Patient's Name: _____

| NO. | NURSING ASSESSMENT | NO. | NURSING ASSESSMENT |
|---|---|---|---|
| 1. | | 7. | |
| 2. | | 8. | |
| 3. | | 9. | |
| 4. | | 10. | |
| 5. | | 11. | |
| 6. | | 12. | |

| NO. | DATE | TIME | SIGNIFICANT FINDINGS (Subjective/Objective Data and Interventions) | INITIALS |
|---|---|---|---|---|
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Southeastern Ontario Maternal, Newborn, Child and Youth Network

NAME OF HOSPITAL: _____

# LABOUR RECORD

Date (YYYY/MM//DD): _____

## FLUID BALANCE

| IV SOLUTION, OTHER | |
|---|---|
| 1. | 4. |
| 2. | 5. |
| 3. | |

| INTAKE | | | | | | | | | | | | | TIME (on the hour) | OUTPUT | | | | URINE TESTING | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ORAL | | 1. | | 2. | | 3. | | 4. | | 5. | | Initials | | URINE | | EMESIS | | Glucose | Ketones | Protein | Blood / Leuks |
| Vol. | Cum. Total | Vol. | Cum. Total | Vol. | Cum. Total | Vol. | Cum. Total | Vol. | Cum. Total | Vol. | Cum. Total | | | Vol. | Cum. Total | Vol. | Cum. Total | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
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## OBSTETRICAL ADMISSION ASSESSMENT

Patient's Name: _____ TIME: _____

Reason for Admission: _____

Support Person: _____ Relationship: _____

Attending Physician/Midwife: _____ Notified at: _____ hour

Initially seen by: _____ MD/RM (circle one) at: _____ hour

**ALLERGIES:** ☐ NKA ☐ Yes Specify (drug, food, tape, dyes, latex, other and describe reaction): _____

_____ Allergy Band on: ☐ Yes ☐ No

G _____ T _____ P _____ A _____ L _____ EDB (YYYY/MM/DD): _____

Ht: _____ cm/ft Wt: _____ kg/lb Wt Gained: _____ kg/lb T _____ P _____ R _____ BP _____ FHR _____

☐ Decreased Fetal Movement Comment: _____

Rupture of Membranes: ☐ Intact ☐ Ruptured Date (YYYY/MM/DD): _____ Time: _____ h

Colour of Fluid: ☐ Clear ☐ Bloody ☐ Thin Meconium ☐ Thick Meconium

Bleeding: ☐ Yes ☐ No Onset of Labour: ☐ Yes ☐ No Date (YYYY/MM/DD): _____ Time: _____ h

Contraction Frequency: _____ Duration: _____ Intensity: _____

**SIGNIFICANT CHANGES SINCE PRE-ADMISSION ASSESSMENT:** _____

Other Comments: _____

_____ Initials: _____

**SIGNATURE PROFILE**

| PRINT FULL NAME | STATUS | SIGNATURE | INITIALS |
|---|---|---|---|
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DATE: _____ Patient's Name: _____

**NOTE:** A vertical red line should be drawn down the page when mother achieves full dilatation and is pushing. This will indicate that all spaces to the right of the line now denote 5 minute intervals rather than 15 minute intervals.

**KEY:**

**FETAL ASSESSMENT:**

**Mode:**
IA - Intermittent Auscultation
Ext - External Monitor
FSC - Fetal Scalp Clip

**Rhythm:**
R - Regular
IR - Irregular

**Variability:**
A - Absent
Min - Minimal ( > 0 ≤ 5 bpm)
Mod - Moderate ( ≥ 6 to ≤25 bpm)
Inc - Increased ( > 25 bpm)

**Accelerations:**
A - Absent
P - Present

**Decelerations:**
A - Absent
P - Present (IA)
E - Early
L - Late
V - Variable
Pr - Prolonged

**UTERINE ACTIVITY:**

**Mode:**
P - Palpation
E - External Toco
IUPC - Intrauterine Pressure Catheter

**Intensity:**
A - Absent
M - Mild (easily indentable)
Mod - Moderate (somewhat indentable)
S - Strong (not indentable)

**Relaxation:**
A - Adequate
I - Inadequate

**PROGRESS OF LABOUR:**
ARM - Artificial Rupture of Membranes
SRM - Spontaneous Rupture of Membranes

**MEMBRANES/ AMNIOTIC FLUID:**
M - Meconium
B - Blood-tinged
A - Absent
C - Clear
I - Intact

**EFFECTIVENESS OF PAIN MANAGEMENT**
C - Coping
NC - Not Coping

| | | |