

CCTC Obstetrical Flowsheet (Post Partum Monitoring in CCTC)

Date: _____ 1900-0700 or _____.

Gravida _____ Para _____ (including current birth)
Date of birth _____ Birth weight _____
Name/Status of baby _____
 Vaginal Planned C-Section Epidural General Anaesthetic
 Emergent C-Section Reason: _____
Complications
 hemorrhage preeclampsia eclampsia HELLP
Other: _____
Rh Status (see Blood Transfusion Manual for indications)
Mother: Negative Positive **Baby:** Negative Positive
 (Immunoglobulin within 72 hours of birth or antenatal bleeding)
 Immune Globulin Given (dates): _____

Checklist for Admission of Post Partum Patient initiated Q shift Checklist for Post Partum Patient initiated
 "Postpartum Monitoring" added to AI intervention tracking Emergency drugs in fridge (magnesium sulphate/oxytocin)

Post Partum Hemorrhage: Massive Transfusion Protocol Uterine balloon tamponade Oxytocin
 ergonovine carboprost misoprostol tranexamic acid Other interventions: _____

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 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/hr)												
Oxytocin infusion												
Serum magnesium (q6h and PRN)												
Uterine balloon (*DAR once and PRN for changes)												

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												
Edema 1+ mild 2+ legs 3+ hand/abdomen/sacrum 4+ generalized												
Headache * present (DAR and report) ☹ Absent												
Visual Δ *present (DAR and report) ☹ Absent												
Epigastric/RUQ pain *present ☹ Absent												
Fundus Finger breadth above +/at 0/below - umbilicus												
Fundal tone ✓ Firm/central S=soft* D=displaced*												
Lochia (maxipad) Scant(<2 cm); Light(2.5-10 cm); Moderate(10-15 cm); Heavy(saturated in 2 hours)												
Perineum ✓ normal S=sutures intact B=bruised*												
Abdominal Incision D=dressing intact Other *												
Nipples ✓ normal I=inverted C=cracked* B=bleeding*												
Breasts S=soft F=full E=engorged*												
Breast pumping Minutes (L/R) (*DAR once and PRN)												
Initials												