

Receiving a patient

“ Front page

- Height, weight, BMI → pre pregnancy
- Weight gained during pregnancy
- VT score

- Date & time of receiving
- Demographic details →

History

- Chief Complaints →
 - Admitted for safe confinement
 - if freshly received today → Referred from I/V/O(In view of)
atGA
 - if it is a old patient → Booked case of
- Married life →
 - Primi or G..P..L..A.. prev CS or FTVD/PTVD
 - if >3 years → ask spontaneous ? or after infertility treatment?
 - Consanguineous or NCM
 - Mention about previous pregnancy's → Sex | Birth weight | age | CS/ND |
Any complications
 - Previous LSCS? → indication & at what week?
 - FTVD/PTVD @...Month
 - Abortions @...Month → Medically managed/ D&C done or not done
 - Menstrual history →
 - regular cycles?
 - .../..... days, h/o clots, dysmenorrhea
 - LMP of present pregnancy
 - EDD by LMP ⇒
 - LMP-GA as of today
 - Check for EDD with Dating scan → Corresponding(<1wk
disparity) → good
 - if not mention T1 EDD & T1-GA

- HOPI → start describing

- Presenting illness

- Pain

- Intermittent abdominal pain

- Radiating to back

- since __ hours or __ days

- Lower abdominal pain

- Continuous type

- ddx → dysuria/white discharge

- Bleeding PV

- Leaking PV

- Appreciating good FM/ decreased FM

- Fever/ vomiting/ etc....

- T1

- Preconceptionally FolicAcid?

- When was the UPT done,

- if with in 2wks of missed period → suggest regular cycles

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- Inj TT ? 2 doses

- Any h/o fever with rash

- h/o Teratogenic drug intake

- h/o Radiation exposure

- h/o spotting p/v? or Abdominal pain?

- *Dating scan* →

- when was it done?

- Corresponding dates?

- *NT scan* →

- NT thickness

- NB -

- *Aneuploidy Screening* → when? T1/T2

- Low risk / moderate risk/ high risk

- any Past history

- T2

- When was the Quickening?

- 75gm GGT

- *Anomaly scan* → when?

- mention any details

- **T3**
 - Regular ANC?
 - *Scan to assess interval growth* are normal
- Include Referred from ____ at __wk+__D of GA i.v.o
- Medical History →
 - **Anemia**
 - Treated with Fe BD/ orofer/ PRBC
 - Deworming done?
 - PS, Ferritin, LDH → reports
 - Last Hb
 - **GDM**
 - GTT or F/PPBS values
 - When was it detected? FBS/PPBS at that time
 - if it is >126/200 → Suspect Overt diabetes → Enquire about HbA1c value
 - Treated with MNT/OHA/Insulin
 - Overt DM → End organ evaluation
 - **HTN**
 - When was it detected?
 - h/o Impending signs
 - if <20 wk → c/c HTN
 - Check urine P/C >0.3 or Urine Albumin + ⇒ Preeclampsia
 - c/c HTn → End Organ evaluation
 - **Seizure**
 - When was detected
 - last seizure episode
 - if any occurred during pregnancy
 - on which drug, dose and last neurology follow-up report
 - any drug changed in pregnancy
 - **Thyroid disorder**
 - Since How many years
 - on Tab. Thyronorm __ mcg OD
 - Last TSH
 - **Heart disease**
 - NYHA grading
 - since how many years

- symptoms if any, Rx if any, regular follow up, last cardiac consultation date & Advice
 - Asthma/COPD/ TB
 - Drug history
 - h/o blood transfusion
 - Any h/o **Drug allergy** → allergy chart
 - Teratogenic drug intake
 - Past surgical history
 - for what, when, what Sx
 - Family history → Gynecology patients & Genetic disease patients
 - Any history breast/endometrial/ovarian cancer in the family
 - If not covered previously
 - Personal history
 - sleep regular
 - decreased appetite
 - normal bladder & bowel movement
 - no addiction
 - SES - low income
 - Menstrual history
 - Past obstetrics history
 - any reference's from medicine/cardiology/nephrology/ophthalmology
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Examination

- General Physical examination
 - Conscious, oriented
 - Pallor, icterus, cyanosis,
 - pedal edema, lymphadenopathy
 - Febrile?
 - PR -
 - BP -
 - Impending signs
 - Spo2
- CVS - S1 S2 heard
- RS - clear AEBE, no added sound
- P/A -

- Inspection findings
 - Longitudinally stretched → pregnant
 - linea nigra/alba
 - striae gravidarum
 - prev cs scar
- Palpation findings
 - soft, non tense, non tender, obesity +/-
 - uterus ~.....wks
 - Cephalic
 - (M)
 - fixed - (4/5, 3/5, 2/5, 1/5, 0/5)
 - any other presentation
 - FM +
 - FHS →bpm,
 - no scar tenderness if prev cs
- if r/o Abruptio → no clinical evidence of abruptio
 - Also do BT/CT and write
- if PPRROM → no s/o Chorioamnionitis
- P/Speculum -
 - OS closed, cervical length ~.....
 - Any discharge/ leaking/ bleeding
 - curdy white or purulent
- P/Vaginal -
- if relevant Don't forget to mention, often decisions are made based on evidence
 - NST details
 - Scan details
 - Investigation details

Impression

- Married life x ..yrs || G..P..L..A.. || previous FTNVD/CS
- POG -wk + ...days
- Risk factors / co-morbidities
 - GDM
 - Placenta previa
 - anemia

- Enter Investigation/scan impression
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Advice

- ☐ Monitor Vitals
 - ☐ DFMC → Daily Fetal Movement Count
 - ☐ NST
 - ☐ 6x GRBS → BF/AF---BL/AL---BD/AD
 - ☐ MNT(Maternal Nutritional therapy)
 - ☐ Tab. Iron 200mg OD/BD/TID
 - ☐ Tab. Folic Acid 5mg 1-0-0
 - ☐ Tab. Calcium 500mg 0-2-0
 - ☐ Tab. Albendazole 400mg stat (if not dewormed)
 - ☐
 - ☐ Arrange Blood
 - ☐ Collect investigation
 - ☐ Prepare parts
 - ☐ Tab. Dulcolax 2 HS
 - ☐ Tab. Flucanazole 150mg stat
 - ☐ Cansoft CL Vaginal tablet (1/3)
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