

CCTC Obstetrical Flowsheet (Pregnant Patient in CCTC)

Date: _____ 1900-0700 or _____.

Pregnant _____ Weeks _____ Days _____.

Gravida _____ Para _____.

Rh Status: Negative Positive

Immunoglobulin Given (dates): _____

(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 AI 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 oxytocin)

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	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 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												