

**OBSTETRICAL OPERATIONS / EMERGENCIES**

Serial No.

Hosp. No.

Date of admission:

Date of discharge:

Name:

Age:

Obs.score:

L.M.P :

E.D.D :

P.O.G :

Height :

Weight :

BMI :

Complaints:

Blood Group & Rh

Information about present pregnancy

Trimester	Date	BP	Weight	Urine	Clinical Findings	Remarks
First						
Second						
Third						

Bladder

Bowels

Menstrual History:

Marital History:

Obstetrical History

No. of pregnancy	Date & Place of delivery	Duration of pregnancy	Abnormalities in pregnancy	Nature of labour	Puer-perium	Baby		
						Alive / Stillborn	Sex Birth Weight	Present Health

**Past History**

Jaundice / Surgery / Blood transfusion /

Br. asthma, HT, Diabetes

**Family History**

Hypertension / Diabetes / TB /

STD / Multiple pregnancy / others

**Examination**

General

Breasts

Anaemia / Oedema / Dehydration

Thyroid

Pulse

B.P.

Respiration

**Systemic Examination**

CVS

CNS

RS

**Obstetrical Examination**

(A) Abdominal:

Fundal Height

Presentation

Position

Engaged / Non engaged

Foetal Heart Rate

Any other Findings:

(B) Vaginal Examination:

Cervix

Effacement

Dilatation (in cm)

Membranes: Present / Absent

Presenting part

Level of presenting part in relation to ischial spines (in cm)

Pelvic assessment

Diagnosis

Delivery:

Date:

Time:

Type of labour

Nature of delivery:

**Operation Notes:**

Date of operation:

Surgeon:

Proposed surgery:

Assistant:

Investigations

Hb :  
PCV :  
Bl Grouping :  
Rh Typing :  
BT, CT :

VDRL :  
HIV :  
HbsAg :  
Bl. Sugar :  
Bl. Urea :

Urine Albumin:  
Sugar :  
Pus cells :  
Deposit :

Surgery performed:

Anaesthesia:

Indication for operation:

Position of the patient:  
Incision

Preparation:

Operative Findings

Steps of operation

Blood loss

Final Diagnosis:

Blood replacement

Post operative management:

Post operative complication:

Fever / Wound infection / UTI / Others

Emergency treatment instituted

Notes on delivery

Baby

Alive / Still Born

Apgar at birth

Apgar 1'

Apgar 5'

Weight and sex of the baby

Congenital malformation

Placement and membranes

Complete / Incomplete

Weight of placenta

**Post operative follow - up**

Date	Complaints	Pulse Temp.	Breasts	Height of uterus	Lochia	Urine / Stools	Perineum

Baby:

Progress:

Treatment:

Feeding Method

Contraception

Advised

Accepted

Postnatal Advice / Check up

Dated:

Signature of Senior Resident / Asst. Professor