

Welcome to the OB Floor!

The OB service is a busy service, unique in the sense that we manage antepartum, postpartum and couplet care.

You will find that a patient you deliver may be rounded on by a fellow resident the following day. In order to ensure proper patient care, adequate documentation is a must. This guide will take you through the paperwork on the OB floor, from admission to discharge- please familiarize yourself with it!

On the following page, you will see an example of an admission note. Every woman who is to be admitted will need a note similar to this in the chart.

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*SIGN AFTER EACH ENTRY

DATE	TIME	Discipline	PROGRESS NOTES
8/5/08	900	MD	MD Admit Note
			24yo G2P1 @ 39 3/7 weeks, dates confirmed by Δ UTZ, p/w CTX q 5 minutes Pt reports CTX's x 5 ^o , \oplus FM
			Rubella-Immune and denies LOF or VB. Pt's pregnancy complicated by late prenatal care at 25 weeks at Women's Clinic.
			A \oplus Past OB Hx: Term σ^9 born by NSVD at VCMC
			Ab \ominus Past Gyn Hx: PAP ASCUS, Neg HPV (1/15/08)
			VDRL-NR Past med Hx: None
			GC/Chlam-Neg Past Surg Hx: None
			Hgb= 12.6 Meds: Prenatal Vitamins
			Hep B- Neg All: NKDA
			HIV- Neg Social: FOB not involved, \oplus Tob Abuse throughout pregnancy. \ominus DH/Drugs
			GBS- Neg NAD ASD gravid. Palpates Vertex by Leopold's
			CTAB Confirmed by Bedside UTZ.
			\ominus SS, RRR Sterile Spec: Δ H \uparrow \oplus pooling, Nitrozyme Neg
			Toco- \oplus UC's q 5 minutes FHR- 150's, reactive, \bar{a} good variability.
			A. 24yo G2P1 @ 39 3/7 weeks in active labor.
			P. Admit Patient for expectant management.
			May consider UDS for late prenatal care
			Case discussed with Attending.
			<i>Julie Zevalle</i>

LEGEND: N - NURSING PT - PHYSICAL THERAPY RAD - RADIOLOGY DP - PODIATRIST
 MD - PHYSICIAN RT - REPIRATORY THERAPY PSY - PSYCHIATRY O - OTHER
 CN - CLINICAL NUTRITIONIST SS - SOCIAL SERVICES CP - CLINICAL PHARMACIST



VENTURA COUNTY MEDICAL CENTER
 SANTA PAULA HOSPITAL

INTERDISCIPLINARY
 PROGRESS RECORD

Mama, Jo

Unit # 000000

Admission Orders

Here you see an example of admission orders. These orders are not required for a patient who is only being observed.

Before completing the admission orders, please look at the GBS status of the patient. If it is positive, they will also need Penicillin G in addition to the basic orders.

Keep in mind, these orders are written as if a patient is being admitted for active labor.

Slight modifications can be made for antepartum patients needing tocolytics, antibiotics, etc.

ADMIT/TRANSFER ORDER

ADMIT or TRANSFER TO: OB AS: FULL ADMIT OBSERVATION (23 HR)

ATTENDING: OB Attending RESIDENT: Bob Jones

DIAGNOSIS: Active Labor

CONDITION/CODE STATUS: stable/fullcode Pt.'s Weight: _____

VITALS/MONITORING: Routine, Toco, FHM

ALLERGIES: NKDA

ACTIVITY: Ad lib

NURSING: vitals

DIET: Ice Chips Only

IVF: LR @ 125ml/0

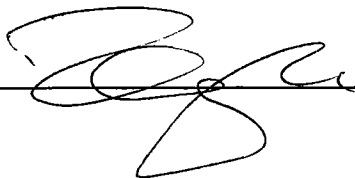
MEDICATIONS: _____ INDICATION _____

I HAVE REVIEWED AND RECONCILED THIS PATIENTS MEDICATIONS, INCLUDING ALL PRESCRIPTION DRUGS, OTC DRUGS AND HERBALS.

LABS/IMAGING CBC

UA

Red Top to hold

PHYSICIAN SIGNATURE:  Admit Date: 8/5/009
Admit Time: 900



VENTURA COUNTY MEDICAL CENTER
SANTA PAULA HOSPITAL

ADMIT / TRANSFER ORDER

Mama, Jo
Unit # 000000

Observation-only Discharge Paperwork

This is the discharge paperwork needed for patients are simply observed for a few hours and discharged.

Please give a brief summary of the events and don't forget to provide a date.

A copy of this paperwork is kept on L &D for future reference and comes in handy when you encounter the patient again (especially when it comes to cervical exam documentation).

IMPRESSION : 2640 G2P, @ 39 3/4 weeks by AITZ presented c/o CTX's q5min. Pt denied LDF or VB. Pt was observed and hydrated on L³D x 3°. FHR=160's, reactive. Toco - 1-2 UC's/°, mild in intensity. Cervical exam: CL/TH/1, unchanged over 3hr period. Pt felt improved following hydration. Pt will be discharged home - given instructions to return when CTX's are more frequent and intense.

DISPOSITION : ADMIT DISCHARGE TO HOME

MEDS DISCHARGED HOME :

1. Prenatal Vitamins once daily
2. Iron 325mg once daily

FOLLOW UP : CLINIC Women's Clinic
DATE August 12th
TIME 8:45 AM

DISCHARGE INSTRUCTIONS :

- Return to the Hospital for:
1. Rupture of membranes
 2. Vaginal bleeding
 3. Contractions increasing in strength and every 5 minutes
 4. Decreased fetal movement

Call labor floor for other questions (652-6090)

Other questions: _____
Keep appointment as scheduled.

- Regrese al hospital si tiene los siguientes problemas:
1. Si se rompe la bolsa del agua.
 2. Si tiene sangrado vaginal.
 3. Si tiene contracciones ó dolores que aumentan más fuertes cada 5 minutos.
 4. Si siente que su Bebé se mueve menos.

Llame a la unidad de obstetricia si tiene otras preguntas (652-6090).

Otras instrucciones: _____

Por favor mantenga su cita en la clinica de maternidad.

M.D. Signature Bob Jones

Date: 8/15/08

Nurse's Signature _____

Date: _____

Patient Signature _____

Date: _____



VENTURA COUNTY MEDICAL CENTER
OUTPATIENT LABOR & DELIVERY
**PATIENT OBSERVATION RECORD
AND DISCHARGE INSTRUCTIONS**

LABEL

Delivery Note

Following your skilled delivery of baby, please take time to complete the delivery note to the best of your ability.

Important items to note include: doctors present, date and time of delivery and any vaginal or cervical repairs that were needed (this is especially helpful for the resident rounding on the patient the following day when assessing the patient for pain and lochia).

Your awesome and complete admit note will make filling in the laboratory stats a breeze.

PRENATAL HISTORY		ADMIT DATE <u>8/15/08</u> TIME <u>12:00</u>	
AGE <u>26</u>	RACE <u>caucasian</u>	PRENATAL CARE: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	SITE <u>Womens</u>
PREGNANCIES <u>2</u>	TERM <u>1</u>	PRETERM <u>0</u>	ABORTIONS: ELECTIVE <u>0</u>
		SPONTANEOUS <u>0</u>	ECTOPIC <u>0</u>
		STILLBIRTHS <u>0</u>	GESTATIONAL AGE AT DELIVERY <u>39+</u>
			EDC <u>8/13/08</u>
			VBAC attempt <input type="checkbox"/> Y <input checked="" type="checkbox"/> N

LABORATORY										
RUBELLA <u>Imm</u>	TYPE & RH <u>A ⊕</u>	AB SCREEN <u>Neg</u>	RPR <u>NR</u>	GC <u>Neg</u>	CHLAMYDIA <u>Neg</u>	HGB/HCT <u>12.2</u>	HEPB <u>Neg</u>	HIV <u>Neg</u>	GBS Screen <u>Neg</u>	

PRENATAL COMPLICATION										
<input type="checkbox"/> HYPERTENSION	<input type="checkbox"/> PREECLAMPSIA	<input type="checkbox"/> PRETERM LABOR	<input type="checkbox"/> DIABETES:	<input type="checkbox"/> INSULIN	<input type="checkbox"/> DIET CONTROLLED	<input type="checkbox"/> POSTTERM	<input type="checkbox"/> OLIGOHYDRAMINIOS	<input type="checkbox"/> HYDRAMINIOS	<input type="checkbox"/> PREMATURE RUPTURE MEMBRANES	
<input type="checkbox"/> PLACENTA PREVIA	<input type="checkbox"/> OTHER _____									

DELIVERY INFORMATION										
DATE <u>8/15/08</u>	TIME <u>14:00</u>	ATTENDING <u>OB Attending</u>	RESIDENT <u>Bob Jones</u>							
PRESENTATION: <input checked="" type="checkbox"/> VERTEX <input type="checkbox"/> BREECH <input type="checkbox"/> TRANSVERSE	RUPTURE OF MEMBRANES: <input type="checkbox"/> ARTIFICIAL <input checked="" type="checkbox"/> SPONTANEOUS DATE <u>08-15-08</u> TIME <u>1100</u>	<input type="checkbox"/> AMNIOINFUSION <input checked="" type="checkbox"/> PITOCIN: <input checked="" type="checkbox"/> AUGMENTATION <input type="checkbox"/> INDUCTION <input type="checkbox"/> CERVICAL RIPENING <input type="checkbox"/> MISOPROSTOL <input type="checkbox"/> OTHER _____	VAGINAL BIRTH: <input checked="" type="checkbox"/> SPONTANEOUS <input type="checkbox"/> VACUUM <input type="checkbox"/> EPISIOTOMY 1ST ___ 2ND ___ 3RD ___ 4TH ___ <input type="checkbox"/> INTRAPARTUM ANTIBIOTIC	PLACENTAL DELIVERY: TIME <u>1410</u> <input checked="" type="checkbox"/> 3 VESSELS <input type="checkbox"/> INTACT <input type="checkbox"/> SPONT <input type="checkbox"/> MANUAL EXTRACTION	<input type="checkbox"/> CESARIAN SECTION: <input type="checkbox"/> TRANSVERSE <input type="checkbox"/> VERTICAL INDICATION: <input type="checkbox"/> REPEAT <input type="checkbox"/> CPD <input type="checkbox"/> BREECH <input type="checkbox"/> FETAL DISTRESS <input type="checkbox"/> MULTIPLE GESTATION <input type="checkbox"/> PLACENTA PREVIA <input type="checkbox"/> ABRUPTIO	FETAL MONITORING: <input type="checkbox"/> EXTERNAL FHR <input checked="" type="checkbox"/> FETAL SCALP ELECTRODE <input type="checkbox"/> EXTERNAL UC <input checked="" type="checkbox"/> IUPC <input type="checkbox"/> UMBILICAL CORD pH	ANESTHESIA: <input type="checkbox"/> LOCAL <input checked="" type="checkbox"/> EPIDURAL <input type="checkbox"/> SPINAL <input type="checkbox"/> PUDENDAL <input type="checkbox"/> PARENTERAL <input type="checkbox"/> ANALGESIA			
ONSET OF LABOR: DATE <u>08-15-08</u> TIME <u>0400</u>	COMPLETE DILATION: DATE <u>08-15-08</u> TIME <u>1200</u>									

INTRAPARTUM COMPLICATIONS										
<input type="checkbox"/> FETAL DISTRESS	<input type="checkbox"/> AMNIONITIS	<input type="checkbox"/> BLEEDING	<input type="checkbox"/> ECLAMPSIA	<input type="checkbox"/> CORD PROLAPSE	<input type="checkbox"/> ABRUPTIO PLACENTA	<input checked="" type="checkbox"/> MECONIUM	<input type="checkbox"/> PROLONGED 2ND STAGE (>2 HOURS)	<input type="checkbox"/> SHOULDER DYSTOCIA		
<input type="checkbox"/> OTHER _____										

POST PARTUM COMPLICATIONS										
<input type="checkbox"/> UTERINE RUPTURE	<input type="checkbox"/> UTERINE INVERSION	<input type="checkbox"/> RETAINED PLACENTA	<input type="checkbox"/> PLACENTAL ANOMALIES	HEMORRHAGE: ETIOLOGY: <input type="checkbox"/> RETAINED PLACENTA <input type="checkbox"/> UTERINE ATONY	TREATMENT: <input type="checkbox"/> PITOCIN <input type="checkbox"/> METHERGINE <input type="checkbox"/> PROSTAGLANDIN	LACERATIONS: PERINEAL: 1ST <input checked="" type="checkbox"/> 2ND ___ 3RD ___ 4TH ___ <input checked="" type="checkbox"/> VAGINAL <input type="checkbox"/> CERVICAL <input type="checkbox"/> PERIURETHRAL				

NEWBORN INFORMATION										
CHART # _____	SEX: MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>	WEIGHT <u>8</u> LB <u>2</u> OZ _____ GM.	LENGTH _____ IN _____ CM							
APGARS: 1 MIN <u>8</u> 5 MIN <u>9</u> 10 MIN _____	BIRTH INJURIES: <input type="checkbox"/> SCALP LACERATIONS <input type="checkbox"/> OTHER LACERATIONS <input type="checkbox"/> FRACTURE OF CLAVICLE <input type="checkbox"/> FRACTURE EXTREMITY <input type="checkbox"/> BRACHIAL PLEXUS <input type="checkbox"/> OTHER _____ <input type="checkbox"/> BIRTH ANOMALY	RESUSCITATION: <input checked="" type="checkbox"/> BULB <input type="checkbox"/> O2 <input type="checkbox"/> BAG <input type="checkbox"/> INTUBATION <input type="checkbox"/> DE LEE <input type="checkbox"/> EYE MEDS <input type="checkbox"/> VIT K	RESPIRATIONS: <input checked="" type="checkbox"/> SPONTANEOUS <input type="checkbox"/> DELAYED							
NURSERY	<input checked="" type="checkbox"/> COUPLET <input type="checkbox"/> NICU									

DELIVERY COMMENTS										
<u>labor progressed quickly, delivered by MVD to intact perineum 3v cord. Placenta intact. Vigorous baby a stimulation only. Thin Mea. Apgars 8 and 9. 10 lac repaired. Doctor Blank present for whole delivery</u>										
<input type="checkbox"/> SEE DICTATED DELIVERY NOTE.										

SIGNATURE <u>Dr. Jones</u>	DATE <u>08/05/08</u>
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VENTURA COUNTY MEDICAL CENTER
DELIVERY RECORD

OB Discharge Form

Always think about discharge at the time of delivery!

Before you even leave the del room, please fill in the top portion of the discharge paperwork. It makes discharges easier and saves time in the morning. Please help your fellow residents by completing this section!