

Patient Identification

Last Name	First Name	Middle Initial	ID #
Doe	Jon		123456

Labor Summary

Onset of Labor		
Fetal Monitoring		
Pain Management		
Amnioinfusion		
Other		

Labor	Augmentation	Induction	Indication
Spontaneous	Pitocin AROM		

Stages of Labor

Date and Time of Labor Onset	Preterm Labor	Date and Time of Full Dilation	1st Stage
	F		hm

Baby 1 of 1

Date and Time of Delivery	2nd stage		
	hm		
Date and Time of Placenta Delivery	3rd stage		
	0h0m		
Rupture of Membrane			
Date and Time	Duration	Type	Amniotic Fluid Color
	12h33m	AROM	meconium

Duration 2nd Stage	Duration 3rd Stage	Total Length

Complications

MR Number 123**C-SECTION SUMMARY**Acct Number 123456789Name Jon DoeDate of Birth 10/10/1992Age 21**Newborn 1 Of 1**

Date and Time	Gestational Age at Delivery	Live-born	Type of Delivery
	40/3	Yes	Cesarean
Site of Delivery	Preterm	Apgar Score	Sex
OR	No	9/10/-	Male
NewbornID / Band No.	Security Band ID		

**IP FlowChart Medications**

Display Date and Time	User	Description
		pnv on e po daily in am
		iron tablet one twice daily

**Surgical Record**

<b>Identification</b>		
ID band verified	Yes	
Pre-op pause / confirmation	Yes	
<b>Indication for Cesarean</b>		
Maternal	FTP	
<b>Cesarean Delivery</b>		
Time in Room	1730	
<b>Fetal Complications</b>		
None	nuchal cord x 1	
<b>Cesarean Delivery</b>		
Anesthesia Start Time	1732	
Surgery Start Time	1738	
Uterine Incision Time	1740	
Type of Cesarean	Primary	
Priority	Unscheduled	
Iodophor Prep and Paint By		
Abdominal Incision	Low transverse	
Uterine Incision Type	Low Transverse	
Wound Class	Clean contaminated	

**Hospital & Healthcare Services**  
OB TraceVue - Labor and Delivery  
Summary - Cesarean Section

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ID#	123456

MR Number 123**C-SECTION SUMMARY**Acct Number 123456789Pt Name Jon DoeDate of Birth 10/10/1992Age 21

Tubal Ligation	Yes	
Filshie clip applier tested	Not applicable	
Irrigation	Sterile Normal Saline	
Abd dressing type	Gauze 4X4	
Transfer to Recovery		
Standards of care followed	Yes	
other		
<b>Sponge/Needle/Instrument Count</b>		
Initial	Correct	
<b>Maternal Complications</b>		
none	FTP	
<b>Sponge/Needle/Instrument Count</b>		
Second	Correct	
Third		
Final	Correct	
<b>Position</b>		
Supine position	Yes	
<b>Anesthesia</b>		
Epidural		
<b>Position</b>		
Rt flank wedge	Yes	
<b>Electrosurgical</b>		
Unit Number	SF8K0344	
Preop Ground Site	Clear	
<b>Implants</b>		
None		
<b>Electrosurgical</b>		
Pad Site	Left anterior thigh	
Applied by		
Pol / Cut / Coag	Mono / 75 / 35	
Removed by		
Postop Ground Pad Site	Clear	

Anesthesia Machine		
Machine Number	#7 / AMA	
Drains		
None		
Oximeter		
Placement	Left hand	
Specimens / Cultures		
cord blood		
Newborn Resuscitation		
Tactile stimulation	Yes	
Bulb syringe	Yes	
Intake		
IV fluids		
Newborn Resuscitation		
Free flow oxygen	Yes	
PPV	No	
Chest compression	No	
DeLee	No	
Output		
Foley		

Umbilical Cord

Vessels3

C. BloodYes

Cord Blood

Baby - A		
pH		
pO2		
pCO2		
BD		
BE		

Placenta

Date and Time	Placenta Delivery	Appearance	Duration
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Hospital & Healthcare Services  
OB TraceVue - Labor and Delivery  
Summary - Cesarean Section

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MR Number123

C-SECTION SUMMARY

Acct Number123456789

Pt NameJon Doe

Date of Birth10/10/1992

Age21

8/21/2013ManualIntact0h0m

Blood loss (mL)

500

Delivery Attendance

Baby - A	
M.D.	Jane Doe
MD-Assisting	Jane Doe
Anesthesiologist	
R.N.	
R.N. #2	Jane Doe
R.T.	
LPN	
Scrub Nurse	
Pediatrician	

Comment

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