

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)
 - if it is a old patient → Booked case of
- Married life →
 - Primi or G..P..L..A..
 - if >3 years → ask spontaneous ? or after infertility treatment?
 - Consanguineous or NCM
 - Mention about previous pregnancy's
 - Previous LSCS? → indication & at what week?
 - Mensutal history →
 - regular cycles?
 - LMP of present pregnancy
 - EDD by LMP ⇒
 - Check for EDD with Dating scan → Corresponding? →
 - LMP-GA as of today
- HOPI → start describing
 - **T1**
 - Preconceptional 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
- Medical History →
 - **GDM**
 - When was it detected? FBS/PPBS at that time
 - if it is >126/200 → Suspect Overt diabetes → Enquire about HbA1c status if done at that time
 - **HTN**
 - When was it detected?
 - check *Doppler scan* →
 - Uterine artery PI
 - Whether started on Tab. Ecosprine 150mg HS ?
 - **Seizure**
 - **Thyroid disorder**
 - **Heart disease**
 - Asthma/COPD/ TB
- Drug history
 - Any h/o **Drug allergy**

- Teratogenic drug intake
 - Past surgical history
 - 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 -
- CVS - S1 S2 heard
- RS - clear AEBE, no added sound
- P/A -
 - Inspection findings
 - Longitudinally stretched → pregnant
 - linea nigra/alba
 - striae gravidarum
 - Palpation findings
 - soft, non tense, non tender, obesity +/-
 - uterus ~.....wks
 - Cephalic/any other presentation
 - FM +

- FHS →bpm,
 - P/Speculum -
 - white discharge?
 - P/Vaginal -
 - if relevant Don't forget to mention, often decisions are made based on evidence
 - NST details
 - Scan details
 - Investigation details
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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.
- ☐
- ☐ Arrange Blood
- ☐ Collect investigation
- ☐ Prepare parts
- ☐ Tab. Dulcolax 2 HS
- ☐ Tab. Flucanazole 150mg stat

