**Firoomsis EMR Checklist**

Module: **Maternal Module**

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| **#** | **Features** | **Finished** | **Remark** |
| 1 | Partograph   * Fetal Heart rate chart * Cervix alert and action chart * Decent of head follow up chart * BP and pulse Followup chart * Contraction follow up chart * Amniotic fluid moulding table * Drugs given for pregnant table * Others(protein, actone, volume,temperature) followup table |  |  |
| 2 | Pregnancy Followup charts and history |  |  |
| 3 | Maternal Ultrasound |  |  |
| 4 | Delivery Summary |  |  |
| 5 | Abortion Care |  |  |
| 6 | Post Cesarean Care Form |  |  |
| 7 | SVD Care Form |  |  |
| 8 | APH Care Form |  |  |
| 9 | Preclampsia Care Form |  |  |
| 10 | PROM Care followup Form |  |  |
| 11 | Magnesium sulphate monitoring |  |  |
| 12 | Registering baby-born |  |  |
| 13 | Birth Certificate generate |  |  |
| 14 | OBGYN (Obstetrics/gynaecology ) History |  |  |
| 15 | Gyn/obs OPD Management |  |  |
| 16 |  |  |  |

Approved By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Supervisor Name and Signature:**

**Firoomsis EMR Checklist**

Module:  **IPD Module**

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| **#** | **Features** | **Finished** | **Remark** |
| 1 | Partograph |  |  |
| 2 | Pregnancy Followup |  |  |
| 3 | Malterinal Ultrasound |  |  |
| 4 | Delivery Summary |  |  |
| 5 | Abortion Care |  |  |
| 6 | Post Cesarean Care Form |  |  |
| 7 | SVD Care Form |  |  |
| 8 | APH Care Form |  |  |
| 9 | Preclampsia Care Form |  |  |
| 10 | PROM Care Form |  |  |

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Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Supervisor Name and Signature:**