

OBSTETRICAL ASSESSMENT RECORD

OAU/Triage

DATE (yyyy/mm/dd) TIME					Primary Care Provider		
/ / :							
G	T	P	A	L	EDB	GESTATION	Weight

REASON FOR VISIT

☐ Labour Date: _____ Time: _____
☐ SRM Date: _____ Time: _____ Colour: _____
☐ Decreased Fetal Mov'ts ☐ Hypertension ☐ NST
☐ Vaginal bleeding ☐ Induction/Cervical ripening
 Indication: _____
☐ Other: _____

Referral source

☐ Home ☐ Office / Clinic ☐ Other: _____

STREP. B :

☐ Pos ☐ Neg
☐ unknown

ALLERGIES: ☐ NKA ☐ Yes, specify allergies/reactions

Previous admission this pregnancy ☐ No

☐ Yes, reason: _____

PRIORITY CODE ☐ 1 ☐ 2 ☐ 3 ☐ 4

Pregnancy complications:

☐ None ☐ Diabetes ☐ Hypertension
☐ Bleeding ☐ PTL
☐ Other: _____

Pertinent medical history

WA ☐ D ☐ ND ☐ NA ☐ Other *

Medications

OAR 1 ☐ Reviewed ☐ Unavailable

OAR 2 ☐ Reviewed ☐ Unavailable

FHR	TIME					
	Mode					
	FHR (bpm)					
	Variability (EFM) Rhythm (IA)					
	Accelerations					
	Decelerations					
	CLASSIFICATION					

MATERNAL STATUS	TIME				
	BP				
	Temp				
	Pulse				
	Respiration				
	Pain scale				
	SPO ₂				
	Other:				

UTERINE ACTIVITY	MODE				
	Frequency				
	Duration				
	Intensity				
	Resting tone				
	INITIALS				

VAGINAL EXAM	TIME			
	Cervical dilatation			
	Cervical effacement			
	Station/Presentation			
	BY:			

NST: ☐ N ☐ AT ☐ AB

Care Provider:

☐ Called at _____ h
☐ Paged _____
 Notified by: _____ at _____ h

TESTS	AF Nitrazine: + / -	URINE: <input type="checkbox"/> C&S <input type="checkbox"/> R&M
	Ferning: + / -	Protein
	<input type="checkbox"/> US <input type="checkbox"/> BPP: _____	Ketone
	Swabs done:	Leukocyte
	<input type="checkbox"/> Fetal Fibronectin: + / -	Nitrite
	<input type="checkbox"/> GBS <input type="checkbox"/> C&S	Glucose
Other:	Blood	

Date	Time	ORDERS	Signature	Time done	Init.

Status: <input type="checkbox"/> Admit: _____ <input type="checkbox"/> Discharge: _____ <input type="checkbox"/> Transfer: _____ Time: _____	Referrals: <input type="checkbox"/> BPP/US <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	Teaching/Follow-up: <input type="checkbox"/> When to call/return <input type="checkbox"/> Fetal movement counts <input type="checkbox"/> Activities of daily living <input type="checkbox"/> Comfort measures/Positioning <input type="checkbox"/> Follow-up with care provider <input type="checkbox"/> S&S active labour/PTL/SROM	<input type="checkbox"/> NST <input type="checkbox"/> BPP <input type="checkbox"/> US <input type="checkbox"/> Induction <input type="checkbox"/> Other: _____
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OBSTETRICAL ASSESSMENT UNIT LEGEND

PRIORITY CODES

PRIORITY 1

Patient to be assessed immediately, or goes directly to Birthing Unit:

- Active labour
- Active bleeding
- Obstetrical emergencies (cord prolapse, antepartum hemorrhage, severe abdominal pain, documented signs of Pre-eclampsia)
- Ambulance arrival
- Patients seen in emergency (eg. trauma) with > 4 hours stay anticipated

PRIORITY 2

Patient to be assessed within 30 minutes:

- NST for decreased fetal movement or other fetal concerns
- Suspected preterm premature rupture of membranes (PPROM)
- Patients seen in emergency (ex. minor trauma) with ≤ 4 hours stay anticipated
- Suspected preterm labour

PRIORITY 3

Patient to be assessed within 60 minutes:

- Suspected term PROM
- Suspected term labour

PRIORITY 4

Patient to be assessed within 3 hours as time permits:

- Booked NST
- Celestone or Rhogam injection
- Out-patient induction
- Cold or flu-like symptoms
- Rashes
- Non-urgent GI problems
- Anything that does not seem to pose threat to mother or fetus

MATERNAL ASSESSMENT

UTERINE ACTIVITY

Mode:

P Palpation **T** Toco **I** IUPC

Intensity:

MI Mild **MO** Moderate

ST Strong ____ mmHg (IUPC)

Resting Tone:

SO Soft **F** Firm ____ mmHg (IUPC)

Woman abuse (WA):

D Disclosure **ND** Non disclosure

NA Not able to ask

Other *

MATERNAL STATUS

Pain scale:

0 - 10 None to excruciating

Presentation:

C Cephalic **B** Breech **O** Other

Membranes:

SRM Spontaneous rupture of membranes

ARM Artificial rupture of membranes

Amniotic fluid

CI Clear **BT** Blood Tinged **B** Bloody

M Meconium

Vaginal Bleeding:

SC Scant **M** Moderate **L** Large **Ø** Absent

Reflexes:

Ø Absent **1+** Weak **2+** Normal
3+ Increased **4+** Brisk with clonus

FETAL ASSESSMENT

FHR

Mode:

A Auscultation **NST** Non stress test

EFM: **Ext** external **Int** internal

Baseline FHR (AUSC/EFM): ____ bpm

Rhythm (AUSC):

R Regular **I** Irregular

Variability (EFM):

↓ Minimal (≤ 5 bpm) + Moderate (6-25 bpm)

↑ Marked (> 25 bpm) **Ø** Absent

Accelerations (AUSC/EFM):

√ Present/Spontaneous **Ø** Absent/Not heard

SS Present/Scalp stimulation

Decelerations (AUSC/EFM):

√ Present/Heard **Ø** Absent/Not heard

E Early **L** Late *

P Prolonged *

UV Uncomplicated variables *

CV Complicated variables *

____ * ↓ ____ bpm x ____ sec/min ____

CLASSIFICATION

Auscultation:

N Normal **AB** Abnormal

Electronic Fetal Monitoring:

N Normal **AT** Atypical **AB** Abnormal

Non Stress Test:

N Normal **AT** Atypical **AB** Abnormal

TESTS

BPP Bio Physical Profile **US** Ultrasound

For ANY * see details noted in Integrated Progress Notes