

BLOOD PRESSURE CHART

UNIT NO.....
NAME.....
AGE..... SEX.....
WARD..... BED NO.....

DATE																					
TIME																					
260																					
240																					
220																					
200																					
190																					
180																					
170																					
160																					
150																					
140																					
130																					
120																					
110																					
100																					
90																					
80																					
70																					
60																					
50																					
40																					
30																					
20																					
10																					
0																					

FILE NO:_____

OLJABET HOSPITAL

MATERNITY FILE

Date..... IP NO:.....

NAME_____AGE_____PARITY_____

LNMP_____EDD_____GBD_____DOA_____

DIAGNOSIS_____

INSURANCE_____ID NO_____MEMBER NO_____

NEXT OF KIN_____OCCUPATION_____

MOBILE NO_____RESIDENCE_____COUNTY_____

ANC CLINIC_____ANC PROFILE: Hb_____B/Group_____VDRL_____PITC_____

MEDICAL HX_____BLOOD TRANSFUSION_____

FAMILY HX_____OBSTETRIC HX_____

DATE	DURATION OF LABOUR	MODE OF DELIVERY	WEIGHT	SEX	ALIVE/DEAD	FEEDING	B/ GROUP

EXAMINATION ON ADMISSION

FUNDAL HEIGHT.....ESTIMATED FETAL WEIGHT.....

PRESENTATION..... LIE..... ENGAGEMENT..... FHR.....

EXT GENITALS..... CERVIX..... POSITION.....

B.P..... PULSE..... TEMP.....

PREVIOUS SCAR..... REASONS?

U/S REPORT.....

STRICTLY CONFIDENTIAL

NOT TO BE HANDLED BY UN-AUTHORISED PERSONS

DATE.....

Labour began	Membrane rupture	Fully Dilated	Baby Born	placenta Expelled	Amount of Blood loss
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STAGE.....

SIGNATURE.....

Abnormalities

SEX.....

[illegible]