

L&D CLINICIAN HANDOFF

T. Atkinson · MRN 202667 · Room LDR 351 · Nurse: J. Williams, RN

12/09/2025 17:15
Updated 3 min ago

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.

B 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

B 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 · 2x IV

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

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

B 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

B 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

B 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.