## CCTC Obstetrical Flowsheet (Pregnant Patient in CCTC)

**Date:** __________________ □ 0700-1900 or □ ____________

<table>
<thead>
<tr>
<th>Pregnant ______ Weeks _______ Days _______</th>
<th>Gravida ______ Par ______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rh Status: □ Negative □ Positive</td>
<td></td>
</tr>
<tr>
<td>Immunoglobulin Given (dates):</td>
<td>_______________</td>
</tr>
</tbody>
</table>

(See blood transfusion manual)

- □ Checklist for Admission of Pregnant Patient initiated
- □ Q shift Checklist for Pregnant Patient initiated
- □ Emergency Response and CODE OB reviewed
- □ “Antenatal Monitoring” added to Al intervention tracking
- □ Fetal monitoring (completed and documented by OBCU nurse)
  - □ Intermittent Q ______ hours OR □ Continuous
- □ Emergency drugs in fridge (premixed 40 g / 1 L magnesium sulphate and oxytoxin)

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### Steroids given for preterm lung development (within 1 week of birth if less than 34 weeks GA, 48 hour dosing)

- □ Not indicated □ Not given □ First dose given □ full 48 hours completed Date: __________________________

### Magnesium Sulphate:

- Use pump library to give loading dose of magnesium sulphate from the 40 g / 1 L primary infusion bag.
- □ Calcium chloride at bedside (antidote for magnesium sulphate toxicity)

### Magnesium Sulphate given for fetal neuroprotection (for imminent preterm birth less than 32 weeks):

- □ Not indicated □ Not given □ Loading dose (4 g magnesium sulphate) □ maintenance 1 g / hour or ____________

### Magnesium Sulphate for maternal seizure prophylaxis or management:

- □ Not indicated □ Not given □ Loading dose (4 g magnesium sulphate) □ Continuous maintenance 2 g / hour or ____________

Notify OB if serum magnesium is > 3.5 mmol/L (therapeutic serum magnesium is 1.7 – 3.5 mmol/L) or for any abnormal findings.

### TIME

<table>
<thead>
<tr>
<th>TIME</th>
<th>0700</th>
<th>0800</th>
<th>0900</th>
<th>1000</th>
<th>1100</th>
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<th>1600</th>
<th>1700</th>
<th>1800</th>
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<tr>
<td>magnesium sulphate (g/hour)</td>
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<td>Serum magnesium (q6h and PRN)</td>
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### Monitoring:

#### All Pregnant Patients (Q1H if unable to self-report, hypertensive, pre/eclamptic, HELLP or on magnesium sulphate)

- **Patellar Reflex** 2/4 normal, 0-1 hyporeflexia and 3-4 hyperreflexia. *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)

**Initial**
### CCTC Obstetrical Flowsheet (Pregnant Patient in CCTC)

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**Initial**

Draft October 19, 2018 BMorgan