

PROGRESS NOTES

Date	Notes Should Be Signed by Physician
3/1/09 0240	PM ✓ Pt comfortable but groggy & Nausea Aves
	EGM @ FSS @ 2-3 in cath VE 4/80/-1 Decides augmentation will be ✓ @ noon / pm consider Alan / pit
3/1/09 1300	PM ✓ Pt requesting epidural & augmentation VE 5/90/-1 Alan requesting P pain / Alan / Alan / Alan are the way to see
	ACCOUNT- OBS 03/11/09 REC PROGRESS NOTES

PROGRESS NOTES



Date

Notes Should Be Signed by Physician

3/10/09 PN  
1805

Pt Arrow clean / p/ocin avg.

IFM - IIFM

5-6 | 90 | -1/0

Monitor p/ocin pr

3/10/09 PN  
1930

Pt comfortable

IFM deep variable decels

↓ BTBV ↓ LTV

Now remaining IFM on p/ocin  
pt offered C/S & p dlv

C/S current

OR team notified

03/11/09

# Summary of LABOR AND DELIVERY

(Fill out separate forms in multiple births)

ACCOUNT # \_\_\_\_\_  
 NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ UNIT NO. \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 RELATIVE \_\_\_\_\_ AGE \_\_\_\_\_  
 RACE \_\_\_\_\_ RELIGION \_\_\_\_\_

Past Medical History: 2ly G/A @ 40 2 weeks

**Past Obstetrical History: (excluding current pregnancy)**

Age at delivery: 21    Gravidity: 1    Parity: 0    Date of Last Pregnancy: 0  
 Abortions: 0    Fetal deaths: 0    Neonatal deaths: 0    Number Living: 0  
 Complications of childbirth: \_\_\_\_\_

**Prenatal Course:**

LMP \_\_\_\_\_    Final EDD: \_\_\_\_\_    EGA: \_\_\_\_\_ weeks  
 Complications: \_\_\_\_\_

**Prenatal Labs:**

STS: +/-    Blood type: \_\_\_\_\_    Rh factor (o): +/-    GBBS status: +/-  
 HBsAg: +    HIV status: +    Rubella status: IND

**Labor:**

Spontaneous \_\_\_\_\_    Induced \_\_\_\_\_    Augmented \_\_\_\_\_    Method: AROM/Pitocin  
 Other: \_\_\_\_\_    Date of delivery: 3/7/09  
 Time of Rupture: \_\_\_\_\_    Time of Delivery: 2:02    Time of Placenta: 2:04  
 1st Stage: \_\_\_\_\_    2nd Stage: \_\_\_\_\_    3rd Stage: \_\_\_\_\_  
 Analgesia: Type: \_\_\_\_\_    Dose: \_\_\_\_\_    Time of Last Dose: \_\_\_\_\_  
 Anesthesia: Type: Epidural    Dose: \_\_\_\_\_    Time of Last Dose: \_\_\_\_\_

**Delivery:**

Presentation: Cephalic    Breech \_\_\_\_\_    Unstable lie \_\_\_\_\_    Other: \_\_\_\_\_  
 Spontaneous: \_\_\_\_\_    Forceps \_\_\_\_\_    Outlet/Low \_\_\_\_\_    Vacuum-assisted \_\_\_\_\_    Episiotomy: \_\_\_\_\_  
 Lacerations: \_\_\_\_\_    Degree: \_\_\_\_\_    EBL: 1000cc    VBAC \_\_\_\_\_  
 Cersarean delivery: primary     repeat \_\_\_\_\_    Type: \_\_\_\_\_  
 Indication: \_\_\_\_\_  
 Complications: Non reassuring FHT  
 Tubal ligation \_\_\_\_\_

**Placenta:**

Spontaneous \_\_\_\_\_    Manual removal \_\_\_\_\_    Other: \_\_\_\_\_  
 Appearance: Normal / Abnormal \_\_\_\_\_    Details: \_\_\_\_\_  
 Procedures: Bessel cord

**Narrative Course of Labor & Delivery:**

Procedures: ITKCS  
 Indications: CANXT & leg XT  
 Condition of Mother: \_\_\_\_\_  
 Complications: FHT, Non reassuring FHT

**Infant:**

Weight: \_\_\_\_\_ gm    Gender: M / F \_\_\_\_\_    Vitamin K \_\_\_\_\_    Eye Prophylaxis \_\_\_\_\_  
 Weight: \_\_\_\_\_ lb. \_\_\_\_\_ oz.  
 APGARS: One-minute \_\_\_\_\_    Five-minute \_\_\_\_\_    Ten-minute \_\_\_\_\_  
 Resuscitation: \_\_\_\_\_    Suction \_\_\_\_\_    BBO2 \_\_\_\_\_    Scope \_\_\_\_\_    ETT \_\_\_\_\_  
 Positive Pressure O2 \_\_\_\_\_    Other: \_\_\_\_\_  
 Condition of Infant: See pediatric record

MD Signature \_\_\_\_\_

PATIENT:  
MR#:  
ATTENDING:  
ADMISSION DATE: 03/11/09

ROOM: D  
PT STATUS: ADM IN

JOB #: 364687

DATE OF SURGERY: 03/ /09

**PREOP DIAGNOSES:**

1. Post dates intrauterine pregnancy.
2. Failure to progress.
3. Nonreassuring fetal heart tracing, non-tolerance to labor.

**POSTOP DIAGNOSES:**

1. Post dates intrauterine pregnancy.
2. Failure to progress.
3. Nonreassuring fetal heart tracing, non-tolerance to labor.

**OPERATION:** Primary low transverse cesarean delivery.

**ASSISTANT:** ANP

**ANESTHESIOLOGIST:** ANESTHESIA: Epidural

**EBL:** 1000 mL.

**COMPLICATIONS:** None.

**IV FLUIDS:** 1400 mL.

**URINE OUTPUT:** 300 mL clear yellow urine.

**FINDINGS:** Viable infant male with Apgars of 8 and 9 weighing 3570 grams with nuchal cord and a cord around the leg. Normal appearing placenta with three vessel cord.

**PROCEDURE:** The patient was taken to the operating room where her epidural anesthesia was bolused and noted to be adequate. She was prepped and draped in the supine position with leftward tilt. Her bladder had been straight cathed and was draining clear yellow urine via Foley catheter. Pfannenstiel incision was made approximately 2 cm from symphysis pubis. This was carried down through the underlying fascia which was dissected bilaterally with Mayo scissors. The fascial incision was tented up and the underlying rectus muscles dissected away bluntly, sharply and with electrocautery. The inferior aspect was manipulated in a similar manner. The rectus muscles were separated in the midline. Midline peritoneum was entered bluntly and extended superiorly and inferiorly under direct visualization taking care to avoid bladder or bowel. The peritoneum was then stretched and the lower uterine segment identified. Bladder blade was placed and the utero vesicular peritoneum dissected to create a bladder flap which was placed beneath the bladder blade. A low transverse incision was made on the uterus and was extended bilaterally with digital dissection. The infant was delivered atraumatically with findings as noted above. It was bulb suctioned on the abdomen. The cord was doubly clamped and cut and the infant was handed to the awaiting RN. The placenta was delivered manually and noted to be intact with three