PREOPERATIVE DIAGNOSES:,1. Intrauterine pregnancy at term.,2. Nonreassuring fetal heart tones with a prolonged deceleration.,POSTOPERATIVE DIAGNOSES:,1. Intrauterine pregnancy at term.,2. Nonreassuring fetal heart tones with a prolonged deceleration.,PROCEDURE PERFORMED: , Emergency cesarean section.,ANESTHESIA: ,General and endotracheal as well as local anesthesia.,ESTIMATED BLOOD LOSS: , 800 mL.,COMPLICATIONS: , None.,FINDINGS: ,Female infant in cephalic presentation in OP position. Normal uterus, tubes and ovaries are noted. Weight was 6 pounds and 3 ounces, Apgars were 6 at 1 minute and 7 at 5 minutes, and 9 at 10 minutes. Normal uterus, tubes and ovaries were noted.,INDICATIONS: ,The patient is a 21-year-old Gravida 1, para 0 female who present to labor and delivery at term with spontaneous rupture of membranes noted at 5 a.m. on the day of delivery. The patient was admitted and cervix was found to be 1 cm dilated. Pitocin augmentation of labor was started. The patient was admitted by her primary obstetrician Dr. Salisbury and was managed through the day by him at approximately 5 p.m. at change of shift care was assumed by me. At this time, the patient was noted to have variable decelerations down to the 90s lasting approximately 1 minute with good return to baseline, good variability was noted as well as accelerations, variable deceleration despite position change was occurring with almost every contraction, but was lasting for 60 to 90 seconds at the longest. Vaginal exam was done. Cervix was noted to be 4 cm dilated.,At this time IPC was placed and

amnioinfusion was started in hopes to relieve the variable declarations. At 19:20 fetal heart tones was noted to go down to the 60s and remained down in the 60s for 3 minutes at which time the patient was transferred from Labor And Delivery Room to the operating room for an emergency cesarean section. Clock in the operating room is noted to be 2 minutes faster then the time on trace view. The OR delivery time was 19:36. Delivery of this infant was performed in 14 minutes from the onset of the deceleration. Upon arrival to the operating room, while prepping the patient for surgery and awaiting the arrival of the anesthesiologist, heart tones were noted to be in 60s and slowly came up to the 80s. Following the transfer of the patient to the operating room bed and prep of the abdomen, the decision was made to begin the surgery under local anesthesia, 2% lidocaine was obtained for this purpose.,PROCEDURE NOTE: , The patient was taken to the operating room she was quickly prepped and draped in the dorsal supine position with a leftward tilt. 2% lidocaine was obtained and the skin was anesthetized using approximately 15 mL of 2% lidocaine. As the incision site was being injected, the anesthesiologist arrived. The procedure was started prior to the patient being put under general anesthesia.,A Pfannenstiel skin incision was made with a scalpel and carried through the underlying layer of fascia using the Scalpel using _____ technique. The rectus muscles were separated in midline. The peritoneum was bluntly dissected. The bladder blade was inserted. The uterus has been incised in the transverse fashion using the scalpel and

extended using manual traction. The infant was subsequently delivered. Immediately following delivery of the infant. The infant was noted to be crying with good tones. The cord was clammed and cut. The infant was subsequently transferred or handed to the nursery nurse. The placenta was delivered manually intact with a three-vessel cord noted. The uterus was exteriorized and cleared of all clots and debris. The uterine incision was repaired in 2 layers using 0 chromic sutures. Hemostasis was visualized. The uterus was returned to the abdomen. The pelvis was copiously irrigated. The rectus muscles were reapproximated in the midline using 3-0 Vicryl. The fascia was reapproximated with 0 Vicryl suture. The subcutaneous layer was closed with 2-0 plain gut. The skin was closed in the subcuticular stitch using 4-0 Monocryl. Steri-strips were applied. Sponge, laps, and instrument counts were correct. The patient was stable at the completion of the procedure and was subsequently transferred to the recovery room in stable condition.