

McLaren Print System Order

Order No: 72919 Reprint Previous Order No: 72912
Order Date: 2022-10-10
User: Pamela Snear
Phone: 810-989-3520

Ship Location: McLaren Port Huron
1221 Pine Grove Avenue
Port Huron, MI 48060

Forms

Quantity: 500
Paragon Dept No: 30610
Dept Name: FBP
Company Number: 480

Order Total Price: 59.00

Item Number: PHH-3279
Item Description: Documentation of Delivery Complicated by Shoulder Dystocia
Revision Date: 01/2015
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info:



PORT HURON

1221 Pine Grove, Port Huron, MI 48060



**Documentation of Delivery Complicated
By Shoulder Dystocia**

Labor and Delivery *Write time* **Date:** _____

Onset active labor: _____
 Start of second stage: _____
 Delivery of head: _____ (sec)
 Delivery of posterior shoulder: _____ (sec)
 Delivery of infant: _____ (sec)
 When and how was the diagnosis of Shoulder Dystocia made?

Forceps used? Yes No Vacuum used? Yes No

Induction: _____ Instrument used: _____
 Status when applied: _____ Position of fetal head: _____
 Time forceps/vacuum applied: _____ Number of pulls to extract fetus: _____

Enter the time of day the following assistance was requested:

Additional obstetrician Name: _____ Attended: _____
 Anesthetist Name: _____ Attended: _____
 Pediatrician(s) Name: _____ Attended: _____
 Additional nurse(s) Name: _____ Attended: _____
 Others present: _____

Maneuvers (Indicate if maneuver performed, order from first (1) to last, and result)

_____ Extended obstetrical _____ Zavanelli (head pushed back in vagina)
 _____ Wood's (rotational) posterior shoulder rotation in a posterior position _____ Delivery of posterior arm
 _____ Symphysial pressure (Pelle, Fynse pressure above 10" or used) _____ Fracture of anterior (inside)
 _____ Rubin (pressing low shoulder to decrease girth) _____ Other (describe): _____
 _____ McRoberts (legs flexed back onto maternal abdomen) _____

 Signature of Delivering Physician Date Time

Neonatal Outcome

Apgar score: _____ 1 min _____ 5 min if less than 7 include 10 min
 Birth weight: _____ pounds _____ ounces or _____ grams

Unilateral Cord Gas results
 Gracil Psoas-Ptery present Yes No
 _____ (RIB) is
 _____ Klumpke's (include forearms and small muscles of the hand)
 Horner's Facial Palsy present Yes No
 Fracture present Yes No

 Signature of Physician evaluating newborn Date Time



Labor and Delivery Record
LDRP, Form 8279, Rev. 8-19

Distribution: Original to Mom's Chart
Copy 2 to Baby's Chart