

OBSTETRIC NOTE TEMPLATE

Student's name: _____ Date: _____
Facility name: _____ Preceptor's name: _____

DELIVERY NOTE:

DATE & TIME _____

TIME & ONSET OF LABOR & ROM _____

PROGRESSION OF LABOR (Normal, prolonged, precipitous) _____

FHT (Normal or abnormal) _____

LENGTH OF 2ND STAGE OF LABOR _____

ANESTHETIC _____

EPISIOTOMY _____

FETAL PRESENTATION AND POSITION _____

PRESENCE & MANAGEMENT OF MECONIUM _____

TYPE OF DELIVERY:

Spontaneous _____

Forceps (low to mid) _____

Vacuum assist _____

Rotations if performed _____

Sterile or unsterile _____

DELIVERY – Time, suctioning and initial care of neonate, APGARS, presence of a pediatrician _____

PLACENTA – Delivery and type of presentation and if appears intact. Number of vessels. Manual uterine exploration. _____

LACERATIONS – cervical, vaginal, or perineal if present _____

EPISIOTOMY – Repair _____

ESTIMATED BLOOD LOSS _____

STATUS OF PATIENT POST PARTUM

STATUS & DISPOSITION OF NEONATE _____

POST PARTUM NOTE

DATE & TIME _____

POST PARTUM DAY # _____

SUBJECTIVE FINDINGS

• Status of flatus, bowel movements, urination, diet tolerance _____

• Subjective changes in previous condition _____

OBJECTIVE FINDINGS

• Vital signs, I&O _____

• Physical exam; Lochia, episiotomy, uterine involution, breasts, extremities, note condition of incision, lungs bowel sounds, etc. _____

PERTINENT LABS: _____

ASSESSMENT: _____

Plan: _____

SURGICAL NOTE TEMPLATE

PATIENT'S NAME: First, Last, _____

HOSPITAL #: _____

DATE AND TIME: _____

ATTENDING PHYSICIAN: _____

SURGEON: _____

FIRST ASSISTANT: _____

ANESTHESIOLOGIST: _____

ANESTHESIA: _____

ANESTHESIA/OPERATIVE TIME: _____

INSTRUMENT/SCRUB NURSE: _____

PREOPERATIVE DIAGNOSIS: _____

POSTOPERATIVE DIAGNOSIS: _____

OPERATION: _____

FINDINGS: _____

TECHNIQUE: _____

COMPLICATIONS: _____

BLOOD LOSS: _____

PROGNOSIS: _____

PREOPERATIVE NOTE

PRE-OP DIAGNOSIS: _____

PROCEDURE: _____

LABS: CBC, Elect, PT/PTT, UA, etc. _____

X-Rays: Chest x-ray, etc. _____

ECG: _____

BLOOD: type & cross 2 units PRBC's _____

ORDERS: Note special pre-op orders, i.e. preoperative colon preps, prophylactic antibiotics _____

CONSENT: If complete, "Signed & on chart" _____

• Subjective complaints _____

POST OP NOTE

DATE & TIME: _____

POST OPERATIVE DAY #: _____

SUBJECTIVE FINDINGS:

• Status of flatus, bowel movements, urination, diet tolerance _____

• Subjective changes in previous condition _____

OBJECTIVE FINDINGS

• Vital signs, I & O _____

• Physical exam: note condition of any surgical incision and drains, lungs, bowel sounds, etc. _____

PERTINENT LABS: _____

ASSESSMENT: _____

PLAN: _____