

**9 IV Starts**

Time	Needle size	Site	Initial

**10 Intake and Output** (  See separate Intake and Output Record)

INTAKE							OUTPUT			
Time Started	IV Solution	Vol Start	Vol Abs	Vol Left	Time Stopped	Oral	Time	Urine	Emesis	Blood
<b>TOTAL IV ABSORBED</b>		<b>TOTAL ORAL</b>			<b>TOTALS</b>					
<b>12 HOUR INTAKE</b>		<b>12 HR. OUTPUT</b>								
Prev. cumulative balance (±)		12 hour balance (±)			Total cumulative balance (±)					
		+			=					

**11 Date/Time**      **Focus**      **Variance Record/Progress Notes**

Date/Time	Focus	Variance Record/Progress Notes

**12 Second Stage**

Date	Time
Full dilatation at _____	
Active pushing started at _____	
If applicable: <input type="checkbox"/> IUPC removed _____ h	
<input type="checkbox"/> Foley removed _____ h	
MD/RM notified at _____ h	Arrived at _____ h
FHR mode: <input type="checkbox"/> AUSC <input type="checkbox"/> EXT EFM <input type="checkbox"/> FECG	

Time	FHR	Notes	Initials	Time	FHR	Notes	Initials

Date of birth \_\_\_\_\_ Time of birth \_\_\_\_\_ h Oxytocin  not given  given at \_\_\_\_\_ h Dose \_\_\_\_\_  IM  IV By \_\_\_\_\_

**13 Assisted Vaginal Birth Summary**

Analgesia/anesthesia _____	Bladder emptied _____ mL at _____ h
<input type="checkbox"/> Forceps, type _____ Forceps on at _____ h Forceps off at _____ h	
<input type="checkbox"/> Vacuum, type _____ Vacuum on at _____ h Vacuum off at _____ h	No. of pop-offs (recommended max ≤ 3) _____
Performed by _____ Assisted by _____	
<input type="checkbox"/> Forceps failed <input type="checkbox"/> Vacuum failed Comment _____	
Completed by _____	

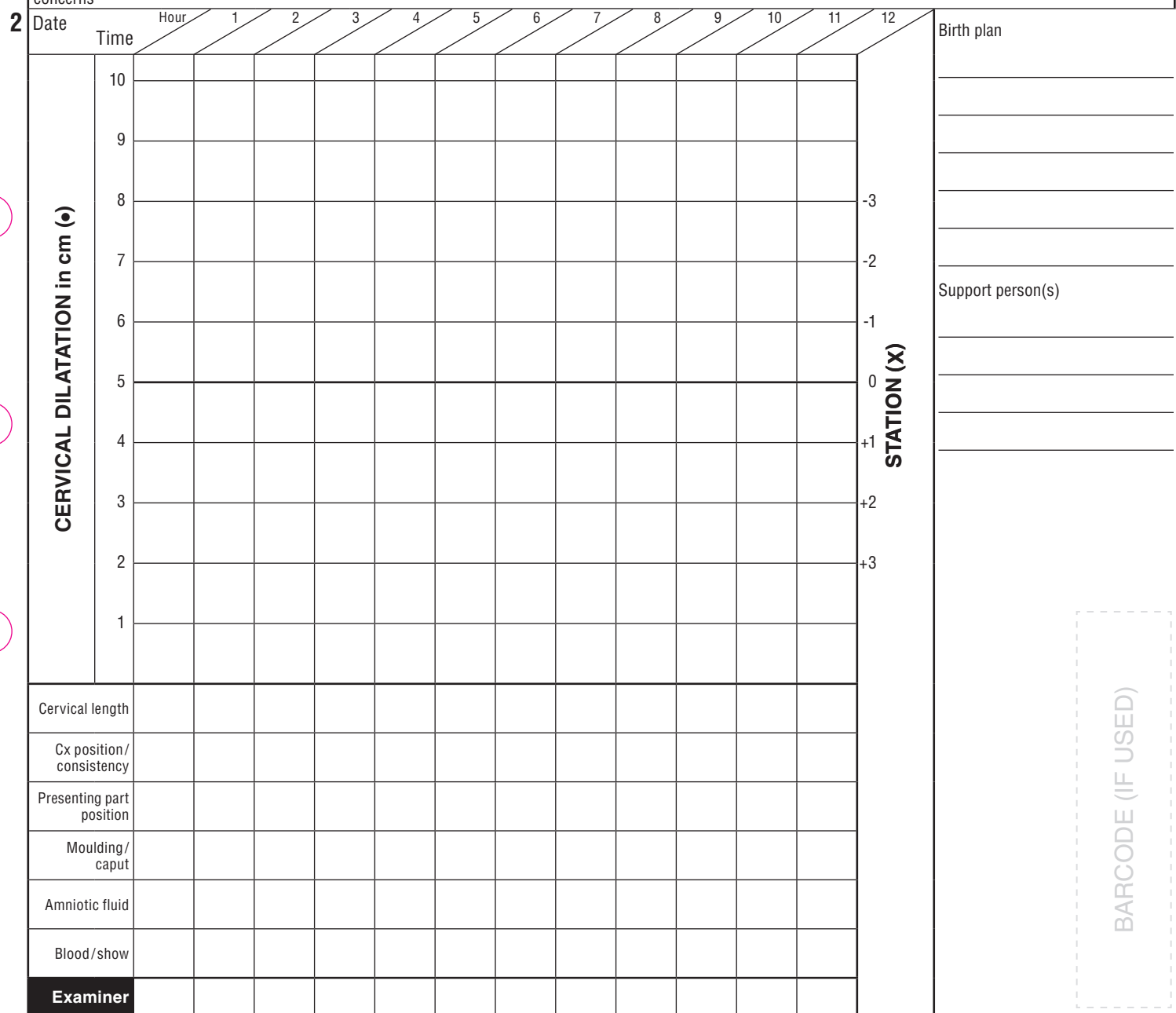
**14 Third Stage**      Time of placenta delivery \_\_\_\_\_ h      Cord gases collected  Venous  Arterial  Not collected

Skin-to-skin contact at _____ h	To breast <input type="checkbox"/> Yes <input type="checkbox"/> No, reason _____
If Third Stage prolonged Maternal VS:	Time _____ h BP _____ P _____ R _____
	Time _____ h BP _____ P _____ R _____ <input type="checkbox"/> See progress notes
<input type="checkbox"/> Manual removal of placenta Location <input type="checkbox"/> LDR Analgesia _____ Time to OR _____ h	
Completed by _____	

### British Columbia Labour Partogram

**1 Partogram #**

Date [d/m/y]	Time	G _____ T _____ P _____ A _____ L _____
Admission		EDD
Regular contr		Gestation age _____ wks
<input type="checkbox"/> SROM <input type="checkbox"/> ARM		<input type="checkbox"/> Membranes intact
Mec noted		Amniotic fluid colour
Last ate		Current weight _____ kg/lb
Last drank		ABO group _____ Rh _____ GBS results <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unk
Allergies <input type="checkbox"/> NKA <input type="checkbox"/> Yes		
Medications <input type="checkbox"/> No <input type="checkbox"/> Yes		
Risk factors/concerns <input type="checkbox"/> No <input type="checkbox"/> Yes		



**Legend (For any variance \* = see Variance Record/Progress Notes)**

<b>Vaginal examination</b> Cervical Length = in cm	<b>Consistency</b> S = Soft Med = Medium F = Firm	<b>Presenting part position</b> L = Left R = Right O = Occiput S = Sacral A = Anterior T = Transverse (lateral) P = Posterior	<b>Moulding/caput</b> M = Moulding C = Caput	<b>Amniotic fluid</b> o = Absent Sc = Scant Mod = Moderate L = Large CL = Clear BL = Bloody Mec = Meconium	<b>Blood/show</b> Sc = Scant Mod = Moderate L = Large
---	--	--	--	---	--

