

39w1d G3P2002 @ 8cm/100%/0

IOL: Severe Preeclampsia

Active Labor — ~2.5h to delivery

GBS+ Adequate Prophylaxis ✓

PPH Risk: 19/20

S — SITUATION

Severe preE with chorioamnionitis. Currently 8cm, delivery expected within 2.5 hours. Very high PPH risk (19/20) due to multiple risk factors.

NOTES
Family prefers vaginal delivery if safe. Husband at bedside, aware of risks.
15:20

B — BACKGROUND

- Mag 2g/hr ongoing (loaded 07:30) — level 5.2 @ 06:00
- HTN Episode #1: Labetalol 20→40mg IV → controlled
- HTN Episode #2: Labetalol 20→40→80mg + Hydralazine 10mg → controlled
- Labetalol 200mg PO @ 06:00 (Q8H PRN) · Chorio suspected — T 38.4°C, WBC 18.2
- Pit 18 mU/min × 13h · Epidural in place

NOTES
Similar presentation with P1 — required emergent C/S for non-reassuring FHR. No PP complications.
15:22

A — ASSESSMENT

VITALS (17:00)

BP **162/104** · HR **108**
T **101.1°F** · UOP 55-70 mL/hr
CBC (07:00)

WBC **19.1↑** · H/H 8.8/26.1
Plt **142↓** · Fibrinogen 385
MAG / PPH READY

Mag **5.2** mEq/L (goal 4-6)
Blood: **2U ready** · 2× IV

PreE Labs ↑ AST 62→**78**ALT 49→**55**LDH 370→**412**Uric 6.8→**7.2**Cr 0.9→1.0Prot/Cr 0.46→**0.52**

FHR: Cat II (baseline 168, mod var, occ variables) · PPH Risk: **VERY HIGH (19/20)**

NOTES
Discussed with attending. Allow pushing 2hrs given multip. Ready for OR if FHR deteriorates.
15:45

R — RECOMMENDATIONS

Action	Rationale
DTRs + RR q1h	Mag toxicity risk (oliguric)
Repeat labs 19:00	Trending toward HELLP
Labetalol 200mg PO Q8H PRN	Keep SBP <160
NO METHERGINE	HTN — use Hemabate/Cytotec
Peds at delivery	Meconium + chorio

NOTES
Anesthesia aware, will attend delivery. Blood bank confirmed 2 units PRBCs available.
16:02

- DON'T MISS**
- High Risk** — triple pathology, low threshold for C-section
 - Mag toxicity** — oliguric, check reflexes
 - No Methergine** — hypertensive
 - Recheck labs 19:00** — watching for HELLP
 - PPH ready** — blood available, quantify loss

GENERAL NOTES

16:30 — Spoke with Dr. Shah (attending). Watchful waiting, reassess 18:00 if not delivered.

15:50 — Patient's mother arrived. Family updated on plan and risks.

15:20 — Initial assessment complete. High-risk patient requiring close monitoring.