

REGISTRATION FORM - OBSCENTRAL

PATIENT DEMOGRAPHIC DETAILS			
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NAME		ADDRESS	
ID NO		OTHER INFO	
MRN NO			
DATE OF BIRTH			
AGE			
MARITAL STATUS			
RACE / ETHNIC			

NEXT OF KIN DETAILS			
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NAME		ADDRESS	
ID NO		RELATION	
MRN NO		OTHER INFO	
DATE OF BIRTH			
AGE			
MARITAL STATUS			
RACE / ETHNIC			

PATIENT ADMISSION DETAIL - OBSCENTRAL

PATIENT ADMISSION DETAILS

ROOM		ABO RH	
RISK LEVEL		LMP	
ATTENDING DOCTOR		EDD	
RISK COLOR		POA (W)	
HEIGHT (CM)		POA (D)	
WEIGHT (KG)		REDD BY SCAN	
GRAVIDA		USOD	
PARITY		ANTENATAL CARE	
MISCARRIAGE		LOCATION	

MEDICAL AND SURGICAL HISTORY/RISK

OBSTETRIC AND GYNAE HISTORY/ RISK - MATERNAL

OBSTETRIC RISK - FETUS

LABOR PROGRESS NOTE (DOCTOR) – PAGE 1

Date Performed:

Time Performed:

ANTENATAL HISTORY

SPECIAL NOTES

COMPLAINTS

DIAGNOSIS

LABOR PROGRESS NOTE (DOCTOR) – PAGE 2

GENERAL EXAMINATION

ABDOMINAL EXAMINATION

PELVIC EXAMINATION

INVESTIGATION

PLAN

EXAMINED BY (COP & SIGN):

SEEN TOGETHER:

DOCTOR NOTE - OBSCENTRAL

NURSE NOTE - OBSCENTRAL

PARTOGRAPH - OBSCENTRAL

NAME: _____

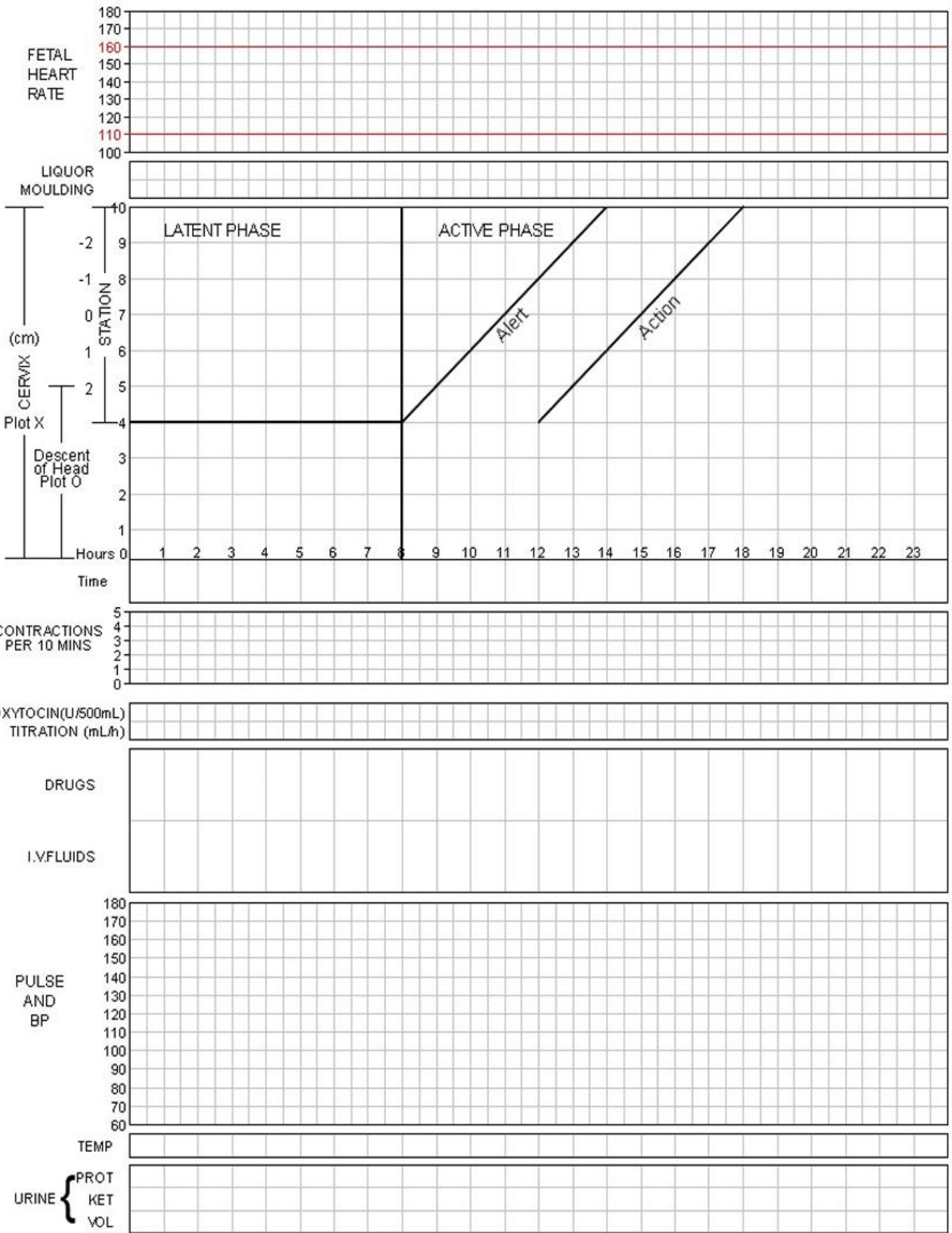
PID: _____

ADMISSION DATE: _____

POA: _____

ARM: _____

BORN: _____



DELIVERY DETAIL FORM - OBSCENTRAL

MOTHER DETAIL			
MOTHER STATUS		REMARKS	
CAUSE OF DEATH		MOTHER DISCHARGE TO	
BLOOD LOSS		OTHER INFO	
BABY DETAIL			
DELIVERY TYPE		SEX	
BIRTH DATE		APGAR SCORE	1 MIN:
BIRTH TIME			5 MIN:
			10 MIN:
BABY MRN		CORD PH FOR VEIN	
CONDITION OF BIRTH		CORD PH FOR ARTERY	
LCM		BE (Abg) VEIN	
CAUSE OF DEATH		BE (Abg) ARTERY	
BABY WEIGHT		BABY DISCHARGE TO	
BABY LENGTH		NO SIRI JPN	
HEAD CIRCUMFERENCE		NO SIRI BORANG PENGESAHAN KELAHIRAN	
ANUS PATENT		OTHER INFO	
BABY COMPLICATION	<div style="background-color: #e6f2ff; padding: 10px;"> <p>Mother Complication</p> <hr/> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None <input type="checkbox"/> Diabetic Mother </div> <div> <input type="checkbox"/> Thyrotoxicosis Mother <input type="checkbox"/> RV Mother </div> </div> <p>Baby Complications</p> <hr/> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None <input type="checkbox"/> Suspected Birth Asphyxia <input type="checkbox"/> MMSL / TMSL <input type="checkbox"/> Abnormal Baby <input type="checkbox"/> SAH / Cephalohaematoma <input type="checkbox"/> Rh negative <input type="checkbox"/> SGA / IUGR <input type="checkbox"/> Birth Injuries </div> <div> <input type="checkbox"/> LGA / Macrosomic Baby <input type="checkbox"/> Suspected Sepsis / GBS Positive <input type="checkbox"/> Poor Apgar Score <input type="checkbox"/> Grunting / TTN <input type="checkbox"/> Prematurity <input type="checkbox"/> Shoulder Dystocia <input type="checkbox"/> <small>Shoulder Dystocia Form</small> </div> </div> <p>Infection</p> <hr/> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None <input type="checkbox"/> Hep B <input type="checkbox"/> Hep C </div> <div> <input type="checkbox"/> Recent Chicken Pox <input type="checkbox"/> Herpes <input type="checkbox"/> Viral Warts </div> </div> <p>Others</p> <hr/> <input type="checkbox"/> Others (Specify) <input style="width: 100%; height: 20px;" type="text"/> </div>		

INSTRUMENTAL FORM

Patient's name :
I.D No :
Date : Procedure Start : Procedure Finish :
Conducted by :
Assisted by :
Witness :
Maternal height (cm) : Clinical EFW (kg) :

1. Indications of instrumentation :

- Prolonged 2nd stage
- Fetal distress
- Shortened 2nd stage
- Others (Specify) :

2. Type of instrumentation chosen :

- Vacuum - Metal cup
- Vacuum - Silicon cup
- Vacuum - Kiwi cup
- Neville Barne Forceps
- Wrigley's Forceps
- Keillands Forceps

3. Engagement of fetal head :

- 0/5 palpable
- 1/5 palpable
- 2/5 palpable
- 3/5 palpable
- 4/5 palpable

4. Vaginal examination findings prior to application of instrument

- a. Os fully dilated Yes No
- b. Severity of caput Mild Moderate Severe
- c. Grade of moulding Grade 1 Grade 2 Grade 3
- d. Position of presenting part
- OA OP OT ROA ROP ROT Uncertain

5. Any difficulty in applying the instrument?

- Yes No

6. Was the mother explained regarding the procedure to be carried out?

- Yes No

7. Was the mother cooperative throughout the procedure?

- Yes No

8. Number of pull / traction attempted

- 1 2 3 4 5

9. Was the procedure successful?

- Yes
- No (give reasons why it failed)
 - Poor maternal effort
 - Patient was uncooperative or refuse to push
 - No descend of presenting part despite of traction
 - Cup slipped several times
 - Suction pump / tubing faulty

10. Any complications?

a. Mother

- No
- Yes

- Intact Perineum
- Skin Nick
- 1st Degree Tear
- 2nd Degree Tear
- 3rd Degree Tear
- 4th Degree Tear
- Cervical Tear
- Lateral Vaginal Tear
- Vulva Haematoma
- Vaginal Wall Haematoma
- Others

b. Baby

- No
- Yes

- Caput Succedaneum
- Cephalohaematoma
- Subaponeurotic Haemorrhage
- Laceration
- Facial Nerve Palsy
- Erb Palsy
- Others

11. Estimated total blood loss (mls)

12. Post Operative VE Findings

Tampon Removed?

- Yes
- No

Post Operative Procedures :

1. Dietary regimen
2. Prophylactic oxytocin infusion regimen (40 U in 500 ml Dextrose saline at 40 dpm)
3. Antibiotics
4. Blood Pressure and Pulse Rate
5. Perineal toilet
6. Oral analgesia (TDS)
7. Other Drugs
8. To inform immediately if :
 - a. Bleeding increase in amount
 - b. Blood pressure low (i.e systolic < 90 mmHg)
 - c. Pulse rate > 110 bpm
 - d. Increase abdominal girth
9. Wound inspection by MO before discharged
10. Other specific instruction :

SHOULDER DYSTOCIA

Name :

R/N :

Gravida :

Admission Date Time :

Para :

Antenatal Predisposing factors :

1. Big baby (> 4kg)
2. Infant of Diabetic Mother
3. Maternal Weight > 80 kg
4. Prolonged Pregnancy (POA > 40 weeks)
5. Previous Shoulder Dystocia

Intrapartum associated features :

1. Instrumental Delivery for Prolonged Second Stage
2. Arrest disorder in the first stage (2 hour cessation of Cervical dilatation in the active phase)
3. Primary Disfunctional Labour
4. Secondary Arrest
5. Turtle Neck Sign

Initial Management

1. Lithotomy Position YES NO
Performed By _____
2. Episiotomy YES NO
Performed By _____
3. Breaking Bed YES NO
Performed By _____
4. Calling for Help YES NO
Performed By _____
5. Informing Paediatric Colleague YES NO
Performed By _____

Attending Personnel

1. MO Called YES NO

Time called :

Time arrived:

2. Specialist Called

YES NO

Time called :

Time arrived:

3. Other Personnel Attending to Patient
(Dr and Nurses)

YES NO

Time called :

Time arrived:

Clinical EFW _____kg

Ultrasound EFW _____kg

Pregnancy Complications :

Delivery Mode

Spontaneous

Forcep

Vacuum

Manoeuvre performed to Overcome Shoulder Dystocia

Order	Procedure	Time	Performed By
	Generous Episiotomy (if not already done)		
	McRobert's Manoeuvre		
	Suprapubic Pressure		
	Internal Shoulder Rotation		
	Rubin II		
	Wood Screw		
	Reverse Wood Screw		
	Delivery of Posterior Shoulder		
	Cephalic Replacement with Caesarean section		
	Any other methods:		

Delivery

Fetal Position during Dystocia

Head facing maternal right
(right fetal shoulder is anterior)

Head facing maternal left
(left fetal shoulder is anterior)

Time delivery of Head _____

Time delivery completed _____

Total Elapsed Time _____

Time placenta delivered _____

Neonate

Time of birth _____

Weight _____ kg

Base Excess _____

Apgar Score (1/5/10 min) _____

Cord Blood : Arterial _____

Venous _____

Fetal Complications

Brachial Plexus Injuries

YES

NO

Bruising

YES

NO

Neurological injury

YES

NO

Clavicle Fracture

RIGHT

LEFT

Humeral Fracture

RIGHT

LEFT

BOTH

COMPLETE

INCOMPLETE

Moro's Reflect

RIGHT

LEFT

BOTH

Describe _____

Maternal Morbidity

PPH

YES

NO

Extended Tear

YES

NO

Type _____

Lacerations

YES

NO

Type _____

Uterine Rupture

YES

NO

Counselling and explanation regarding the event given to patient and husband

YES

NO

Repaired Venue _____

Repaired By _____

Comment _____

Name

Designation

Signature

CAESAREAN INDICATION FORM - OBSCENTRAL

Decision Made Date <input style="width: 80px;" type="text"/> > Time <input style="width: 80px;" type="text"/>	Send to OT Date <input style="width: 80px;" type="text"/> > Time <input style="width: 80px;" type="text"/>
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MATERNAL

Previous Scar

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> 1 | <input type="checkbox"/> J Shaped |
| <input type="checkbox"/> 2 | <input type="checkbox"/> Dee Lee |
| <input type="checkbox"/> 3 | <input type="checkbox"/> Extended Tear |
| <input type="checkbox"/> 4 | <input type="checkbox"/> Previous Mymectomy |
| <input type="checkbox"/> Classical | <input type="checkbox"/> Previous Scar Rupture |
| <input type="checkbox"/> Inverted T | <input type="checkbox"/> Refusal Trial of Scar |

APH

-
- PP Major
-
-
- Abruptio Placenta
-
-
- Indeterminate APH

Hypertension

-
- Severe Pre eclampsia
-
-
- Eclampsia
-
-
- Gestational Hypertension

Subfertility

-
- With ART
-
-
- Without ART

Bad Obstetric History

-
- Previous IUD
-
-
- Previous Recurrent Miscarriage

Uterine Causes

-
- Fibroid
-
-
- Abnormal Uterus

Failed Instrumentation

-
- Vacuum
-
-
- Forcep
-
-
- Both

Labour Progress

-
- Poor Progress
-
-
- Deep Transverse Arrest
-
-
- Secondary Arrest
-
-
- Failed Induction of Labour

FETAL

Fetal Condition

-
- Fetal Distress
-
-
- IUGR
-
-
- Previous Shoulder Dystocia
-
-
- Fetal Abnormally
-
-
- Big Baby

Abnormal Presentation

-
- Breech
-
-
- Compound
-
-
- Hand
-
-
- Brow
-
-
- Face

Cord

-
- Presentation
-
-
- Prolapse

Malposition

-
- Occipitoposterior
-
-
- Asynclitism
-
-
- Deflexed Head

Abnormal Lie

-
- Transverse
-
-
- Oblique

Multiple Pregnancy


-
- Twin with leading twin non cephalic
-
-
- Retained 2nd Twin
-
-
- Triplet
-
-
- Quadruplet

Others

-
- GDM with Big Baby
-
-
- Suspected Chorioamnionitis
-
-
- Maternal Request
-
-
- Mother HIV Positive (+)

 Others

LABOUR SUMMARY - OBSCENTRAL

	HOSPITAL TUANKU JAAFAR SEREMBAN LABOUR SUMMARY	Name :	D.O.B :
		ID No :	Admission :
		MRN :	Age :

Labour OnSet :

OS Fully <input type="checkbox"/>	Prostagladin <input type="checkbox"/>	A.R.M <input type="checkbox"/>	Induced Successful <input type="checkbox"/>	Spontaneous <input type="checkbox"/>
Oxytocin <input type="checkbox"/>	Foley's <input type="checkbox"/>	S.R.O.M <input type="checkbox"/>	Induced Fail <input type="checkbox"/>	

	Labour Began	Membrane Rupture	Second Stage of Labour	Child Born	Skin-to-Skin	Placenta Expelled	Stages of Labour :		
							<input type="checkbox"/> NA	Hrs	Min
Date							1st :		
Time							2nd :		
							3rd :		

Placenta: Complete <input type="checkbox"/> Ragged <input type="checkbox"/> Weight (gm) :	Membrane: Complete <input type="checkbox"/> Ragged <input type="checkbox"/>	Total :
Conducted by :	Remarks :	
Witness by :		

Fetus	Fetus: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Lie:
During Labour	HIV Screening : NR <input type="checkbox"/> R <input type="checkbox"/>	Vertex <input type="checkbox"/> Breech <input type="checkbox"/> Face <input type="checkbox"/> Brow <input type="checkbox"/> Compound Presentation <input type="checkbox"/> Cord Presentation <input type="checkbox"/> Cord Prolapse <input type="checkbox"/> CTG <input type="checkbox"/> Cord Prolapse <input type="checkbox"/>

DELIVERY

Vaginal	Cephalic: OA <input type="checkbox"/> OP <input type="checkbox"/> OT <input type="checkbox"/> Face <input type="checkbox"/> Brow <input type="checkbox"/> Breech: Extended <input type="checkbox"/> Flexed <input type="checkbox"/> Footling <input type="checkbox"/> Assist <input type="checkbox"/> Extraction <input type="checkbox"/>
Instrumental	Indication Forcep: Low <input type="checkbox"/> Midcavity <input type="checkbox"/> Rotation <input type="checkbox"/> Failed Forcep <input type="checkbox"/> Vacuum: Silicon Cup <input type="checkbox"/> Metal Cup <input type="checkbox"/> Kiwi Cup <input type="checkbox"/> Failed Ventouse <input type="checkbox"/>
Caesarean	Indication : LSCS <input type="checkbox"/> Classical <input type="checkbox"/> Hysterotomy <input type="checkbox"/> Caesarean Hysterectomy <input type="checkbox"/>
Others	Cord Round Neck: Loose <input type="checkbox"/> Tight <input type="checkbox"/> X: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Shoulder Dystocia <input type="checkbox"/> Episiotomy <input type="checkbox"/> Blood Loss : _____ cc
	Vaginal Tear <input type="checkbox"/> 1st Degree Tear <input type="checkbox"/> 2nd Degree Tear <input type="checkbox"/> 3rd Degree Tear <input type="checkbox"/> _____ 4th Degree Tear <input type="checkbox"/> Button Hole <input type="checkbox"/>
	Remarks : _____ Repaired by : _____
	I/M Syntometrine <input type="checkbox"/> I/M Syntocinon <input type="checkbox"/> I/V Pitocin <input type="checkbox"/> I/M Duratocin <input type="checkbox"/> I/V Tranexamic Acid <input type="checkbox"/> I/M Hemabate <input type="checkbox"/>
Device use (specify): _____	

INFANT BIRTH RECORD

Alive <input type="checkbox"/> F.S.B <input type="checkbox"/> E.N.N.D <input type="checkbox"/> M.S.B <input type="checkbox"/>	Date of Birth: _____ Time: _____ Sex: Boy <input type="checkbox"/> Unknown <input type="checkbox"/> Girl <input type="checkbox"/> Ambiguous <input type="checkbox"/>	Birth Weight (kg) : _____ Head Circumference (cm) : _____ Length (cm) : _____ Instruction for baby : _____	Apgar Score : 1 Min : _____ 5 Min : _____ 10 Min : _____
	Fetal Condition : _____	Resuscitation Method : _____ Done by : _____	
Injection Vitamin K 1 mgm : Yes <input type="checkbox"/> No <input type="checkbox"/> Other Injection : _____ Hepatitis B Vac 0.5 mls : Yes <input type="checkbox"/> No <input type="checkbox"/> Doctor/SN/JM : _____			

MOTHER OBSERVATION

Temperature : _____°C Blood Pressure : _____ mmHg Dr/SN/JM/SM Name & Signature : _____	Pulse : _____bpm Pain Score : _____	SpO2 : _____ Uterus : _____ Perineum Exam : _____ Time Transfer to ward : _____
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POSTNATAL PLAN

T/O PNW, V/S MONITORING, PAD CHART, PERINEAL CARE, ENCOURAGE (AMBULATION, ORALLY & B/F), ADVICE ON CONTRACEPTION ON DISCHARGE.
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MEDICATION

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