**MBARARA UNIVERSITY OF SCIENCE AND TECHNOLOGY: DEPARTMENT OF OBSTETRICS AND GYNECOLOGY: 24 HOUR OPERATION REPORT**

|  |  |
| --- | --- |
| DATE | ……………/……………./……………….. |

**Team on call**

**Specialist ……………………………………………………..SHO………………………………………………………. JHO (Intern)……………………………………………………..**

**Total admission: ……………………………………………..Obstetrics………………………………………………….Gynecology……………………………………………………..**

**Total deliveries:………………………………………………SVD………………………………………………………..Partograms filled………………………………………………**

**Total C/Section:………………………………………………Emergency………………………………………………...Elective…………………………………………………………….**

**Total abortions………………………………………………..Total Evacuations done……………………………………………….**

**Total Ectopic pregnancies………………………………………**

1. **C/Section Details:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No** | **Name** | **Age** | **Parity** | **Referral**  **Y/N** | **Indication** | **Anes** | **Abx(Y/N** | **Fetal Outcome** | | | **WHO surgical checklist** | **Maternal Outcome** | **Decision to delivery time** | **Reason for Delay** | **Postop Observations** | | | |
| **1st 4hrs** | | **5-24hrs** | |
|  |  |  |  |  |  |  |  | Wt | A/S | SEX |  |  |  |  | BP | PR | BP | PR |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. **Other Emergency Obstetric Operations (Ruptured Uterus, PPH, Perineal tears etc.)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No** | **Name** | **Age** | **Parity** | **Indication/ Diagnosis** | **Anesthesia GA/RA** | **Operation** | **WHO surgical checklist** | **Maternal Outcome** | **Postop Observation**  **1ST 4hrs** | | **5-24 hrs.** | |
|  |  |  |  |  |  |  |  |  | BP | PR | BP | PR |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |

**Total still birth------------------------------------ FSB------------------------MBS…………………………………………………….Early Neonatal Death…………………………………………………**

1. **Emergency Gyn Operations (Ectopic, Pelvic Abscess, Perforated Uterus etc.)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No** | **Name** | **Age** | **Parity** | **Indication/ Diagnosis** | **Anesthesia GA/RA** | **Operation** | **WHO surgical checklist** | **Maternal Outcome** | **Postop Observation**  **1ST 4hrs** | | **5-24 hrs.** | |
|  |  |  |  |  |  |  |  |  | BP | PR | BP | PR |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |

1. **Elective Gyn Operations.** Total elective gyn operations with filled and completed surgical safety checklists:…………………………………………………………

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Name** | **Age** | **Parity** | **Indication/ Diagnosis** | **Anesthesia GA/RA** | **Operation** | **WHO surgical checklist** | **Maternal Outcome** | **Postop Observation**  **1ST 4hrs** | | **5-24 hrs.** | |
|  |  |  |  |  |  |  |  |  | BP | PR | BP | PR |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |

1. **Total number of Referrals ………………………………………………**

**Referral Details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No** | **Name** | **Age** | **Parity** | **Indication/ Diagnosis** | **Anesthesia GA/RA** | **Operation** | **WHO surgical checklist** | **Maternal Outcome** | **Postop Observation**  **1ST 4hrs** | | **5-24 hrs.** | |
|  |  |  |  |  |  |  |  |  | BP | PR | BP | PR |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  |

1. **Number of Maternal deaths-----------------------------------------------------------------------**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Name** | **Age** | **Parity** | **WOA** | **Probable cause of death** | **Identifiable Delays** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |

1. **Maternal Near Misses**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Name** | **Age** | **IP.NO** | **Vitals (Last four hours)** | | | | **Diagnosis** | **Outcome**  **Mother** | | **Newborn** | | | **If operated, WHO Checklist used? Y/N** | **Ward Admitted** | |
| **BP** | **PR** | **O2sat** | **RR** |  | |  |  | | |  | |  | |
| **FSB** | **MSB** | **END** |
| 1 |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  | |
| 2 |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  | |
| 3 |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  | |
| 4 |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  | |
| 5 |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  | |
| 6 |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  | |
| 7 |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  | |
| 8 |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  | |

1. **Patients in ICU ………………………………………………………..**

Details of patients in ICU

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Name** | **Age** | **Parity** | **Diagnosis** | **Current patient status** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |

1. Filled in by…………………………………………………………………… (Name)………………………………………………………… (Signature)

