

«h1»
«h2»
«h3»
«h4»
«h5»
«h6»
«h7»
«h8»
«h9»
«h10»
«h11»
«h12»
«h13»
«h14»
«h15»

Allergies
«a1»
«a2»
«a3»
«a4»
«a5»

Current Location	
Home	
Care Cottage	
Quyana House	
Hotel (name)	

Contact Number: _____
Home Phone: «b10» _____

	Now	Never	Past	Counseling Offered
DV				
Tobacco				
ETOH				

Temp	Pulse	Resp	BP	Weight	Height	O ₂ Sat	Pain (0-10)

G: «grav»	Term	Pre-Term	AB: «ab»	LC: «lc»
-----------	------	----------	----------	----------

Weeks Gestation: _____ HX/Ros: _____ Prenatal Chart Reviewed: _____ EDC: _____

Fetal motion: _____ Vaginal Bleeding: _____ SROM/leaking: yes/no Time: _____

Chief Complaint & Visit Plan: _____

Fundal height	
External genitalia	
Vagina	
Adnexa	
Parametria	
Anux/rectum	
PRESENTATION	
Cephalic	
Breech	
Other	
BISHOP'S SCORE	
Dilation	
Effacement	
Station	
Consistency	
Position of cervix	
MEMBRANES	
Intact	
Pooling	
Nitrazine	
Ferning	

NST Archived	
NST Not Archived	
NST Reassuring	
NST Non-Reassuring	
CST Pos	
CST Neg	

SONOGRAM	
BPD	
HC	
AC	
FI	
AFI	
Presentation	
Placenta	
Photos Saved	

BIOPHYSICAL PROFILE	
Breathing	
Gross Movement	
Tone	
Qualitative Fluid	
Reactive NST	

Lab/Order	Initials
ABO type	
ALT	
Antibody ID	
AST	
Bun	
CBC	
Creatinine	
Drug Screen, serum	
Drug Screen, urine	
GC/Chlamydia	
Genoprobe	
Glucose 2 hr pp	
Glucose 3 hr GTT	
Glucose 50g, 1 hr	
Glucose Fasting	
HCG, Serum	
HCG, Urine	
Hep B Surface Antigen	
HIV Screen	
KOH Prep	
Pap Smear	
RH Type	
RPR	
Rubella IgG	
Stool for Occult blood	
Triple Screen	
Type & Crossmatch	
Type and Screen	
Uric Acid	
Urinalysis	
Urine C&S	
Urine Microscopic	
Wet Mount	

BISHOP'S SCORE					
Score	Dilat.	Efface	Station	Consist.	Posit. of Cervix
0	Closed	0-25%	-3	firm	posterior
1	1-2 cm	25-50%	-2	med	mid
2	3-4 cm	50-75%	-1/0	soft	anterior
3	>5 cm	>75%	+1/+2		

POV/Assessment: _____

Plan/Discharge-Instructions: _____

Continued on next page

Action	Active Medications and New Prescriptions	DEA#: «b5»	Initials	# Refills
C R	«md1»			
C R	«md2»			
C R	«md3»			
C R	«md4»			
C R	«md5»			
C R	«md6»			
C R	«md7»			
C R	«md8»			

MS4#

Signature(s): _____

«b2»

«b26»

IHS Eligibility: «elig»

Community: «community»

«provider»

«chart»

«b27»

ANMC – L & D Observation/Procedure

DOB: «dob»

«agesex»

SSN: «ssn»

«timestamp»

Signature Acct No. «b4»

«b40»

Time In: _____ Departure Time: _____

