PATIENT·
MR #:
ATTENDING·
SURGEON:

ROOM:
PT TYPE: ADM IN

Job #:

DATE OF SURGERY: 07/ /06

PREOP DIAGNOSIS: Cervical incompetence with bulging bag in the vagina, double footling breech with lower extremities also in the vagina past the level of external cervical os.

POSTOP DIAGNOSIS: Same.

OPERATION: Emergent primary low transverse cesarean section.

ASSISTANT:

ANESTHESIOLOGIST: ANESTHESIA: General.

INDICATIONS FOR SURGERY: The patient is an 18-year-old gravida 1, para 0 who was a late entry for obstetrical care in our practice. She is noted to be 26 weeks. She presented to the office of the Medical Associates with the complaint of vaginal discharge. The patient had an nonstress test and was noted to have a reassuring heart rate tracing for 26 weeks and was noted to not be contracting. On speculum exam the patient was noted to have a bulging bag of membranes in her vagina. Cervical exam demonstrated cervix was about 8 cm dilated with bulging bags fully noted in the vagina. I was able to palpate the fetus's lower extremities in the vagina. Membranes, of course, were intact at this point. Assessment at this time was cervical incompetence with bulging bag in the vagina, double footling breech with lower extremities also in the vagina past the level of external cervical os.

OPERATIVE FINDINGS: Normal appearing uterus, ovaries and fallopian tubes. Female infant, weight yet to be determined, Apgars 8 and 8, born at 1519 hours. Placenta expressed with intact three-vessel cord at 1520 hours.

PROCEDURE: After the patient was identified and consent was signed, the patient was taken to the operating room. Foley to gravity was placed. IV access was obtained. Appropriate lab work was also obtained. The patient's abdomen was prepped and draped and under general endotracheal anesthesia, Pfannenstiel incision was made through the skin, down to the fascia. The fascia was scored bilaterally and extended laterally and superiorly via careful blunt dissection. The fascia was then separated superiorly and inferiorly from the rectus muscles via careful blunt dissection. The peritoneal cavity was then entered via careful blunt dissection and bladder blade was placed. The vesicouterine pole was identified and the bladder flap was created. The bladder blade was replaced. A low transverse incision was made in the lower uterine segment. The incision was extended laterally and superiorly via careful blunt dissection. The fetus's lower extremities were identified and elevated through the incision site. The infant was delivered up to the level of the scapula. The infant was then rotated clockwise delivering the left arm and counter-clockwise delivering the right arm, and after calming the fetal vertex was delivered using the Mauriceau-Smellie-Veit maneuver. The cord was clamped and cut, bulb suction was performed, and the infant was handed off the field to the on-call pediatrician, [illegible]. Once this was completed, the placenta was delivered via gentle traction and the uterine cavity was swept with a dry lap sponge. The uterus was exteriorized outside the abdomen and the uterine incision was then closed with a running locking

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stitch of #0 Vicryl suture. Excellent hemostasis was noted. The uterus was then placed back to the abdominal cavity. Pericolic gutters were cleaned of blood and clot. The uterine incision was inspected and noted to be hemostatic. The fascia was then closed in halves using running stitch of #0 Vicryl suture. Hemostasis was obtained via electrocautery. The skin was closed with #3-0 plain gut sutures. Steri-Strips were applied. Pressure dressing was applied.

The fetus went to the intensive care unit at [illegible] Hospital, which was contacted, and transport was arranged. Mother was extubated without complications. She went to the recovery room in excellent condition. Sponge and needle counts were correct times two. Estimated blood loss was 1,000 ml. IV fluids were 1800 ml of *Lactated Ringers*.

I. T.

cc:

Infant's Name ______ Birth Date 7-06 Time 1519 ☐ AM ☑ PM

Multiple Birth: ☐ Yes ☑ No If multiple, specify ______

Infant's Condition at Birth: ______

Apgar Score: 1 min 8 5 min 8 Weight at Birth est. 1000 grams

Abnormalities Noted: ______

Resuscitation Required: ☑ Yes ☐ No

Type: ☐ Stimulation, suction ☐ O_2 ☑ Positive Pressure Mask ☑ Intubation ☐ Medications

Oxygen Administration: Age when started: at Birth
Reason for starting: [illegible]
Maximum % concentration: 100%
Duration: ______

☑ Vitamin K 1610
☑ Eye Prophylaxis/ Agent used: E mi [illegible]

Nursing Observations:
A. Vital Signs: 1) Temperature: Initial 91 ☑ rectal ☑ axillary .... date 07/06 time 1610
Range ______ ☐ rectal ☐ axillary . . . isolette temp ______
2) Heart Rate (range) 150's
3) Respiratory rate (range)
4) BP, if taken 45/17

B. General Condition:

Baptized ☐ Yes ☑ No ______
If yes, by whom

First Dextrostix: 83 mg% Time: ______ ; Lowest ______ Time ______ Duration ______

First void within 1st 24 hrs: ☐ yes ☑ no Time of last void ______ ☐ normal

First stool within 1st 48 hrs: ☐ yes ☑ no Time of last stool ______ ☐ abnormal

If stool abnorm, description: ______

Feedings: Time of First Feeding ______ hours Name of Formula ______

☐ Nipple ☐ Gavage ☐ Breast Volume taken ______ ______ hrs

Last feeding: Date ______ Time ______ Volume taken ______ Last weight ______ Date ______

Special Treatments (e.g. Transfusion, Surgery, Intravenous, Laboratory tests, Cultures, and X-ray results	Medications (Name, Dosage, Interval, Time of Last Dose – Specify Dates)

Summary of Nursing Observations (Include Color, Feeding Ability, General Behavior, any Abnormalities

MEDICATION ADMINISTRATION RECORD

4NURS 4NS D

Age/Sex: 00M 00D/F Wt: kg (lb) Ht: ft in (cm)
Admitted: 07/[illegible]/06 Physician:
Notes:

Primary Diag: NEWBORN
Adm comment:
MAR Date: 07/[illegible]/06 (0000) thru 07/[illegible]/06 (2359)
Run Date/Time: 07/[illegible]/06-1604
DOB: 07/[illegible]/06 Med Rec#

Allergies: PATIENT ALLERGIES NOT ENTERED
ADR's:

MEDICATION	START/STOP	0000-0659	0700-1529	1530-2359
*** Medication Orders ***				
Ampicillin 50 mg IM Q12°				1605 / aB
Gentamycin 2.5mg IM Q 24°				1605 / aB
Vitamin K 1mg IM				1606 / DW

Name: Room: 4NS-D **Final page of MAR*