BLOOD PRESSURE CHART

UNIT NO	
NAME	
AGE	SEX
WARD	BED NO

DITTL											
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 _	PA	PARITY				
LNMP_	MPEDD			_ GBD_		_DOA				
DIAGNO	OSIS						· · · · · · · · · · · · · · · · · · ·			
	NCE				MEN	IBER NO_				
NEXT O	F KIN			OC	CUPATION_					
MOBIL	E NO		_ RESIDE	ENCE_		COUNTY				
ANC CL	INICA	NC PROFI	LE: Hb	B/G	roupV	DRL	_PITC			
MEDIC	AL HX		BL	OOD T	RANSFUSIO	N				
FAMILY	/ HX		OBS	ΓETRIC	C HX					
				1						
DATE	DURATION OF LABOUR	MODE OF DELIVERY	WEIGHT	SEX	ALIVE/DEAD	FEEDING	B/ GROUP			
		EXAMI	NATION	ON ADI	MISSION					
FUNDA	L HEIGHT									
	NTATION									
	ENITALS									
	I									
	OUS SCAR									
)	•••••				• • • • • • • • • • • • •	•••••••			

STRICTLY CONFIDENTIAL
NOT TO BE HANDLED BY UN-AUTHORISED PERSONS

MED .93/ACT						DAILY POST-NATAL EXAMINATION (MOTHER)													
REPORT ON	LABOUR			DATE	•••••	NA	ИЕ	•••••	• • • • • •	• • • • •	•••••	• • • • • • •	•••••	• • • • • •	• • • • • •	• • • • • •			
						DATE OF ADMISSION DATE OF DELIVERY													
						MO	DE OF	DEL	IVER	RY			A	GE	• • • • • • •	• • • • • • •	• • • •		
						Date	Time		OBS	8		Breast	Involution Uterus				Urine	Sign	
Labour began	Membrane rapture	Fully Dilated	Baby Born	placenta Expe	lled Amount of Blood loss			BP	Т	Т	P	exam N/S	Y/N	Disc	harge	Y/N	Y/N	_	
DRU	GS ORDERED	DURING LA	ABOUR IN	CLUDING 31	RD														
DATE	TIME	DRUG	DOSE	GIVEN BY	REMARKS														
								-										+	
					+													_	
STAGE DURATION OF 1ST STAGE 2ND STAGE	LABOUR	······································	TYPE OF			NAN DAT	1E E OF I)ELIV	VERY	······	••••••	••••••	N (CHILI T.O.B (T MODE OI BTW	ime o	IVER	Ý	•••••	••••	
-	te/incomplete		Midwife	•••••		SEX	•••••	•••••	•••••	••••	•••••								
	plete/incomplete normal ERY					Date	Birth in congen	ital	Breat norms subno	al/	Cord sept Ligated Dry & cle	Y/N	eding Hydrate Y/N	Temp N/sn	Stool Y/N	Urine Y/N	Remar	ks	
	on			ndition															
				re											-				
	•••••																		
			Abnorma												1				
	ND ANAESTHETIC	••••••	••••••									\dashv			1				
I hereby give per	mission for anaesthetic erformed upon me/my	and for any medio wife/child.	cal or surgical tr	eatment which the l	Ooctor may consider										1				
-			GNATURE		•••••														
DOCTOR		SI	GNATURE												1				