Obstetrical Medical Screening Exam (MSE) for Family Birth Place

(Use for patients with OB Problem > 20 weeks not seen in the ED)

PRESENTING PROBLEM(S):	**Initials:**
☐ Ambulatory ☐ Wheelchair ☐ Stretcher ☐ Transfer	
☐ Possible Onset of Labor Time started: UC Frequency: q _____ min	
☐ PROM ☐ SROM Time: ☐ Clear ☐ Meconium ☐ Bloody ☐Foul Odor	
☐ Decreased Fetal Activity ☐ Hyperemesis ☐ Acute N/V ☐ Headache ☐ Visual disturbances	
☐ Vaginal Bleeding ☐ Normal show ☐ Frank bleeding :	
☐ Pain: (0 – 10): (describe): ☐ Trauma (describe):	
☐ Other (describe):	

PRENATAL MEDICAL HISTORY:		**Initials:**
☐ No Prenatal Care	Gravida: Para: EDD: Gestational Age:	
☐ Chronic HTN ☐ Preeclampsia ☐ GDM ☐ GBS +	☐ Prior Cesarean ☐ Prior Preterm ☐ Placenta Previa	
☐ Multiple pregnancy ☐ Breech ☐ Incompetent cervix	☐ Sexually transmitted disease ☐ HIV ☐ HSV ☐GC ☐ Syphilis ☐HBV ☐ Chlamydia ☐ HCV	
☐ Smoker ☐ Hx. Substance Abuse:	☐ Domestic Abuse:	
☐ Other (describe):		

REVIEW OF SYSTEMS:						**Initials:**
Constitutional:	☐ No Problems	☐ Recent weight loss	☐ Rapid weight gain	☐ Fever	☐ Fatigue	
Breast:	☐ No Problems	☐ Right ☐ Left	☐ Pain	☐ Lump	☐ Discharge	
ENT:	☐ No Problems	☐ Sore throat	☐ Cough	☐ Nasal congestion		
CV:	☐ No Problems	☐ Chest pain	☐ Irregular heartbeat			
Respiratory:	☐ No Problems	☐ SOB	☐ Wheezing			
GI:	☐ No Problems	☐ Constipation	☐ Diarrhea	☐ Pain		
Genitourinary:	☐ No Problems	☐ Dysuria	☐ Urgency	☐ Increased Frequency		
Musculoskeletal:	☐ No Problems	☐ Muscle weakness				
Neurological:	☐ No Problems	☐ Fainting	☐ Dizziness	☐ Seizure		
Skin:	☐ No Problems	☐ Rash	☐ Itching	☐ Petechiae	☐ Bruising	
Comments (Explain abnormal):						

MEDICAL SCREEN SCORING TOOL: **Initials:**

Checklist	**Criteria**	**SCORE**
CERVICAL EXAM		
Dilation:	☐ 0 cm = 0 ☐ 1-3 cm = 1 ☐ 4-7 cm = 2 ☐ 8-10 cm = 3	
Effacement:	☐ More than 50% = 2	
Membranes:	☐ Ruptured = 3 ☐ ROM more than 12 hrs = 4	
UTERINE CONTRACTIONS		
Frequency:	☐ > 5 minutes apart = 1 ☐ Tachysystole = 5 Contractions less than 5 minutes apart and: ☐ ≥ 36 weeks =2 ☐ < 36 weeks = 6 ☐ Scheduled Cesarean/VBAC = 6	
Duration:	☐ Greater than 40 seconds = 2	
Intensity:	☐ contraction palpated strong = 1 ☐ hypertonus (resting tone firm) = 2	

140

PT.

MR.#/P.M.

DR.

McLaren Flint

Obstetrical Medical Screening Exam (MSE) for Family Birth Place

MEDICAL SCREEN SCORING TOOL: *(Continued)*		
MATERNAL VITAL SIGNS:	**BP: Pulse: Resp: POx: Temp:**	**SCORE**
Maternal Temperature	☐ More than 100.4 F = 4	
Maternal Blood Pressure x2	☐ ≥ 140/90 = 3 ☐ ≥ 160/110 = 8 ☐ Less than 80/40 = 7	
Increased BP with signs of Preeclampsia	☐ Headache = 1 ☐ Nausea/Vomiting = 1 ☐ Visual Disturb. = 1 ☐ Epigastric pain = 1 ☐ 3+ edema of dependent extremities = 2 ☐ Edema of Face = 4 ☐ Brisk DTR = 4	
Maternal Respirations	☐ > than 20 = 3 ☐ Less than 8 = 5 ☐ Shortness of breath = 3	
MATERNAL TRAUMA:		
(ie, Fall, MVA, blunt force to abdomen)	☐ Frank bleeding = 5 ☐ Abdominal pain related to trauma = 5	
FETAL ASSESSMENT:	**Baseline heart rate:**	
Fetal Heart Rate – NICHD Category	☐ Category I (Normal) = 0 ☐ Category II (Indeterminate) = 3 ☐ Category III (Abnormal) = 12	
Fetal Position	☐ Non-vertex & not laboring = 3 ☐ Non-vertex & laboring > 5cm = 8 ☐ Prolapsed part = 12	
Fetal Station	☐ +1 or higher = 1	
Decreased Fetal Movement	☐ Yes = 3 ☐ Unable to detect FHTs = 10	

LEVEL OF RISK: **TOTAL SCORE:** ________

- ❒ Low (0-5) **No Physician exam required**
- ❒ Medium (6-9) **Physician exam/ hold in observation - or - discharge with AM appointment**
- ❒ High (10-12) **Physician exam required**

NOTE: (*REGARDLESS OF SCORE, THE RN EVALUATOR MAY REQUEST PHYSICIAN EXAM FOR PATIENT SAFETY)*

PHYSICIAN NOTIFICATION:

Obstetrician:	Date:	Time:
Consultant:	Date:	Time:
Comment:		

DISPOSITION: Initials:

☐ Admit ☐ Observe	☐ Triage ☐ LDRP Suite ☐ Transfer to:
☐ Discharge to home Date: Time:	☐ Written follow up instructions reviewed
☐ Risk and Benefits of care provided described in the discharge instruction	
☐ Follow-up instruction(s) / Appointment Date:	

Initial	Signature	Date:	Time:

☐ **Notified Physician of Findings/Disposition:**

Physician Notified: ___________________________

Date & Time: _______________

Signature: ___________________________ Date & Time: _______________