

Department:	Obstetrics and Gynecology (L&D)		
Document:	Departmental Policy and Procedure		
Title:	Management of Patient Progress at Labor and Delivery		
Applies To:	All Obstetrics and Gynecology Staff		
Preparation Date:	January 08, 2025	Index No:	L&D-DPP-036
Approval Date:	January 22, 2025	Version :	2
Effective Date:	February 22, 2025	Replacement No.:	L&D-DPP-036(1)
Review Date:	February 22, 2028	No. of Pages:	12

1. PURPOSE:

- 1.1 To standardize the health care given to all pregnant women in labour at Labor and Delivery unit (L&D).

2. DEFINITIONS:

- 2.1 **Cardiotocography (CTG)**- is a technical means of recording (graphy) the fetal heartbeat (cardio) and the uterine contractions (toco) during pregnancy, typically in the third trimester. The machine used to perform the monitoring is called a cardiotocograph, more commonly known as an electronic fetal monitor.
- 2.2 **Partogram**- is a composite graphical record of key data (maternal and fetal) during labour entered against time on a single sheet of paper. Relevant measurements might include statistics such as cervical dilation, fetal heart rate, duration of labour and vital signs.

3. POLICY:

- 3.1 To review the vital signs and to follow the results of all requested investigations within 2 hours of sending samples to laboratory.
- 3.2 To review CTG trace every 15-30 minutes in 1st stage; every 5 minutes in 2nd stage, patient progress with the midwife every 4 hours with documentation and plotting on the patient's partogram, OR sooner if indicated.
- 3.3 Episiotomies and perineal lacerations not more than 2nd degree are to be repaired by residents.
- 3.4 Residents are allowed to perform the certain procedure under supervision by Registrar or consultant including; Caesarean sections, instrumental deliveries and assisted breach deliveries.
- 3.5 At changing of shifts, the residents should review all the cases at L&D before handover to the coming shift.
- 3.6 L&D Residents should inform the registrar immediately if:
 - 3.6.1 Abnormal CTG tracing.
 - 3.6.2 Vaginal examination repeated showing no progress.
 - 3.6.3 Meconium stained liquor.
 - 3.6.4 Cord prolapse or presentation.
 - 3.6.5 Full cervical dilatation with intact membranes and fetal head totally outside the pelvis.
 - 3.6.6 Primigravida in second stage for more than 1 hour or multigravida in the second stage for more than 30 min.
 - 3.6.7 Intrapartum Hemorrhage
 - 3.6.8 Shoulder Dystocia.
 - 3.6.9 Prolonged third stage of labour for more than 30 min.
 - 3.6.10 Incompletely delivered placenta.
 - 3.6.11 Post-partum hemorrhage.
 - 3.6.12 Extended episiotomy or third degree perineal tear and or anal sphincter involvement.
 - 3.6.13 Deviation of maternal vital signs from normal.

- 3.6.14 Neonatal birth trauma, flat baby, apparent congenital abnormality. NB; The midwife can directly contact the physician regarding any abnormality in patient condition or progress if the Residents are busy or prompt registrar decision is necessary.
- 3.7 The registrar must inform the senior registrar on duty and discuss lines of management in the following situations:
 - 3.7.1 All proposed surgeries.
 - 3.7.2 Medically complicated cases.
 - 3.7.3 Major deviation from accepted practice.
- 3.8 The physician should attend (conduct or supervise) the delivery of all high risk cases.
- 3.9 Toward the end of each shift, the L&D physician should handover all cases to the following shift Physician.
- 3.10 Senior physician should be present at L&D (when called by L&D physician) for the following:
 - 3.10.1 Anticipated difficult caesarean section (e.g Transverse lie with ruptured membranes, dense adhesions, fibroids, etc).
 - 3.10.2 Massive haemorrhage.
 - 3.10.3 For placenta previa Senior physician should be present in theatre.

4. PROCEDURE:

- 4.1 Partogram: See P&P Partogram
- 4.2 Intravenous Fluids:
 - 4.2.1 Midwives are responsible for setting up IV fluids and taking blood samples. Labor exceeds 12 hours IV Ringer Lactate should be set up at a rate of 125 ml/h (500 ml/4h).
 - 4.2.2 In case of hemorrhage; two IV lines should be set up immediately using 16 gauge IV cannula and crystalloids – Ringer Lactate or 0.9% normal saline to be started.
- 4.3 Oral Intake:
 - 4.3.1 Clear fluids may be allowed in certain circumstances in accordance with specialist advice.
 - 4.3.2 Light diet may be allowed one hour after delivery if labour was entirely normal.
- 4.4 Analgesia: See P&P analgesia in labor.
- 4.5 Uterine activity Assessment:
 - 4.5.1 Palpation and external internal electronic methods can be used to monitor uterine activity. Palpation yields information about frequency (number in 10 minutes), duration (in seconds) and relatively intensity.
 - 4.5.2 External monitoring provides a recording of frequency and duration but not the intensity. The sensitivity adjustment of the Cardiotocography to a resting pressure of 10-20 mmHg.
 - 4.5.3 The recording gives a relative reading and cannot be used to define actual strength of the contractions. Maternal weight, maternal position during recording of the pattern, maternal and foetal movement and tightness of the belt may all alter the reading.
- 4.6 Duration of the First Stage:
 - 4.6.1 The active first stage usually takes up to 8-12 hours in a primipara and 6-8 hours in multipara.
 - 4.6.2 Delay in the established first stage: A diagnosis of delay in the established first stage of labor needs to take into consideration all aspects of progress in labour and should include.
 - 4.6.2.1 Cervical dilatation of less than 2 cm in 4 hours for first labors.
 - 4.6.2.2 Descent and rotation of the fetal head.
 - 4.6.2.3 Changes in the strength, duration and frequency of uterine contractions.
- 4.7 Duration and definitions of Delay in the Second Stage.
 - 4.7.1 Nulliparous Women:
 - 4.7.1.1 Birth would be expected to take place within 3 hours of the start of the active second stage in most women.
 - 4.7.1.2 A diagnosis of delay in the active second stage should be made when it has lasted 2 hours and operative delivery should be arranged if vaginal delivery is not imminent women should be referred to a healthcare professional trained to undertake an operative vaginal birth if it is not imminent. Parous women:

- 4.7.1.3 Birth would be expected to take place within 2 hours of the start of the active second stage in the most women.
- 4.7.1.4 A diagnosis of delay in the active second stage should be made when it has lasted 1 hour and operatively delivery should be arranged if vaginal delivery is not imminent woman should be referred to a healthcare professional trained to undertake an operative vaginal birth if it is not imminent.
- 4.8 Management of Delay in Progress
 - 4.8.1 Review of the history and patient records; abdominal palpation for lie, presentation and station; fetal size; and frequency and duration of contraction.
 - 4.8.2 Reviewing the FHR recording or Cardiotocograph (CTG) and the color and quality of liquor if membranes have been ruptured. Maternal hydration and analgesia should be reviewed.
 - 4.8.3 A vaginal assessment should identify the presentation and, if vertex, the amount of caput and moulding and the position. The station of the leading bony skull and the degree of flexion should be noted along with the assessment of the bony pelvic adequacy.
 - 4.8.4 In the grand multiparous women and in women with a uterine scar, the registrar should review the case prior to commencement of oxytocin.
 - 4.8.4.1 The management options are delivery by lower segment Caesarean Section (LSCS) if there is obvious cephalo-pelvic disproportion (CPD) or fetal distress.
 - 4.8.4.2 If uterine activity is inadequate with no contraindication for augmentation, oxytocin infusion should be started according to the protocol aiming at 3-4 contractions/ 10 minutes each lasting for at least 40 seconds with CEFM
- 4.9 Vaginal Delivery:
 - 4.9.1 Low risk cases are to be delivered by midwives.
 - 4.9.2 Patient to be delivered by physician:
 - 4.9.2.1 Patient with thick meconium stained liquor.
 - 4.9.2.2 Patients with previous one caesarean section.
 - 4.9.2.3 Patients with clinically suspected big babies.
 - 4.9.2.4 Patient with breech presentation.
 - 4.9.2.5 Patient with twin pregnancy.
 - 4.9.2.6 Patient with prolonged second stage of labour (2 hours or more for prime gravida and more than one hour for multigravida; provided that the fetal heart trace on CTG is normal).
 - 4.9.3 Management of the third stage of labor:
 - 4.9.3.1 Active management is recommended by giving 10 units oxytocin in 1L Normal Saline, Methergin 0.1 mg intramuscular) with the delivery of anterior shoulder particularly in the following condition: Grand multiparous patients, previous history of post-partum hemorrhage, suspected big size fetus. Polyhydramnios.
 - 4.9.3.2 Delivery of the placenta should be done by the midwife/ physician who conducted the delivery by controlled cord traction after seeing the signs of separation.
 - 4.9.3.3 The placenta and membranes must be examined by midwife/ physician.
 - 4.9.3.4 The midwife should call the resident to examine the patient if there is delay in the delivery of placenta for more than 30 minutes and/or if excessive bleeding is seen
- 4.10 Episiotomy: See P&P of Episiotomy.
- 4.11 Transfer of Mothers from delivery room to postpartum area.
 - 4.11.1 For uncomplicated deliveries, mothers and their babies may be transferred to postpartum area by their assigned midwives 15-30 minutes after delivery.
 - 4.11.2 Vital signs should be taken hourly, uterine contractility and amount of lochia should be observed while in post-partum area at L&D and status should be documented.
 - 4.11.3 Postpartum patients should not be transferred out of L&D before voiding.
 - 4.11.4 Postpartum patients should be reviewed by resident 2 hours after delivery if labor was not complicated.
 - 4.11.5 Postpartum orders must be written by residents physician for all patients before their transfer.
 - 4.11.6 Following uncomplicated deliveries, patients are routinely transferred to ward by Staff Nurse.

5. MATERIAL AND EQUIPMENT:

5.1 CTG

6. RESPONSIBILITIES:

- 6.1 Physician
- 6.2 Nurse
- 6.3 Midwife

7. APPENDICES:


- 7.1 History of examination form
- 7.2 Partogram

8. REFERENCES:

- 8.1 Guidelines for Obstetrics and Gynecology/ Ministry of Health, General Directorate of Health Centers- Riyadh, 2013.
- 8.2 <http://www.dremeilkamel.com.au/patient-resources/obstetrics/cardiocography/>.
- 8.3 <https://en.wikipedia.org/wiki/Partogram>.

9. APPROVALS:

	Name	Title	Signature	Date
Prepared by:	Ms. Hema Robi	Nurse Specialist		January 08, 2025
Prepared by:	Dr. Abdalla Mohamed Albasha	Obstetrician and Gynecologist		January 08, 2025
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Reviewed by:	Dr. Thamer Naguib	Medical Director		January 14, 2025
Reviewed by:	Mr. Abdulelah Ayed Al - Mutairi	QM&PS Director		January 15, 2025
Approved by:	Mr. Fahad Hezam Al - Shammari	Hospital Director		January 22, 2025

KINGDOM OF SAUDI ARABIA  وزارة الصحة Ministry of Health		MRN: _____ Name: _____ Nationality: _____ Age: _____ سنة _____ شهر _____ يوم _____ Date of Birth: ____/____/14 ____ H ____/____/20 Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Hospital: _____ Region: _____ Dept./Unit: _____		العمر: _____ تاريخ الميلاد: ____/____/20 الجنس: <input type="checkbox"/> Male <input type="checkbox"/> Female

LABOR AND DELIVERY NURSING INITIAL ADMISSION ASSESSMENT FORM

I. ADMISSION DATE: (dd/mm/yy) ____/____/____		TIME: _____	
II. ADMISSION DIAGNOSIS: _____			
III. ADMISSION SOURCE:		MODE OF ARRIVAL:	
<input type="checkbox"/> ER <input type="checkbox"/> OPD/Clinic <input type="checkbox"/> others <input type="checkbox"/> Day care		<input type="checkbox"/> Walking <input type="checkbox"/> Wheelchair <input type="checkbox"/> Stretcher / Bed <input type="checkbox"/> Others	
INFORMATION SOURCE: <input type="checkbox"/> Patient <input type="checkbox"/> Family <input type="checkbox"/> Old Records <input type="checkbox"/> Not Available			
IV. ALLERGIES: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, include medication, food and food products. _____			
V. DATE & TIME:			
Onset of: <input type="checkbox"/> Labor <input type="checkbox"/> ROM <input type="checkbox"/> Bleeding			
Booked: <input type="checkbox"/> Yes <input type="checkbox"/> No - If no, give reason: _____			
Details		Name of Clinic	
Hb	Bld. Grp.	Gest. Age at first Booking	No. of visits
		RPR/VDRL	HIV
Problems at ANC			
VI. VITAL SIGNS:			
Temperature:	Respiratory Rate:	Weight:	Pain Score:
Pulse:	BP:	Height:	
VII. LEVEL OF CONSCIOUSNESS: <input type="checkbox"/> Alert <input type="checkbox"/> Stuporous <input type="checkbox"/> Lethargic <input type="checkbox"/> Coma			
VIII. POSITION: <input type="checkbox"/> Prone <input type="checkbox"/> Supine <input type="checkbox"/> Fowler's <input type="checkbox"/> Semi-fowler's <input type="checkbox"/> Others: _____			
IX. RESPIRATORY STATUS: (AIRWAY)			
- Maintains own		<input type="checkbox"/> Mechanical Ventilator <input type="checkbox"/> SIMV <input type="checkbox"/> Spontaneous <input type="checkbox"/> CMV FIO2 _____ O2 _____ RR _____ PEEP _____ TV _____	
		<input type="checkbox"/> ETT size _____ <input type="checkbox"/> TT size _____ <input type="checkbox"/> Oral airway size _____ <input type="checkbox"/> Nasal airway size _____ <input type="checkbox"/> Oxygen at _____ LPM <input type="checkbox"/> Mask <input type="checkbox"/> Nasal cannula	
X. ABDOMINAL EXAMINATION:			
Gestational Age	By dates	Palpation	SFH
Lie		Level of head (in fifths)	Sonar
Presentation		Attitude	
Liquor volume	Normal	Scanty	Polyhydramnios
		EFW	
Contractions	Yes	No	Unsure
		Less than 20 sec	20-40 sec
		Greater than 40 sec	FH
		Normal	Abnormal
		Absent	
Type of FH abnormality			
XI. VAGINAL EXAMINATION:			
Speculum	Liquor	Blood	Cervix
Digital Exam	Cervix	Thick	Thin
		Oedematous	Not felt
		Effacement	Position
Cervical Dilatation			
Presentation			
Station	-3	-2	-1
	0	+1	2
	3		
Attitude	Well Flexed	Deflexed	Caput
			Present
			Not present
Liquor	Clear	MSL	Grade
		I	II
		III	Blood Stain
			Offensive
Pelvic assessment	Adequate	Doubtful	Inadequate

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Name: _____ الاسم: _____	MRN: [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] رقم الملف الطبي: _____
I. STAGE OF LABOR:	
<input type="checkbox"/> Stage 1	<input type="checkbox"/> Stage 2 <input type="checkbox"/> Stage 3 <input type="checkbox"/> Stage 4
RISK FACTORS	
<input type="checkbox"/> Maternal	<input type="checkbox"/> Fetal <input type="checkbox"/> Labor
Definitions: ROM: Rupture of Membranes RPR: Rapid Plasma Reagent VDRL: Venereal disease research laboratory CVS: Cardiovascular system MSL: Meconium stained liquor OP : Occipito- posterior SFH: Symphysio-fundal height HIV: Human Immunodeficiency virus PP : Parieto-parietal FH: Fetal Heart EFW: Estimated fetal weight	
II. BREATHING:	
a. Rhythm <input type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Paradoxical	b. Depth <input type="checkbox"/> Normal <input type="checkbox"/> Shallow <input type="checkbox"/> Deep
c. Quality <input type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Stridor <input type="checkbox"/> Crackles	d. Cough <input type="checkbox"/> None <input type="checkbox"/> Productive <input type="checkbox"/> Non- productive
e. Bronchial/ Lung sound <input type="checkbox"/> Normal <input type="checkbox"/> Wheeze <input type="checkbox"/> Rhonchi	
III. CIRCULATION:	
a. Pulse <input type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Normal <input type="checkbox"/> Weak <input type="checkbox"/> Bounding	b. Skin <input type="checkbox"/> Normal <input type="checkbox"/> Pale <input type="checkbox"/> Flushed <input type="checkbox"/> Warm <input type="checkbox"/> Cyanotic <input type="checkbox"/> Jaundice <input type="checkbox"/> Mottled <input type="checkbox"/> Cool <input type="checkbox"/> Dry <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Oedema
c. IV Fluids at ml. level drops per minute IV Fluids at cc. level drops per minute	
IV. NUTRITION:	
Diet: <input type="checkbox"/> Regular <input type="checkbox"/> Special <input type="checkbox"/> Fluid restriction Amount:	Alternative route: <input type="checkbox"/> NGT (size) <input type="checkbox"/> GT (size) <input type="checkbox"/> TPN
Appetite: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Comment:	Difficulties: <input type="checkbox"/> Swallowing <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Indigestion
Nutritional Screening: (Refer to dietitian if any of the below apply) <input type="checkbox"/> Malabsorption <input type="checkbox"/> Diabetes <input type="checkbox"/> Renal disease <input type="checkbox"/> Liver disease <input type="checkbox"/> BMI less than 19 or greater than 40 <input type="checkbox"/> Unable to take oral feeds <input type="checkbox"/> Others: Referred: <input type="checkbox"/> Yes <input type="checkbox"/> No	
V. ELIMINATION:	
a. Bowel movement <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/> Constipation <input type="checkbox"/> Colostomy <input type="checkbox"/> Diarrhea	b. Urine <input type="checkbox"/> Normal <input type="checkbox"/> Amber <input type="checkbox"/> Polyuria <input type="checkbox"/> Cloudy <input type="checkbox"/> Oliguria <input type="checkbox"/> Hematuria <input type="checkbox"/> Foley catheter Fr
VI. OTHERS: (Gastric tubes, dressing, restraint (cuff), pressure sore)	
XVIII. ADOLESCENT ASSESSMENT (13-17 years old) - Not Applicable Smoking: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many cigarettes each day? Alcohol: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often?/week Use of "street drugs" such as marijuana, ecstasy and others? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which ones? Psychosexual problems: <input type="checkbox"/> Yes <input type="checkbox"/> No Others:	
NOTE: Please fill-up the data required completely and legibly. Put check (✓) if applicable. Use military time on your documentation. Affix your initial, date and time at the bottom of each page. <div style="text-align: right;">RN Initial/Date/Time:</div>	

Name: _____ الاسم: _____		MRN: _____ رقم الملف الطبي: _____	
XIX. MEDICATIONS BROUGHT FROM HOME: (Include Homeopathic Remedies) <input type="checkbox"/> No <input type="checkbox"/> Yes			
Medication	Dose	Route	Frequency
XX. LOCATION OF MEDICATION:			
<input type="checkbox"/> None <input type="checkbox"/> Given to Pharmacy <input type="checkbox"/> Given to family <input type="checkbox"/> Given to patient care area			
XXI. FUNCTIONAL SCREENING:			
If patient needs assistance with any of the following refer to rehabilitation Date: _____			
Physical therapy	<input type="checkbox"/> Mobility in bed	<input type="checkbox"/> Transfers	<input type="checkbox"/> Walking
Occupational therapy	<input type="checkbox"/> Eating	<input type="checkbox"/> Toileting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Speech therapy	<input type="checkbox"/> Washing	<input type="checkbox"/> Dressing	<input type="checkbox"/> Transfers
	<input type="checkbox"/> Swallowing		
XXII. PAIN ASSESSMENT SCALE:			
A) NUMERICAL RATING SCALE: Pain Score 0-10 (0-nopain), (5- moderate pain), (10-worst possible pain)			
PAIN SCORE: _____			
B) WONG BAKER PAIN SCALE: (Please tick appropriate answer from "a" and "e" and fill up the questions ask from "b" to "d").			
<div style="display: flex; justify-content: space-around; align-items: center;"> </div>			
Intensity:			
<input type="checkbox"/> 0 No pain <input type="checkbox"/> 1-2 Mild pain, Annoying <input type="checkbox"/> 3-4 Nagging pain, Uncomfortable <input type="checkbox"/> 5-6 Miserable <input type="checkbox"/> 7-8 Intense, Dreadful, Horrible <input type="checkbox"/> 9-10 Worst pain, Possible			
C) BEHAVIORAL PAIN SCALE (To assess pain in ventilated, unconscious and/or sedated patients, please write appropriate answer and sum up).			
CATEGORY	DESCRIPTION	SCORE	Patient's Score
FACIAL EXPRESSION	Relaxed	1	
	Partially tightened (e.g. brow lowering)	2	
	Fully tightened (e.g. eyelid closing)	3	
	Grimacing	4	
UPPER LIMBS	No movement	1	
	Partially bent	2	
	Fully bent, with finger flexion	3	
	Permanently retracted	4	
COMPLIANCE WITH VENTILATION	Tolerating movement	1	
	Coughing with movement	2	
	Fighting with ventilator	3	
	Unable to control ventilation	4	
PATIENT'S TOTAL PAIN SCORE			
Scoring: - 0-3 No pain - 4-6 Mild pain - 7-9 Moderate pain - 10-12 Severe pain			
a.) Location: Where does it hurt? _____ b.) Onset: When did the pain start? _____ c.) Duration: How long have you had this pain? _____ d.) Quality: <input type="checkbox"/> Constant, on and off <input type="checkbox"/> Radiating <input type="checkbox"/> Dull or sharp <input type="checkbox"/> Burning or pressure			
XXIII. "BRADEN SCALE" SKIN RISK ASSESSMENT			
(Write the appropriate answer and sum up from "a" to "f" to get the total score)			
Category	Parameters	Score	Patients Score
a) Sensory perception	No impairment	4	
	Lightly limited	3	
	Very limited	2	
	Completely limited	1	
b) Moisture	Rarely moist	4	
	Occasionally moist	3	
	Very moist	2	
	Constantly moist	1	
c) Activity	Walks frequently	4	
	Walks occasionally	3	
	Chair Bound	2	
	Bedfast	1	

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Name: _____ الاسم: _____		MRN: _____ رقم الملف الطبي: _____	
d) Mobility	No limitations	4	
	Slightly limited	3	
	Very limited	2	
	Completely immobile	1	
e) Nutrition	Excellent	4	
	Adequate	3	
	Probably inadequate	2	
	Very poor	1	
f) Shear & Friction	No apparent problem	4	
	Potential problem	3	
	Problem	2	
	Significant problem	1	
"BRADEN SCALE" TOTAL PATIENT'S SKIN RISK ASSESSMENT SCORE			
Score of less than 16, patient is "at risk" for the development of pressure sores.			
XXIV. "MORSE" FALLS RISK ASSESSMENT (Write appropriate answer and sum up from "a" to "f" to get the total score)			
Category	Parameters	Score	Patient's Score
a) History of falling (immediate & in not less than three (3) month time)	No	0	
	Yes	25	
b) Secondary diagnosis (include meds risk) diuretics; benzodiazepines antihypertensives; corticosteroids; drugs treating diabetes mellitus; polypharmacy (4 or more drugs)	No	0	
	Yes	15	
c) Ambulatory aids	None/ Bed rest/ Nurse assist	0	
	Crutches/ stick/frame	15	
	Furniture/walls	30	
d) Intravenous therapy	No	0	
	Yes	20	
e) Gait	Normal/ Bed rest/ Wheelchair	0	
	Weak	10	
	Impaired	20	
f.) Mental status	Oriented to own ability	0	
	Over estimates/ forget limitations	15	
"MORSE" FALLS TOTAL PATIENT'S RISK ASSESSMENT SCORE			
SCORING: 0-25 (Low risk) 30-55 (Medium risk) >55 (High risk)			
XXV. PSYCHOSOCIAL			
Unusual concerns about patient's physical/social status: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Physician notified (Date/Time).....			
XXVI. SOCIAL STATUS			
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Lives alone <input type="checkbox"/> Lives with family <input type="checkbox"/> Lives with friends			
XXVII. ORIENTATION TO UNIT / ENVIRONMENT			
<input type="checkbox"/> Toilets <input type="checkbox"/> Patient handbook <input type="checkbox"/> Bed control / rails	<input type="checkbox"/> Phone <input type="checkbox"/> Visiting Time <input type="checkbox"/> Call Bell	<input type="checkbox"/> ID Band <input type="checkbox"/> Patient's rights/responsibilities <input type="checkbox"/> Safety Measures	<input type="checkbox"/> Visitors policy <input type="checkbox"/> Smoking policy
XXVIII. EDUCATIONAL/GENERAL NEEDS			
Repeated, unscheduled admissions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Newly diagnosed chronic/terminal illness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Family education needed for in-home care	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
NOTE: Please fill-up the data required completely and legibly. Put check (✓) if applicable. Use military time on your documentation. Affix your initial, date and time at the bottom of each page.			
RN Initial/Date/Time: _____			

Name: _____ الاسم: _____	MRN: _____ رقم الملف الطبي: _____	
XXIX. PHYSICAL DEFICITS (Please write appropriate information in example.)		
Cardiovascular: <input type="checkbox"/> Yes <input type="checkbox"/> No example _____ Respiratory: <input type="checkbox"/> Yes <input type="checkbox"/> No example _____ Neurological: <input type="checkbox"/> Yes <input type="checkbox"/> No example _____ Sensory/Speech: <input type="checkbox"/> Yes <input type="checkbox"/> No example _____ Gastrointestinal/Nutritional: <input type="checkbox"/> Yes <input type="checkbox"/> No example _____ Genitourinary: <input type="checkbox"/> Yes <input type="checkbox"/> No example _____	Musculoskeletal/Mobility: <input type="checkbox"/> Yes <input type="checkbox"/> No example _____ Skin/Wound: <input type="checkbox"/> Yes <input type="checkbox"/> No example _____ Cognitive/Mental: <input type="checkbox"/> Yes <input type="checkbox"/> No example _____ Endocrine: <input type="checkbox"/> Yes <input type="checkbox"/> No example _____ Language Barrier: <input type="checkbox"/> Yes <input type="checkbox"/> No example _____ Other Concerns: _____	
XXX. DISCHARGE PLANNING		
SOCIOECONOMIC NEEDS:		
Lack of needed caregiver; family support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
At risk of abuse or neglect	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inadequate resources: insurance, financial	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Foster parent, guardian etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inadequate or inappropriate post hospital plans	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ENVIRONMENTAL NEEDS:		
Change in living arrangements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In-home care or equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vocational and/or role loss	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inability to complete ADL	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PSYCHOLOGICAL NEEDS:		
Potential of harm to self or others	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Suspected drug or alcohol abuse	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inappropriate patient/family behaviors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Difficult adjustment to diagnosis (acceptance or diagnosis)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
REFERRAL INDICATED: <input type="checkbox"/> Yes <input type="checkbox"/> No Referral sent to: <input type="checkbox"/> Social Services <input type="checkbox"/> Home Care <input type="checkbox"/> Other _____ High risk indicated but no referral sent, why? _____ _____ _____		

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Name: _____ الاسم: _____ MRN: _____ رقم الملف الطبي: _____

PARTOGRAM

Date & time of admission:		Consultant:	
E.D.D:		Parity:	
Special instructions:			
<p>190 180 170 160 150 140 130 120 110 100 90 80 70 60</p> <p>FETAL HEART RATE</p>		<p>0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24</p>	
<p>Duration of rupture of membranes (hrs)</p>		<p>Liquor</p>	
<p>Moulding</p>		<p>10 9 8 7 6 5 4 3 2 1 0</p>	
<p>C E R V I X E N T</p>		<p>Duration of labor</p>	

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ISSUED DATE: 09/02/2013



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