**ANTENATAL OUTPATIENT ASSESSMENT FORM ~ RURAL**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time: \_\_\_\_\_\_\_\_\_\_ Estimated Due Date: by U/S \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by LMP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gestational Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| G | T | P | A | L | GBS status: 🞎positive 🞎negative 🞎unknown |

**Purpose for visit**: 🞎NST ordered/needed (continuous fetal monitoring required)

 🞎Other (need to determine risk factors BEFORE type of Fetal Health Surveillance – see below)

**Presenting Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CTAS Level – see presenting complaint page on clipboard**

**Pertinent Past History:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**FHR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ BP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ R:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Position of Fetus** | **Abdominal Palpation Assessment****ROT-\_\_\_\_\_\_\_ LOT-\_\_\_\_\_\_\_\_ OP-\_\_\_\_\_\_\_\_** **ROA-\_\_\_\_\_\_\_ LOA-\_\_\_\_\_\_\_\_ OA-\_\_\_\_\_\_\_\_****ROP-\_\_\_\_\_\_\_ LOP-\_\_\_\_\_\_\_\_** **Notes: engagement? etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Urine:****PLACE RESULTS HERE** |

Vaginal Exam: Time:\_\_\_\_\_\_\_\_ N/A 🞎

Membranes: 🞎intact 🞎Ruptured – date/time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Effacement:\_\_\_\_\_\_ Station: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dilation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Presenting part: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature/ID of Person Performing Exam:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Risk Factors:** -use evidence and or documentation from antenatal chart and check all that apply  **🞎N/A – NST ordered** **Maternal –Antenatal** **Fetal – Antenatal**🞎Hypertensive disorders of pregnancy-on meds 🞎intrauterine growth restriction by U/S🞎Pre-existing diabetes mellitus/gestational diabetes-on meds 🞎Prematurity < 37 weeks🞎Antepartum hemorrhage 🞎Oligohydramnios by U/S🞎Maternal medical disease 🞎Isoimmunization🞎Maternal MVA/Trauma in last month 🞎Multiple pregnancy🞎Morbid obesity BMI > 40 presently 🞎Breech presentation🞎Previous C/S 🞎Decrease fetal activity**Intrapartum** **Intrapartum**🞎Intrauterine infection/chorioamnionitis 🞎Abnormal FHR on auscultation🞎Prolonged rupture of membranes (>24 hours at term) 🞎Meconium staining of the amniotic fluid🞎Induced labour with oxytocin 🞎Augmented labour with oxytocin **Continuous Fetal Monitoring indicated** 🞎Hypertonic uterus **and commenced: ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**🞎Preterm labour < 37 weeks gestation 🞎Post-term pregnancy (>42 weeks) **No risk factors found; Intermittent Fetal**🞎Vaginal bleeding in labour  **Monitoring started: ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Intermittent Auscultation** Indicated 🞎 N/A 🞎 | **NST/Continuous Monitoring** Indicated 🞎 N/A 🞎 |
| **Baseline Rate:** 110 – 160 bpm \_\_\_\_bpm N 🞎 <100 or > 160 bpm Ab 🞎 **Rhythm:** Normal 🞎 Abnormal 🞎 Rising Heart Rate 🞎**Decels**: None N 🞎2 consecutive heard  after each contraction Ab 🞎**Accels:** At least 1 audible accel over 30 min N 🞎 No accels over 30 min Ab 🞎Contractions describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Interpretation: N 🞎 Ab 🞎**Actions taken for (Ab) resultsTime: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **See Multidisciplinary notes 🞎****Interpretation: N 🞎 At 🞎 Ab 🞎** | **Baseline FHR:** \_\_\_\_\_\_\_\_bpm110 – 160 bpm  Brady 100 – 110 bpm Tachy >160 bpm for 30 – 80 min Rising Baseline Tachy >160 bpm for .>30 min  Erratic baseline **Variability:** 6 – 25 bpm – (moderate) “m” ≤ 5 bpm for < 40 min “m” 🡫 ≤ 5 bpm for 40-80 min (minimal 🡫) Undetectable/absent = “un” >25 bpm – (marked)↑ >than 10 min Sinusoidal pattern **Decels:** None  Early decels  Occasional uncomplicated variables  Repetitive(≥ 3)uncomplicated variables Occassional late decel Single prolonged > 2 min < 3min Repetitive ≥ 3 complicated variables Late decels > 50% of contractions Single prolonged > 3 min < 10 min **Accels:** Spontaneous present>32 wks at least 1 in last 15- 30 min, > 15 bpm x 15 secs for < 2 min < 32 wks at least 1 in last 15-30 min,≥ 10 bpm x 15 secs for < 2 min Present, but with scalp stim None, even with scalp stim Contractions describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | N 🞎 At🞎 At🞎 At🞎 Ab🞎 Ab🞎 N 🞎 N 🞎 At🞎 Ab🞎 Ab🞎 Ab🞎 N 🞎 N 🞎 N 🞎 At🞎 At🞎 At🞎 Ab🞎 Ab🞎 Ab🞎 N 🞎N 🞎N 🞎At/Ab🞎 |

Physician/Midwife: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notified @: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notes:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Further Action:**

🞎 **See Multidisciplinary notes**

🞎 **Fetal Movement Count:** Adequate Fetal Movement?🞎Yes 🞎No **Fetal Movement Count Reviewed:**🞎 Yes🞎 No

🞎 **Discharged** @ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 **Instructions for discharge:** Title & Form # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎**Verbal instructions:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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🞎 **Patient is aware to call Health Link for ALL follow-up questions or to come to the hospital if they have any concerns.**

**We routinely ask all patients about domestic abuse/violence in their lives.**

 Is this a problem for you or your child(ren)? 🞎Yes 🞎No Do you feel safe right now? 🞎Yes 🞎No

🞎**Admit:** Time: \_\_\_\_\_\_\_\_ Where: \_\_\_\_\_\_\_\_\_\_

🞎**Transfer**

🞎**Out on Pass; to return at:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**