

Your
Hospital's
Logo
Here

LABOR & DELIVERY SUMMARY

PATIENT IDENTIFICATION

MOTHER'S MAIDEN NAME:	RACE:	BABY'S PEDIATRICIAN:	DEL #:
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LABOR SUMMARY	DELIVERY DATA	DELIVERY DATA (Cont.)	CHRONOLOGY
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type="checkbox"/> VBAC</p> <p><input type="checkbox"/> VACUUM EXTRACTION</p> <p>BREECH</p> <p><input type="checkbox"/> SPONTANEOUS</p> <p><input type="checkbox"/> ASSISTED EXTRACTION</p> <p><input type="checkbox"/> TOTAL EXTRACTION</p> <p><input type="checkbox"/> FORCEPS</p> <p>CESAREAN</p> <p><input type="checkbox"/> LOW CERVICAL TRANSVERSE <input type="checkbox"/> PRIMARY</p> <p><input type="checkbox"/> LOW CERVICAL VERTICAL <input type="checkbox"/> REPEAT</p> <p><input type="checkbox"/> CLASSICAL</p> <p><input type="checkbox"/> CESAREAN HYSTERECTOMY</p> <p>PLACENTA</p> <p><input type="checkbox"/> SPONTANEOUS</p> <p><input type="checkbox"/> EXPRESSED</p> <p><input type="checkbox"/> MANUAL</p> <p><input type="checkbox"/> UTERINE EXPLORATION</p> <p><input type="checkbox"/> ADHERENT</p> <p><input type="checkbox"/> CURETTAGE</p> <p>CONFIGURATION</p> <p><input type="checkbox"/> NORMAL</p> <p><input type="checkbox"/> ABNORMAL _____</p> <p><input type="checkbox"/> TO LABORATORY</p> <p>CORD</p> <p><input type="checkbox"/> NUCHAL CORD X _____</p> <p><input type="checkbox"/> TRUE KNOT</p> <p>CORD BLOOD FOR</p> <p><input type="checkbox"/> TYPE & RH <input type="checkbox"/> COOMBS <input type="checkbox"/> VDRL</p> <p><input type="checkbox"/> GASES / Ph / BE _____</p> <p>EPISIOTOMY</p> <p><input type="checkbox"/> NONE</p> <p><input type="checkbox"/> MEDIAN</p> <p><input type="checkbox"/> MEDIOLATERAL</p> <p><input type="checkbox"/> OTHER _____</p> <p><input type="checkbox"/> REPAIRED</p>	<p>LACERATION</p> <p><input type="checkbox"/> NONE</p> <p><input type="checkbox"/> 1st <input type="checkbox"/> 2nd Degree Perineal</p> <p><input type="checkbox"/> REPAIRED <input type="checkbox"/> NON-REPAIRED</p> <p><input type="checkbox"/> 3rd Degree Perineal <input type="checkbox"/> 4th Degree Perineal</p> <p><input type="checkbox"/> VAGINAL</p> <p><input type="checkbox"/> CERVICAL</p> <p><input type="checkbox"/> UTERINE RUPTURE</p> <p><input type="checkbox"/> OTHER _____</p> <p>PRESENTATION POSITION</p> <p><input type="checkbox"/> VERTEX <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table></p> <p><input type="checkbox"/> FACE OR BROW <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table></p> <p><input type="checkbox"/> BREECH <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table></p> <p><input type="checkbox"/> TRANSVERSE <input type="checkbox"/> COMPOUND</p> <p><input type="checkbox"/> UNKNOWN</p> <p>ESTIMATED BLOOD LOSS (cc)</p> <p><input type="checkbox"/> <500 <input type="checkbox"/> >500 <input type="checkbox"/> >750</p> <p><input type="checkbox"/> TRANSFUSED</p> <p><input type="checkbox"/> CAUSE _____</p> <p>DELIVERY ROOM MEDICATIONS</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>DELIVERY ANESTHESIA <input type="checkbox"/> NONE</p> <p><input type="checkbox"/> LOCAL <input type="checkbox"/> EPIDURAL</p> <p><input type="checkbox"/> PUDENDAL <input type="checkbox"/> SPINAL</p> <p><input type="checkbox"/> GENERAL</p> <p>ANESTHESIOLOGIST _____</p> <p>CRNA _____</p> <p>DRUGS IN LABOR <input type="checkbox"/> NONE</p> <p><input type="checkbox"/> < 2 HOURS PRIOR TO DELIVERY</p> <p>DRUG / DOSE / ROUTE / TIME: _____</p> <p>DRUG / DOSE / ROUTE / TIME: _____</p> <p>DRUG / DOSE / ROUTE / TIME: _____</p> <p>DRUG / DOSE / ROUTE / TIME: _____</p>	<p>EDC _____ DATE / TIME _____</p> <p>ADMISSION _____ DATE / TIME _____</p> <p>MEMBRANES RUPTURED _____ DATE / TIME _____</p> <p>LABOR ONSET _____ DATE / TIME _____</p> <p>END OF 1ST STAGE _____ DATE / TIME _____</p> <p>DELIVERY _____ DATE / TIME _____</p> <p>END OF 3RD STAGE _____ DATE / TIME _____</p> <p>INFANT DATA - APGAR SCORES</p> <table border="1"> <thead> <tr> <th></th> <th>HEART RATE</th> <th>RESPIRATION</th> <th>MUSCLE TONE</th> <th>REFLEX IRRITATION</th> <th>SKIN COLOR</th> <th>TOTALS</th> </tr> </thead> <tbody> <tr> <td>1 MIN</td> <td></td> <td></td> <td></td> <td></td> <td></td> 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WHITE = Mothers Chart

YELLOW = Infant Chart

PINK = Statistics

PART OF THE MEDICAL RECORD