

Room No. _____ CDS Intrapartum SBAR

<p>Name: _____</p> <p>D.O.B: _____</p> <p>Hospital No.: _____</p> <hr/> <p>BMI: _____</p> <p>Gravida: _____ Para: _____ Gest. Age: _____</p> <p>Previous births: (gestational age at birth, mode of delivery, complications – PPH, MROP, 3rd / 4th degree tear etc.)</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <hr/> <p>Obs Cymru Stage 0 completed : Yes / No</p> <p>Suitable for Electronic issue: Yes / No</p> <p>Hb: _____ g/l</p> <p>Antenatal Anaesthetic review: Yes / No</p>	<p>Labour onset (Date and time): _____ / _____</p> <p>Spontaneous onset: Y / N</p> <p>If IOL Date IOL commenced:</p> <p>Propess (no.) _____</p> <p>Prostin (no.) _____</p> <p>Traction catheter: Yes / No</p> <p>ARM / SROM (date / time):</p> <p>Syntocinon commenced at: _____</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">VE:</th> <th style="text-align: left;"><u>Time</u></th> <th style="text-align: left;"><u>Dilatation</u></th> <th style="text-align: left;"><u>Position</u></th> <th style="text-align: left;"><u>Station</u></th> </tr> </thead> <tbody> <tr><td>1.</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>2.</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>3.</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>4.</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>5.</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>6.</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;">CTG:</th> <th style="text-align: left;"><u>Time</u></th> <th style="text-align: left;"><u>Classification</u></th> <th style="text-align: left;"><u>Plan</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> <p>3rd Stage management:</p> <p>Syntometrine (if no h/o raised BP) / Syntocinon / Syntocinon infusion / physiological</p>	VE:	<u>Time</u>	<u>Dilatation</u>	<u>Position</u>	<u>Station</u>	1.	_____	_____	_____	_____	2.	_____	_____	_____	_____	3.	_____	_____	_____	_____	4.	_____	_____	_____	_____	5.	_____	_____	_____	_____	6.	_____	_____	_____	_____	CTG:	<u>Time</u>	<u>Classification</u>	<u>Plan</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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