

Apgar Score

Indicator		0 points	1 point	2 points
A	APPEARANCE (skin color)	Blue; pale	Pink body; blue extremities	Pink
P	PULSE (heart rate)	Absent	Below 100 bpm	Over 100 bpm
G	GRIMACE (reflex irritability/response)	Floppy	Minimal response to stimulation	Prompt response to stimulation
A	ACTIVITY (muscle tone)	Absent	Flexed arms and legs	Active
R	RESPIRATION (breathing ability)	Absent	Slow and irregular	Vigorous cry

Addressograph:

Jane Parsons
1 The Leap
Countryville
234567

Date of birth: 13/6/80

G.P: J. Jones
Parish surgery
Countryville

Onset of contractions

Date: 28.04.08 Time: 11.45

Membranes ruptured

Date: 28.04.08 Time: 11.15

Spontaneous / Artificial

Cardiograph

Yes ☒ No ☐ Time: 11.30

Fetal scalp electrode

Yes ☒ No ☐ Time: 14.45

Date: 28.04.08

Time:

Pulse rate

Temperature

Blood pressure

Contractions
in 10 mins

<20 s
<40 s
>40 s

Descent
Ischial
spines
+1
+2
+3
+4

Amniotic fluid

Position

Effacement

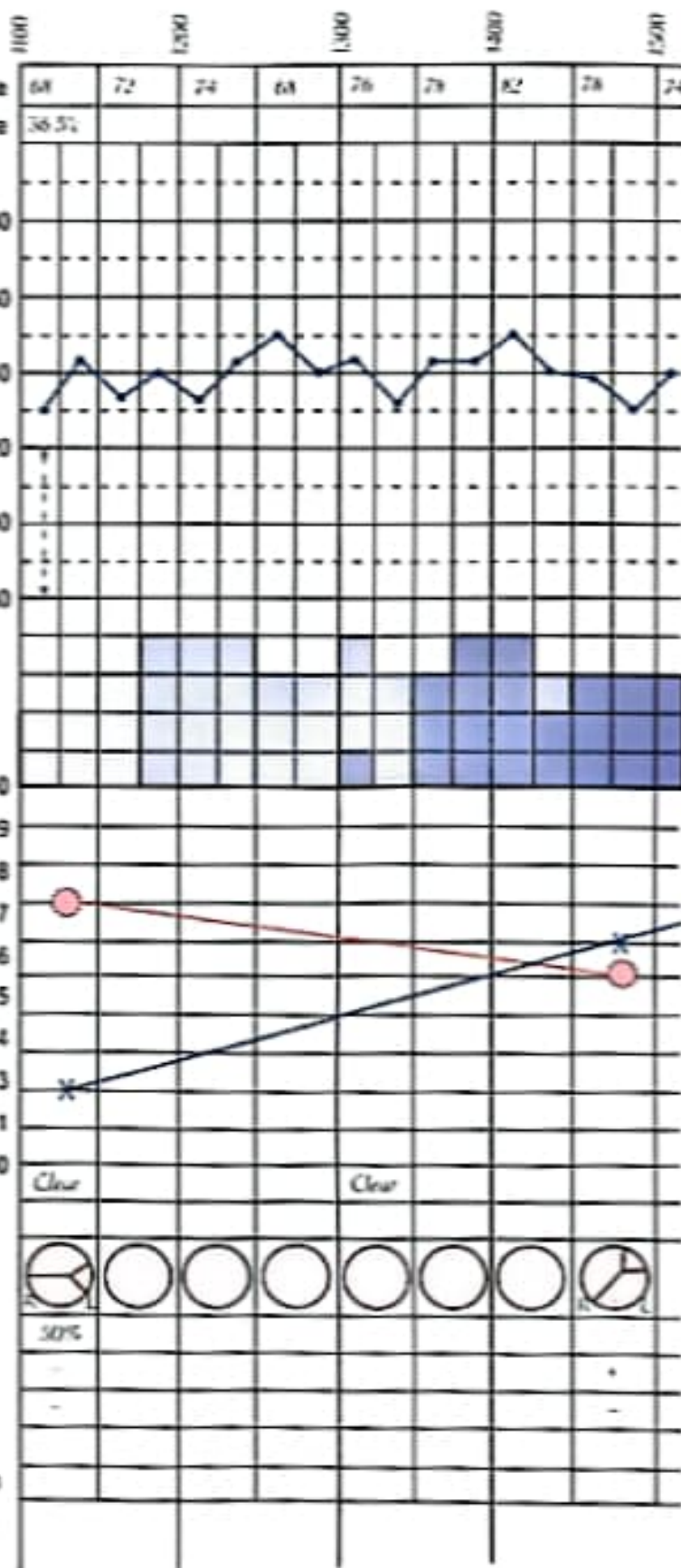
Caput

Moulding

IV oxytocin

Milliunits per min

Drugs/infusions



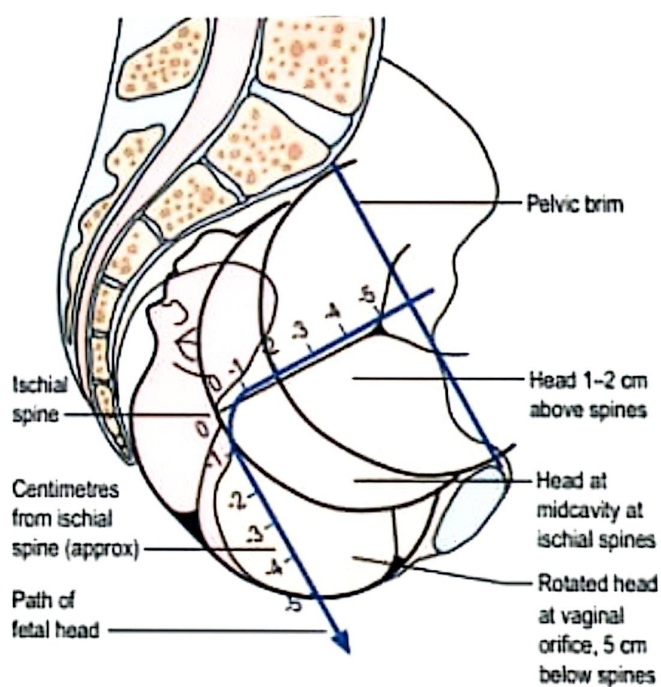


Fig. 16.10 Diagram to show stations of the fetal head in relation to the pelvic canal.

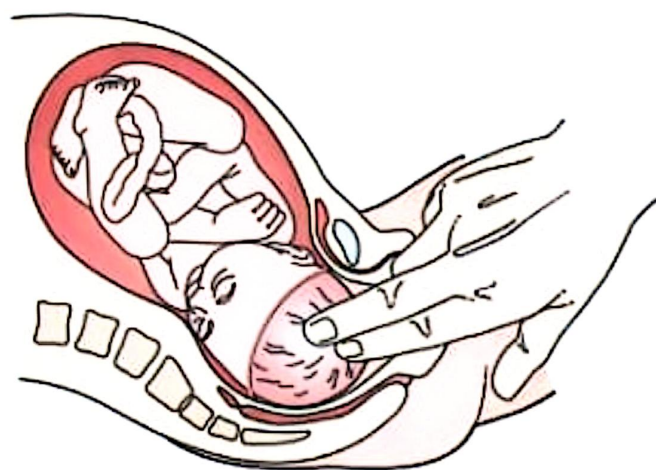


Fig. 16.12 Cervix fully dilated

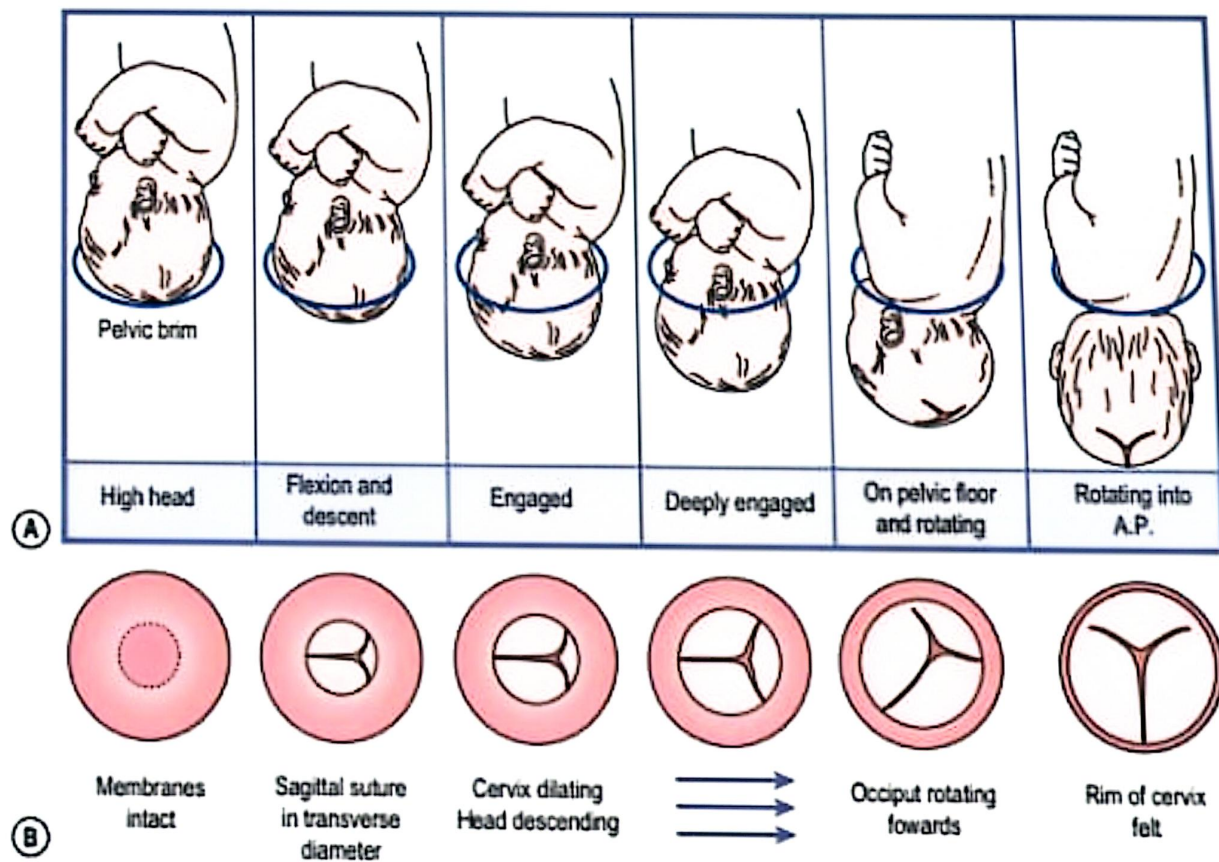


Fig. 16.11 (A) Diagrams showing descent of the fetal head through the pelvic brim. (B) Diagrams showing dilatation of the cervix and rotation of the fetal head as felt on vaginal examination.

TREAT PAIN

ADULT PAIN MANAGEMENT

DEFINITION OF PAIN

An unpleasant sensory and emotional experience associated with actual or potential damage or described in terms of such damage.

IASP 1979

"What the person says it is..."

McCaffery & Pasero, 1999



ASSESSMENT

Ask the patient to rate their pain using the tool below:



Mild Pain

Paracetamol 1g PO 4 hourly Plus 4g/8
Tramadol 40mg PO 4 hourly Plus 12g/8
Adjustment

Moderate Pain

Dibenzosilone 30mg PO 4 hourly Plus 24mg/8
Tramadol 50-100mg PO 4 hourly Plus 40mg/8
Adjustment
Non-opioids

Severe Pain

Morphine Dosage:
Start at 2.5-10mg PO 4 hourly depending on the patient's age, previous opiate use
If the patient was on step 2 analgesia start at 10mg PO 4 hourly
Adjustment
Non-opioids
Adjust dose in renal disease

WHO GOLDEN RULES:

- By the mouth
- By the clock
- By the ladder

WHO THREE STEP LADDER FOR PAIN MANAGEMENT

90% of patients are managed using the WHO 3 step ladder



A blue rectangular box containing a form for pain assessment. It includes fields for 'Pain assessment', 'Pain management', and 'Pain review'. It also has a section for 'Pain management plan' with checkboxes for 'Non-opioid', 'Opioid', and 'Adjuvant'.

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The hand that writes opioids must prescribe laxatives as a safeguard against the risk of constipation.

Some WHO indications of opioids:

1. Postoperative pain eg postoperative pain in Severe soft tissue
2. Postoperative surgery/muscle trauma/fracture
3. Chronic malignant pain eg cancer etc
4. Chronic benign pain (chronic non-malignant pain (CNMP))
5. Postoperative pain
6. Other refractory pain conditions

Antihypertensive dosing chart

NGA/ANZCA
2017

Labetalol

- 20mg IV slowly over 10 minutes
- Proceed to 40mg, then 80mg at 10-20 minute intervals
- Maximum of 300mg

Nifedipine

- 10-20mg oral
- Repeat 10-20mg every 30 minutes
- Maximum of 40mg
- Maintain 10mg every 4-6 hrs

Hydralazine

- 5mg IV slowly over 10 minutes
- Repeat 5 mg every 20 minutes
- Maximum of 20mg

Anticonvulsant dosing chart

MgSO₄

- **Loading dose**
 - 4g IV 20% solution over 15 minutes
 - 10g IM 50% solution – 5 in each buttock with 1mL 2% lignocaine
- **Maintenance dose:** 5g IM 50% solution q 4 hours

Phenytoin

- **Loading dose:** 10mg/kg IV infused slower than 50mg/min
- **Maintenance dose:** 2 hours later at 5mg/kg
- **Side effects:** bradycardia, hypotension

Diazepam

- **Loading dose:** 20mg IV slowly over 2 minutes
- **Maintenance dose:** 40mg in 500ml IV fluid titrated to keep woman sedated but rousable
- Do NOT exceed 100mg in 24 hours
- **Side effects:** respiratory depression

Newborn Resuscitation

For all newborns:

- Practice delayed cord clamping to prevent infant anemia
- Clean the cord with 4% Chlorhexidine once the baby is stable then daily until cord separation
- Ensure HIV risk known and give TEO & Vitamin K

Prepare for delivery: equipment, warmth, get help

Initial steps in stabilization: dry & stimulate baby, cover with warm dry towel
Is baby crying or breathing? Does baby have good muscle tone?

NO to any

YES to all

- Immediate cord cutting
- Transfer to radiant warmer
- Position and check airway
- Clear airway if required exposed
- Assess breathing

- Place on mother's abdomen for skin to skin contact
- Initiate breastfeeding
- Delay cord cutting
- Essential Newborn care (Vit K, cord care, eye care)

Baby now active and taking breaths?

YES

Laboured

- Initiate O₂/CPAP

NO

SHOUT FOR HELP and Start Ventilation

- Ensure chest rise
- Perform at 40-60 breaths/minute
- Check heart rate at 1 min

Is heart rate > 60 bpm

YES

NO

- Give 1 effective breath for every 3 chest compressions for 1 minute
- Reassess ABC every minute
- Use 100% oxygen as you begin chest compressions

ABC OK

If heart rate very slow or undetectable, consider IV access and drugs:

- Continue with 40-60 breaths/minute
- Reassess ABC every 1-2 minutes
- Stop bagging when breathing and heart rate OK

ABC OK

- Regular breathing/HR > 100bpm, give O₂ and titrate SpO₂ (90-95%)
- IVF/EBM & blood sugars 2hr post birth
- Keep warm at 36.5-37.5 degrees C
- Essential newborn care
- Treat infections if indicated

AIRWAY

BREATHING

CIRCULATION