McLAREN FLINT

INTRA PARTUM / DELIVERY RECORD

TIME OUT: _____

DATE	DEL. RM.	TIME IN	TIME OUT

VERIFY

PATIENT I.D. VERIFIED
☐ BAND ☐ VERBAL ☐ CONSENT
☐ PATIENT ID AND PROCEDURE VERIFIED

LEVEL OF CONSCIOUSNESS
RESPONDS APPROPRIATELY ☐ YES ☐ NO

NPO ☐ YES ☐ NO

ANESTHESIA BEGIN: _____ **OPERATION BEGIN:** _____

ANESTHESIA END: _____ **OPERATION END:** _____

ASA# ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

ADMISSION TYPE: ☐ INPATIENT ☐ SDA

ALLERGIES: ☐ YES ☐ NO

SURGERY TYPE: ☐ EMERGENCY ☐ URGENT ☐ ELECTIVE

SURGEON 1
SURGEON 2
ASSISTANT
NEONATOLOGIST
PA

WOUND CLASS:
☐ CLEAN
☐ CLEAN CONTAM.
☐ CONTAMINATED
☐ DIRTY

ANESTHESIA: ☐ GEN/INH ☐ SPINAL ☐ PUDENDAL ☐ SPINAL/GEN. ☐ GEN/ENDO ☐ LOCAL ☐ EPIDURAL

ANESTHESIOLOGIST
CRNA
SCRUB NURSE / RELIEF
SCRUB NURSE
CIRCULATING NURSE / RELIEF
CIRCULATING NURSE

C=COR I = INCOR.	PRE OP.	1ST	2ND	3RD
SPONGES				
INSTR.				
NEEDLES				
MISC.				
INITIALS				
EQUIPMENT				

PACKS / DRAINS
☐ FOLEY ☐ JP
☐ GASTRIC ☐ OnQ
☐ OTHER: _____

CULTURES: ☐ YES ☐ NO
☐ AEROBIC ☐ ANAEROBIC
☐ OTHER: _____
☐ SITE: _____

TAPES #
4 X 4 #
SHARPS #

☐ **UNIPOLAR ESU SN** _____ **GRD. PAD NO.** _____

SKIN PREP ☐ BET. SCRUB ☐ HIBICLENS ☐ DURA PREP ☐ ALCOHOL ☐ CLIPPER HAIR REMOVAL ☐ OTHER: _____

☐ **IRRIGATING** ☐ YES ☐ NO **TYPE:** **VOLUME:**

BLOOD LOSS LESS THAN 500cc. _____ 500-1000cc. _____

MEDICATION	DOSE	SITE ROUTE	DATE	TIME	SIGNATURE

SCD ☐ YES ☐ NO **STAPLER** ☐ YES ☐ NO

APGAR: SEE DELIVERY RECORD

COMMENTS: _____

AGE **BLOOD TYPE** **GEST. AGE**
G T P A L

MATERNAL HISTORY:

MEMBRANES RUPTURED: DATE TIME FLUID

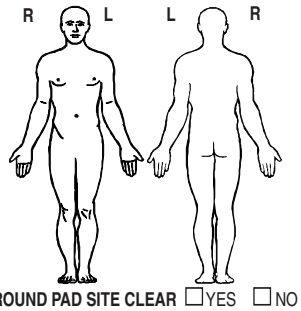
☐ **SPONTANEOUS** ☐ **ARTIFICIAL** ☐ **PREMATURE** **FHR** _____

PRE-OP DIAGNOSIS

OPERATION

POST-OP DIAGNOSIS

PATH SPEC. ☐ YES ☐ NO TOTAL NUMBER: _____
1.
2.
3.



GROUND PAD SITE CLEAR ☐ YES ☐ NO

ARM POSITION
BOARD ☐ L ☐ R _____
OTHER: _____

POSITIONING AID:
☐ LUMB. LIFT ☐ PILLOWS ☐ CHEST ROLL
☐ BLANKETS ☐ ARM STRAP ☐ SAFETY BELT
☐ TAPE ☐ LEG STRAP

1. B.P. CUFF △ 2. MONITOR LEADS ✘
3. GROUND PLATE □ 4. I.V. SITE ✔
5. PULSE OXIMETER ○

PATIENT POSITION:
☐ SUPINE ☐ PRONE ☐ LATERAL
☐ LITHOTOMY ☐ OTHER: _____

DELIVERY TIME **CORD ASSESSMENT**

PLACENTAL DELIVERY TIME ☐ SPONT ☐ INTACT ☐ MANUAL ☐ FRAGMENT

CORD BLOOD ☐ CORD PH

PLACENTAL DISPOSITION ☐ TO LAB ☐ DISCARDED

MULTIPLE BIRTH ☐ NO **TWIN:** ☐ A ☐ B **TRIPLET:** ☐ A ☐ B ☐ C

CONDITION AT BIRTH ☐ LIVEBORN ☐ STILLBORN ☐ EARLY NEONATAL DEMISE

UTERINE EXPLORATION ☐ NO ☐ YES **VACUUM:** ☐ NO ☐ YES

LABOR ONSET ☐ SPONTANEOUS ☐ INDUCED ☐ AUGMENT

FETAL HEART MONITOR ☐ EXT. ☐ INT. ☐ COMB.

PATIENT DISHCARGED TO ☐ PACU ☐ NURSING UNIT ☐ LDRP 7S ☐ OTHER: _____

VIA ☐ BED ☐ STRETCHER ☐ OTHER: _____

M.D./CNM SIGNATURE:

COMPLETED BY:

PT.

MR.#/RM.

DR.

WHITE - CHART YELLOW - BABIES CHART PINK - O.R.

INTRA PARTUM / DELIVERY RECORD

17276 (4/13)

260b