

British Columbia Perinatal Triage and Assessment Record

Addressograph

1 Date Jan 10/2010 Time 0830

Arrived by ambulance Yes No

Language preferred English

REASON FOR VISIT SROM Accompanied by husband, mother

G 1 T 0 P 0 A 0 L 0 LMP Apr 2/09 EDD dates Jan 9/10 US same Gestational age 40+1

2 INITIAL ASSESSMENT

Contractions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>Jan 10</u> Time started <u>0500</u> <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Irregular q <u>2-3</u> min Intensity <u>strong</u> Duration _____	Membranes <input type="checkbox"/> Intact <input checked="" type="checkbox"/> Ruptured <input type="checkbox"/> Query Date <u>Jan 10</u> Time <u>0800</u> Colour <u>clear</u>	Bleeding <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Show <u>mucus</u> Date _____ Time started _____ Amount _____ Colour/consistency _____	Fetal movement <input checked="" type="checkbox"/> Normal <input type="checkbox"/> ↑ since Date _____ <input type="checkbox"/> ↓ Time _____
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Infectious history Recent infectious disease/contact No Yes, specify _____ e.g. MRSA, VRE, chickenpox, Hep B, TB, HSV

Antibiotic Resistant Organism screen completed Yes No Initials _____

Triaged as Emergent Urgent Non-urgent **Triaged to** LDR Assessment room Waiting room _____



3 HISTORY/RISK FACTORS Antenatal Record Part 1 & 2 Reviewed Not available (complete below)

ALLERGIES NKA Yes, specify/reactions _____ ABO group A Rh Pos

GBS result Unk Neg Pos Swabs taken Last done _____

Current medications/complementary therapy Vitamins only Other meds & last dose nil

See Medication Reconciliation Form

Height 5'3" cm/in Pre-pregnant wt. 110 kg/lb Pre-pregnant BMI _____ Current wt. 145 kg/lb Wt. gain 35 kg/lb

Pregnancy concerns None varicose veins both legs

Past obstetric concerns None

Medical/surgical/anesthetic concerns None

Psychosocial concerns None Substance use Mental health Current tobacco use #/day _____ If quit, last use _____

Previous admission this pregnancy None Yes, reason _____

4 ASSESSMENT Last ate Jan 9/6pm Last drank this a.m. Symphysis fundal ht. consistent with gestational age Yes No _____ cm

Presentation cephalic Lie longitudinal Position LOA Engaged Yes No

FH assessment mode AUSC EFM NST If EFM/NST, specify reason _____

FHR	Time	<u>0845</u>	VAGINAL EXAM	Time	<u>0845</u>
	FHR [bpm]	<u>144</u>		Cx dilatation [cm]	<u>8</u>
	Rhythm/Variability	<u>R</u>		Cx length [cm]	<u>∅</u>
	Accelerations	<u>present</u>		Station	<u>+1</u>
	Decelerations	<u>∅</u>		Cx position [Anterior, Mid, Posterior]	<u>Ant</u>
	Classify as	<u>Normal</u>		Cx consistency [Soft, Med, Firm]	<u>soft</u>
MATERNAL	Time	<u>0845</u>	EXAMINED BY		<u>MJ</u>
	Contractions		Bishop score	Urine sent <input type="checkbox"/> R&M <input type="checkbox"/> C&S	
	BP	<u>110/70</u>	Amniotic fluid Nitrazine <input type="checkbox"/> Neg <input type="checkbox"/> Pos	Blood work:	
	Pulse	<u>100</u>	Ferning <input type="checkbox"/> Neg <input type="checkbox"/> Pos		
	Temp/Resp	<u>37.4/24</u>	Swabs done <input type="checkbox"/> fFN <input type="checkbox"/> C&S <input type="checkbox"/> Other		
	Urine P/K	<u>N/N</u>	Provider name <u>PCP</u>		
	Blood sugar		Notified by <u>MJ</u> at <u>0900</u> h		
INITIALS	<u>MJ</u>	Provider arrived at _____ h			
		Completed by <u>Mary Jane Doe RN</u>	Signature		

