Receiving a patient

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Front page
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- Height, weight, BMI → pre pregnancy
- Weight gained during pregnancy
- VT score
- · Date & time of receiving
- Demographic details →

History

- Chief Complaints →
 - Admitted for safe confinement

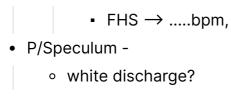
 - if it is a old patient → Booked case of
- Married life →
 - Primi or G..P..L..A..
 - ∘ if >3 years → ask spontaneous? or after infertility treatment?
 - Consanguineous or NCM
 - Mention about previous pregnancy's
 - Previous LSCS? → indication & at what week?
 - Mensutral history →
 - regular cycles?
 - LMP of present pregnancy
 - EDD by LMP ⇒
 - Check for EDD with Dating scan → Corresponding? →
 - □ LMP-GA as of today
- HOPI → start describing
 - o T1
 - Preconceptional FolicAcid?
 - When was the UPT done,
 - \Box if with in 2wks of missed period \rightarrow suggest regular cycles
 - 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 o T3 Regular ANC? Scan to assess interval growth are normal Medical History \rightarrow o GDM When was it detected? FBS/PPBS at that time □ if it is >126/200 \rightarrow Suspect Overt diabetes \rightarrow 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
 - o any reference's from medicine/cardiology/nephrology/ophthalmology

Examination

- · General Physical examination
 - · Conscious, oriented
 - Pallor, icterus, cyanosis,
 - pedal edema, lymphadenopathy
 - Febrile?
 - o PR-
 - o 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 +



- 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
- POGwk + ...days
- Risk factors / co-morbidities
 - GDM
 - o Placenta previa
 - o anemia
- Enter Investigation/scan impression

Advice

