

















Your
Hospital's
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PROGRESS NOTES

MIH Delivery Note
Print NAME & SIGN all entries

PATIENT IDENTIFICATION

ABBREVIATIONS		DATE	TIME	NOTES
DO NOT USE	USE			
	QD Daily			
	QOD Every Other Day			DELIVERY NOTE Completely Dilated / Completely Effaced @ _____
	QID 4 Times a Day			Pushed _____ to Deliver a: Viable / Potentially Viable Infant Sex: <input type="checkbox"/> M <input type="checkbox"/> F
	U Units			Position _____ Apgars _____
	UG Microgram			Cord around _____ X _____
	CC ML			Cord Gas: <input type="checkbox"/> Y <input type="checkbox"/> N Cord Blood: <input type="checkbox"/> Y <input type="checkbox"/> N
	.2mg 0.2mg			Meconium: <input type="checkbox"/> Y <input type="checkbox"/> N DeLee Suctioned: <input type="checkbox"/> Y <input type="checkbox"/> N Placenta to Histology: <input type="checkbox"/> Y <input type="checkbox"/> N
	10.0mg 10mg			Episiotomy: <input type="checkbox"/> Y <input type="checkbox"/> N Laceration _____ Repair: <input type="checkbox"/> Y <input type="checkbox"/> N
	MS or MSO₄ Morphine Sulfate			EBL _____ ml;
	MG or MgSO₄ Magnesium Sulfate			Infant to Nursery: <input type="checkbox"/> SCN <input type="checkbox"/> Trans
	OS Left Eye			Delivered By _____
	OU Both Eyes			
	OD Right Eye			Complications:
	AS Left Ear			
	AU Both Ears			
	AD Right Ear			

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ABBREVIATIONS		DATE	TIME	NOTES
DO NOT USE	USE			
QD	Daily			
QOD	Every Other Day			
QID	4 Times a Day			
U	Units			
UG	Microgram			
CC	ML			
.2mg	0.2mg			
10.0mg	10mg			
MS or MSO ₄	Morphine Sulfate			
MG or MgSO ₄	Magnesium Sulfate			
OS	Left Eye			
OU	Both Eyes			
OD	Right Eye			
AS	Left Ear			
AU	Both Ears			
AD	Right Ear			

PART OF THE MEDICAL RECORD