



OB Admission History and Physical Template

(For triage at L&D, any new patient, or OB consult in house)

Patient is a ___ y/o G__P__@ weeks /7 with EDD ___ by LMP/US c/w or not cw LMP/US presents with___

HPI:

- Contractions: [+/-, frequency, intensity, duration]
- Vaginal Bleeding: [+/- (color, # of pads, etc)]
- Fetal Movement: [normal, decreased, absent]
- LOF (loss of fluid): [trickling, color, time of "gush"??]
- Other: [discharge, itching, dysuria, fever, SOB]

HCP: (hx of current pregnancy):

Complications: CHTN, GHTN, DM, preeclampsia, hyperbilirubinemia. Preterm labor

Prenatal labs (PNL): [Blood type/Rh/RI/HBsAg/RPR/HIV/GC/CT/GBS]

OBHx: G1, G2, G3, P: # Full Term, # Premature, # Abortions, # Living (eg G3P1201)
DOB, delivered @ ___ wks, mode of delivery (NSVD, C/S, IOL, etc), wt, complications

GYNHx: Age of menarche, length/regularity of cycles, length of menses. Pap history. STI/STD, UTI history.

PMHx:

PSHx: including C/S and operative deliveries

Medication + doses:

Allergies:

FHx:

SHx: T/E/D, abuse, home, child care, occupation, education.

Vitals:

Physical Exam:

- General: NAD, Cardiac: RRR, Lungs: CTA
- Abdomen gravid, NT, fundal location, palpable contractions, presentation?
- Extremities: WWP, edema/swelling, reflexes
- SVE (sterile vaginal exam): dilation/effacement/station
- SSE (sterile speculum exam) is cervix dilated, is there amniotic fluid, blood etc?

Fetal Vitals:

FHT fetal heart tracing): baseline HR, variability (good, decreased, absent) accels, decels

Tocometer: contractions, frequency, duration, intensity

BSUS (bedside ultrasound) or other US report.

GBS status

Assessment: This is a ___y/o G_P_ @ ___weeks with onset of contractions at term.

Plan:



- OB: admit to L&D
- CBC, type and cross
- Review all prenatal labs and retest as needed
- Monitor for active labor
- FHRT, consultation if indicated
- IV Fluids and Prophylaxis antibiotics per protocol if GBS +