

# مستشفى مارينا الاهلي

Patient ID Label

## Obstetric Admission Notes

Admission Date: _____		Time: _____	
Reason for admission: _____		Attending physician: _____	
Expected Date of Discharge: _____			
Blood group:	RH:	HB:	Weight:
Gravid:	Para:	Abortions:	Child
NVD:	c/s	LMP	EDD:
Admitted			
<input type="checkbox"/> For induction		<input type="checkbox"/> With SROM	
<input type="checkbox"/> In labour pain		<input type="checkbox"/> With Bleeding	
Chief complain:			
History of current pregnancy:			
Previous obstetrical history:			
Gynecological history:			
Medical and surgical history:			
Previous medication: _____			
Allergy: _____			

Family history: \_\_\_\_\_

Social and psychological history \_\_\_\_\_

**Examination**

Temperature \_\_\_\_\_ Pulse \_\_\_\_\_ B/P \_\_\_\_\_ RR \_\_\_\_\_

Physical Assessment \_\_\_\_\_

Pain Assessment: Do you Feel any pain?  Yes  No  
Location \_\_\_\_\_

No pain      Numeric pain Scale      Severe pain  
0 1 2 3 4 5 6 7 8 9 10

Obstetrical examination

Presentation :  Cephalic       Breach       Shoulders       Others \_\_\_\_\_

The fetal lie:  longitudinal       Transverse       Oblique

The fetus size appears clinically:  Normal       Small       Large

Delivery summary

Attending physician-Consultant: \_\_\_\_\_ Time delivery \_\_\_\_\_

First stage      Approximate duration \_\_\_\_\_  
Spontaneous \_\_\_\_\_  
Induced \_\_\_\_\_  
Amniotomy \_\_\_\_\_  
Oxytocine \_\_\_\_\_  
Prostin remarks \_\_\_\_\_

Second stage  
Duration \_\_\_\_\_  
Delivery mode:  forceps       normal       vacuum  
Episiotomy (type) \_\_\_\_\_ laceration (degrees) cervix \_\_\_\_\_  
Repair with: \_\_\_\_\_ by \_\_\_\_\_ vagina \_\_\_\_\_  
Perineum \_\_\_\_\_  
Presentation /position ( \_\_\_\_\_ )  
Twins( remarks) \_\_\_\_\_

Third stage  
Duration \_\_\_\_\_ placenta spontaneous \_\_\_\_\_ expressed \_\_\_\_\_  
Manual removal \_\_\_\_\_  
Remarks \_\_\_\_\_

Estimated blood loss ( \_\_\_\_\_ )  
 Infusion       Type and amount \_\_\_\_\_  
 Blood transfusion       Type and amount \_\_\_\_\_

Anesthesia type  Local       General       Epidural       None       Others \_\_\_\_\_

Discharge Needs (Education,Devices) \_\_\_\_\_ Estimated length of stay.....