CCTC Obstetrical Flowsheet (Pregnant Patient in CCTC)

Date: 🗆 0/00-1900 o	r ⊔			 •								
Pregnant Weeks Da	vs											
Gravida Para	,											
Rh Status: ☐ Negative ☐ Positive												
Immunoglobulin Given (dates):			_									
(See blood transfusion manual)												
Checklist for Admission of Pregnant Patient init	tiated											
Q shift Checklist for Pregnant Patient initiated												
☐ Emergency Response and CODE OB reviewed ☐ "Antenatal Monitoring" added to Al intervention	an track	ring										
☐ Fetal monitoring (completed and documented		_	;e)									
☐ Intermittent Q hours OR												
☐ Emergency drugs in fridge (premixed 40 g /1 L												
and oxytoxin)												
Steroids given for preterm lung development (wit									_	-		
□ Not indicated □ Not given □ First dose give	n □ fu	ıll 48 h	ours co	mplete	ed Dat	te <u>:</u>				<u> </u>		
								40 /4				
MAGNESIUM SULPHATE: Use pump library to give		_	_		n sulph	ate fro	m the	40 g/1	L prim	ary intu	usion b	ag.
☐ Calcium chloride at bedside (antidote for magne	esium si	upnate	toxicit	у)								
Magnesium sulphate given for fetal neuroprotecti	ion (for	immin	ent pr	eterm l	birth le	ss tha	n 32 w	eeks):				
☐ Not indicated ☐ Not given ☐ Loading dose (-		-					-				
			•	•								
Magnesium sulphate for maternal seizure prophy	/laxis o	r mana	gemen	t:								
☐ Not indicated ☐ Not given ☐ Loading dose (4	g magn	esium s	sulphat	e) 🗆 C	ontinu	ous ma	aintena	ince 2 g	g/hour	or		·
								, ,				
Notify OB if serum magnesium is > 3.5 mmol/L (the	erapeut	tic seru	m mag	nesium	1 is 1.7	– 3.5 r	nmol/L	.) or fo	r any a	bnorm	al findi	ngs.
TIME	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800
magnesium sulphate (g/hour)												
Serum magnesium (q6h and PRN)												
Monitoring: All Pregnant Patients (Q1H if unable t	to self-r	eport.	hypert	ensive	. pre/e	clamp	tic. HEI	LLP or o	on ma	nesiur	n sulpl	nate)
Patellar Reflex 2/4 normal, 0-1 hyporefexia and 3-	1		,,,		, p. c, c	C.Gp		I	Ja _i	1	 	1
4 hyperrefexia). *DAR and report if abnormal												
Clonus Rapidly dorsiflex foot, abnormal more than 5												
beats. ✓ normal, less than 5. *DAR and report > 5 beats												
Uterine tone S=soft /non tender I=intermittent												
tightening C =Continuous-rigid no relaxation												
* and DAR for I or C and notify OB (STAT if C) Vaginal discharge												
Yes/No (*DAR amount and type and notify OB if yes)												
Edema 1+ mild 2+marked legs												
3 + hand/abdomen/sacrum 4 + generalized												
Headache * Yes/No (*DAR and report if yes)												
Visual Δ * Yes/No (*DAR and notify OB if yes)												
Epigastric/RUQ pain												
* Yes/No (*DAR and notify OB if yes)												
· ·												
	1											
			I									

CCTC Obstetrical Flowsheet (Pregnant Patient in CCTC)

Date: 🗆 1900-0/00 o	r ⊔			<u> </u>								
Pregnant Weeks Da	ys											
Gravida Para												
Rh Status: ☐ Negative ☐ Positive												
Immunoglobulin Given (dates):			_									
(See blood transfusion manual)												
Checklist for Admission of Pregnant Patient init	iated											
Q shift Checklist for Pregnant Patient initiated												
☐ Emergency Response and CODE OB reviewed☐ "Antenatal Monitoring" added to AI intervention	an track	vina										
☐ Fetal monitoring (completed and documented		_	;e)									
☐ Intermittent Q hours OR												
☐ Emergency drugs in fridge (premixed 40 g /1 L												
and oxytoxin)												
Steroids given for preterm lung development (wit									_	-		
□ Not indicated □ Not given □ First dose give	:n ⊔ tu	JII 48 N	ours cc	mpiete	ed Da	te <u>:</u>				<u>-</u>		
MAGNESIUM SULPHATE: Use pump library to give	loadin	g dose	of mag	nesiun	n sulph	ate fro	m the	40 g/1	L prim	ary infu	usion b	ag.
☐ Calcium chloride at bedside (antidote for magne		_	_		•			- 0/				- 0
Magnesium sulphate given for fetal neuroprotecti	ion (for	immin	ent pr	eterm	birth le	ess tha	n 32 w	eeks):				
\square Not indicated \square Not given \square Loading dose ((4 g ma	gnesiur	n sulph	nate) [∃ main	tenanc	e 1 g/h	our or				<u> </u>
				_								
Magnesium sulphate for maternal seizure prophy	-		_		antinu	0116 100	intono	.n.c. 7	~/ha	٥.		
□ Not indicated □ Not given □ Loading dose (4	g illagii	esiuiii	suipiiai	.е, 🗆 С	ontinu	ous ille	annena	ince 2 {	g/Hour	01		·
Notify OB if serum magnesium is > 3.5 mmol/L (the	erapeut	tic seru	m mag	nesiun	n is 1.7	– 3.5 r	nmol/L) or fo	r any a	bnorm	al findi	ngs.
TIME	1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600
magnesium sulphate (g/hour)												
Serum magnesium (q6h and PRN)												
Monitoring: All Pregnant Patients (Q1H if unable t	to self-r	report,	hypert	ensive	, pre/e	clamp	tic, HE	LLP or	on mag	gnesiur	n sulpi	nate)
Patellar Reflex 2/4 normal, 0-1 hyporefexia and 3-												
4 hyperrefexia). *DAR and report if abnormal												
Clonus Rapidly dorsiflex foot, abnormal more than 5												
beats. ✓ normal, less than 5. *DAR and report > 5 beats	+											
Uterine tone S=soft /non tender I=intermittent tightening C=Continuous-rigid no relaxation												
* and DAR for I or C and notify OB (STAT if C)												
Vaginal discharge												
Yes/No (*DAR amount and type and notify OB if yes)	\bot											
Edema 1+ mild 2+marked legs												
3+ hand/abdomen/sacrum 4+ generalized	+											
Headache * Yes/No (*DAR and report if yes)												
Visual Δ * Yes/No (*DAR and notify OB if yes)	<u> </u>											
Epigastric/RUQ pain * Yes/No (*DAR and notify OB if yes)												
respired (DAN and notiny Ob it yes)	-	+										
	+	+									 	
	+	1									 	
Initial		1									 	
IIIIIIai	1	i	1	1	1	i	i	i	1	1	1	1