB Triage Record

form version 1.0

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Vital Signs & Uterine Assessment Initial EFM/Strip beginning # 70825 Pt educated on monitor procedure call bell accessible

Monitor by Palpation & Auscultation Monitored by Tocotransducer

Time	Temp	Pulse	Resp	BP	O2 sat	Comment
1400	97.8	66	18	124 / 68	98 %	
				/	%	
				/	%	
				/	%	

More

Fetal Status Twins Help area for FHR Category

Fetal Monitor Mode Key:	Variability Key:	Acceleration Key:	Deceleration Key:
A = Auscultation	Absent = 0 BPM	+++ = 10 BPM x 10sec or more before 32 wks	N = None
D = Doppler	Minimal = 1-5 BPM	++ = 15 BPM x 15 sec >= 32 wks	E = Early
E = External	Moderate = 6-25 BPM	+ = < 15 BPM +/- 15sec	V = Variable
I = Internal	Marked = > 25 BPM	0 = None	P = Prolonged
			L = Late

Time	Baby	FHR	FM Mode	Variability	Accel	Decel	CTX FREQ	DURA	INTEN	Category FHR
1500	A	135	E	Moderate	++	N	q 0 min	sec		I
							q min	sec		
							q min	sec		
							q min	sec		

More

PATIENT TEST PATIENT **ACCT#** CPSI64 **MR#** 999999 **DOB** 02/02/1920 **AGE** 89

Vaginal Exam

Time	Dilat. in cm	% Effac.	Station	Present	Memb.	Fluid	Exam by
1430	2	40 %	-1	Vtx	Intact	None	Jacquelyn Laffin, RN

More

PATIENT TEST PATIENT **ACCT#** CPSI64 **MR#** 999999 **DOB** 02/02/1920 **AGE** 89

Medications Given in Triage

Time	Medication	Dose	Route	Location	Administered By	Results
1430	tylenol	500mg	PO		Daphyne Deane, RN	Relief

More

Labs Collected

<input checked="" type="checkbox"/> CBC	<input type="checkbox"/> Drug Screen
<input type="checkbox"/> Pre-Eclampsia Panal 1 (CBC, AST, ALT, Uric Acid, Urine Screen)	<input type="checkbox"/> Pre-Eclampsia Panal 2 (CBC, CMP, Urine Screen, PT, PTT, D-Dimer, 24hr Ua for Creat Cl)
<input checked="" type="checkbox"/> UA - clean catch	<input type="checkbox"/> UA - cath
<input type="checkbox"/> 24 hr urine started @	<input checked="" type="checkbox"/> 24 hr urine, kit given, pt educated
<input type="checkbox"/> Vag Screen	<input type="checkbox"/> Urine Culture
<input type="checkbox"/> GBS culture	<input checked="" type="checkbox"/> Vag culture
<input type="checkbox"/> Kleinhauer-Betke <input type="checkbox"/> Pos <input type="checkbox"/> Neg	<input type="checkbox"/> Fetal Fibronectin
	Other

IV Starts & Therapy No Yes Pt. educated and stated understanding of procedure.

Time	Cath Type & Size	Site	Success	Dressing	Tol.	Started by
1500	20ga 1 1/2 Protective Plus	L Basilic	Yes	Bioocclusive	Yes	DRS, RN
	Protective Plus					
	Protective Plus					
	Protective Plus					

Intake & Output

LR: 1000 ml

Enter Intake Enter New Intake

Total Intake from 07/15/09 07:16 - 07/15/09 08:16

Total Intake from this form

VOIDED URINE: 560 ml

Output Enter New Output

Total Output from 07/15/09 08:16 - 07/15/09 08:16

Total Output from this form

Nursing Notes/Interventions:

Presents to L&D to have some stuff done. The stuff was done, the Doc was called and the patient left and I had lunch.

 More Notes

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 IV discontinued, Tip intact. Dressing to site per protocol, no adnormal findings. Time 1600

Comment

 IV cath remains intact, dressing secure, no abnormal findings. Comment**Disposition****** For Category II or III Result Interventions - Please Read Nurses Notes. ****

Visit findings: Fetal Status of Baby 1 Category I FHR Fetal Status of Baby 2

Uterine Activity: Irreg. contractions no cervical change

Findings reviewed with and orders recieved from: Elisa Thompson, MD

Date 071409

Time 1600

Admit to Labor & Delivery Admit to Antepartum Reason for admit: Monitor Active Labor Induction C/Section Transfer to: Transfer forms completed per policy. Discharge to home with: Time left: 1530 Certification of Not in Labor given to patient. Pt states understanding of instructions.

Activity: Resume previous activity level Diet Previous Diet

Follow Up with: Elisa Thompson, MD @ Dover Family Practice - 564-4464

Appointment Next Scheduled Appointment

Other Appointments: Date / Time

Other Instructions:

Medication Reconciliation

Medication	Dose / Route / Frequency	Continue ?
Vitamin	1	<input checked="" type="radio"/> Yes <input type="radio"/> No
Iron		<input type="radio"/> Yes <input type="radio"/> No

B/P Med		<input type="radio"/> Yes <input type="radio"/> No
Diabetic Tx		<input type="radio"/> Yes <input type="radio"/> No
Other		<input type="radio"/> Yes <input type="radio"/> No
Other		<input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> More Meds



OB Triage Visit - Patient Education & Certification of Not in Labor

GIVE THIS PAGE TO THE PATIENT

form version 1.0

PATIENT	TEST PATIENT	ACCT#	CPSI64	MR#	999999	DOB	02/02/1920	AGE	89
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Thank you for coming to Mayo's OB department for your care. Your Doctor has given you information about when to come to the hospital.

During your evaluation in the triage area / labor room, your results were reviewed with Elisa Thompson, MD who was able to determine that you are not yet in active labor or your condition has stabilized & it is safe for you to return home.

Your activity order is: Resume previous activity level

Your Diet order is: Previous Diet

Your Follow Up appointment is with: Elisa Thompson, MD @
Dover Family Practice - 564-4464 on Next Scheduled Appointment

You have another appointment for: on:

Other instructions:

Your Current Medications

Medication	Dose / Route / Frequency	Continue ?
Vitamin	1	<input type="radio"/> Yes <input type="radio"/> No
Iron		<input type="radio"/> Yes <input type="radio"/> No
B/P Med		<input type="radio"/> Yes <input type="radio"/> No
Diabetic Tx		<input type="radio"/> Yes <input type="radio"/> No
Other		<input type="radio"/> Yes <input type="radio"/> No
Other		<input type="radio"/> Yes <input type="radio"/> No
		More meds <input type="checkbox"/>

Anytime during your pregnancy that you experience any of the following symptoms, call your provider right away.

Dover Family Practice - 564-4464

- ** A leaking or gush of fluid from your vagina
- ** Vaginal bleeding in any amount
- ** Excessive "puffiness" or swelling - especially of the hands and feet
- ** Persistent headache
- ** Visual disturbances or spots before your eyes
- ** Excessive weight gain in a short period of time
- ** Pain or burning with urination
- ** Decrease in fetal movement
- ** Temperature above 100.4 F

Education for less than 37 weeks pregnant

If you are LESS THAN 37 weeks pregnant, you should call your care provider right away if ANY of these signs of labor occur:

- ** A dull, low backache that is persistent
- ** A feeling of constant pressure in your back, belly, or thighs
- ** A change or increase in discharge from your vagina
- ** Abdominal pain or intestinal cramping, with or without diarrhea
- ** Uterine contractions or tightening occurring about every 10 minutes or closer

Education for Greater than 37 weeks pregnant.

If you are GREATER than 37 weeks, Pre-labor contractions (Braxton-Hicks contractions) help to prepare your body for true labor - but your baby's birth may still be a long time away. During the period when you are not in active labor (dilated to

4cm), you may not require hospital monitoring and will probably be more comfortable at home. It is best to remain active (if you are able to) because spending time in bed may slow the normal process of labor. However, it is appropriate to sleep or just rest, if you feel the need. While in early labor you are able to spend time at home walking, drinking liquids, and using comfort measures such as taking a warm bath or shower.



We encourage you to call your provider with any questions or concerns that you might have.
If you can not reach your provider please call Labor & Delivery at:

Mayo Regional Hospital: 564-4293

