Ministry of Health of Republic of Belarus

Vitebsk state medical university

Сhair of obstetrics and gynecology

Head of the chair, professor N.Kiseleva

Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HISTORY OF LABOR

Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Vitebsk, 2023

Blood type: \_\_\_\_\_\_\_\_\_\_ Rhesus factor: \_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_ (from the prenatal card)

 Antibody titer: \_\_\_\_\_\_\_\_\_\_\_\_\_

 Blood type: \_\_\_\_\_\_\_\_\_\_ Rhesus factor: \_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_ (from the prenatal card)

 Antibody titer:\_\_\_\_\_\_\_\_\_\_\_\_\_

Concentration of a hemoglobin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Hepatitis: B,C, no \_\_\_\_\_\_\_\_\_\_, the carrier \_\_\_\_\_\_\_\_\_.

Inspection on STD: is, no, not done \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergic reactions: urticaria, Quincke's edema, anaphylactic shock.

Allergen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Admission of patient in a hospital (including reception)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Unit | Date/time Of admission | Date/time Of transfer | Date/time of discharge | Date/time of death |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Total days in the hospital\_\_\_\_\_\_\_\_

Surname, name, middle name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth \_\_\_\_\_\_\_\_\_\_\_\_.

Marriage is registered, no, single

Permanent address of registration: Region \_\_\_\_\_\_\_\_\_\_\_ district \_\_\_\_\_\_\_\_\_\_\_ village \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ st. \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ case \_\_\_\_ quarter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residential address: Region \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ district \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

village \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ st. \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ case \_\_\_\_\_\_ quarter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of work/study, occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By whom she was referred \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Women consultation № \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The diagnosis of the referred organization of health care \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The diagnosis when admitted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Сlinical diagnosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The final clinical diagnosis:

main \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Code on ICD-10\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

basic complications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Concommitent diseases \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of the labor "\_\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_\_.

PASSPORT OF LABOR

Beginning of labor "\_\_\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_ \_\_\_\_\_\_ hour \_\_\_\_\_\_\_ min.

Full dilatation "\_\_\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_ \_\_\_\_\_\_ hour \_\_\_\_\_\_\_\_ min.

Rupture of membranes "\_\_\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_\_ \_\_\_\_\_\_ hour \_\_\_\_\_\_\_\_ min.

Beginning of the II period "\_\_\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_\_ \_\_\_\_\_\_ hour \_\_\_\_\_\_\_\_\_ min.

colourless fluid, green transparent, meconium stained \_\_\_\_\_fluid quantity \_\_\_ ml.

Preliminary period \_\_\_\_\_\_\_\_ hour. Duration of delivery: overall \_\_\_\_\_\_\_, I period \_\_\_\_\_\_\_, II period \_\_\_\_\_\_, III period \_\_\_\_\_\_\_.

Hemorrhage in labor \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ml.

Placenta got separated spontaneously, was separated and isolated, manually removed after \_\_\_ min.

Size \_\_\_\_\_\_\_\_ cm, weight \_\_\_\_\_\_, features \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Histological examination yes/no. Umbilical cord: length \_\_\_\_\_\_\_ cm, features \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

an entanglement\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Labor pain relief: psychoprophylactic preparation, medical preparation

(to specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Effect: full, partial, without effect.

**Information about the newborn**

The child was born: \_\_\_\_ \_\_\_\_\_\_\_\_\_\_ 20 \_\_ \_\_\_ hour \_\_\_ min.

Assessment by Apgar \_\_\_/\_\_\_ points

alive, dead, full-term, prematurely born, head, breech, legs (emphasize).

Sex \_\_\_\_\_ weight \_\_\_\_\_\_\_\_, body height \_\_\_\_\_ cm, head circumference \_\_\_\_\_\_\_ cm,

breast circumference \_\_\_\_\_\_\_ cm.

Prophylaxis of a gonorrhea (than) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breastfeeding within 30 min., 60 min., no breastfeeding (to emphasize).

Discharged "\_\_" \_\_\_\_\_\_\_\_ 20 \_\_\_. Died "\_\_" \_\_\_\_\_\_\_ 20 \_\_\_ \_\_\_\_ hour \_\_\_ min.

Translated "\_\_" \_\_\_\_\_\_\_\_\_ 20 \_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (name of the organization of health care)

The child was born: \_\_\_\_ \_\_\_\_\_\_\_\_\_\_ 20 \_\_ \_\_\_ hour \_\_\_ min.

Assessment by Apgar \_\_\_/\_\_\_ points

alive, dead, full-term, prematurely born, head, breech, legs (emphasize).

Sex \_\_\_\_\_ weight \_\_\_\_\_\_\_\_, body height \_\_\_\_\_ cm, head circumference \_\_\_\_\_\_\_ cm,

breast circumference \_\_\_\_\_\_\_ cm.

Prophylaxis of a gonorrhea (than) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breastfeeding within 30 min., 60 min., no breastfeeding (to emphasize).

Discharged "\_\_" \_\_\_\_\_\_\_\_ 20 \_\_\_. Died "\_\_" \_\_\_\_\_\_\_ 20 \_\_\_ \_\_\_\_ hour \_\_\_ min.

Translated "\_\_" \_\_\_\_\_\_\_\_\_ 20 \_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (name of the organization of health care)

**SURGERIES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date, timeOf start and end | Unit | Operation | Initials,surnamethe doctor -surgeon | complications | type of anesthesia |
| Name | primary |
|  1  |  2  |  3  |  4  |  5  |  6  |  7  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**SURVEY IN RECEPTION**

"\_\_" \_\_\_\_\_\_\_\_\_\_ 20 \_\_ time with \_\_\_ hour \_\_\_ min to \_\_\_ hour \_\_\_ min.

**ANAMNESIS OF LIFE**

Transferred diseases catarrhal, tuberculosis, hepatitis, STD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Gynecologic diseases \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Previous surgeries \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transfusion anamnesis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergy anamnesis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Obstetric and gynecologic anamnesis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Menstrual function. A menstruation from \_\_\_\_\_ years, started (not) at once,

through \_\_\_\_\_ years, for \_\_\_\_ days. in\_\_\_\_ days, regular, irregular,

moderate, abundant, scarce, painful, painless.

Sexual function. Sex life from\_\_\_\_\_\_\_ years \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Genital function. Number of pregnancies \_\_\_\_\_, number of children \_\_\_\_,stillbirths\_\_\_\_\_\_\_\_\_\_\_\_\_\_

dead \_\_\_\_, abortions \_\_\_\_\_, miscarriages\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Description of pregnancies**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Pregnancycounted | Year | Outcome | Complication | Surgery | Body Weight of the baby |
|  I  |  |  |  |  |  |
|  II  |  |  |  |  |  |
|  III  |  |  |  |  |  |
|  IV  |  |  |  |  |  |
|  V  |  |  |  |  |  |
|  VI  |  |  |  |  |  |
|  VII  |  |  |  |  |  |
|  VIII  |  |  |  |  |  |
|  IX  |  |  |  |  |  |
|  X  |  |  |  |  |  |

Parity of pregnancy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parity of labor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THE STATUS WHEN ENTERING**

Date of the last menses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of the first movement of a fetus \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Body height \_\_\_\_\_\_\_\_\_\_ cm, weight \_\_\_\_\_\_\_\_\_\_ kg, a body weight increase in pregnancy \_\_\_\_\_\_\_\_ kg,

body temperature \_\_\_\_\_\_\_\_\_\_\_\_ °C.

Pelvis sizes: D.sp. \_\_\_\_\_ cm, D.cr. \_\_\_\_\_ cm, D.tr. \_\_\_\_ cm, C.ex. \_\_\_\_ cm.

Abdomen circumference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cm, uterine fundus height \_\_\_\_\_\_\_\_\_\_\_\_\_\_ cm.

Fetus lie longitudinal, transversal, oblique.

Presentation: cephalic, breech.

The presenting part of fetus is above the entrance / is pressed to entrance to a true pelvis, in pelvic cavity, at a pelvic floor.

Heartbeat of a fetus \_\_\_\_\_\_\_\_\_ beats / min., clear, rhythmical, isn't auscultated.

Labor activity yes/no.

**ANAMNESIS OF PREGNANCY**

Entering. The woman arrived: according to guidance of doctor of women, by ambulance, by herself due to beginning of contractions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), Rupture of membranes, aching pains in lower abdomen, in lower back.

Complications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Hospitalization**

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  Term of pregnancy  | Diagnosis at discharge | Organization of health care |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**OBJECTIVE DATA**

State when entering satisfactory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consciousness is clear, disturbed, absent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The skin is pink, cyanotic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Visible mucous pink \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The peripheric lymph nodes when palpated not enlarged, enlarged \_\_\_\_\_

Mammary glands \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Edemas of legs and others (to specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Heart and vessels: tones are rhythmical, arrhythmic, murmurs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

pulse \_\_\_\_\_\_\_\_\_beats / min. ABP: on the right arm \_\_\_\_\_\_\_\_\_\_\_\_, on the left arm \_\_\_\_\_\_\_\_\_mm hg.

Respiratory organs. Respiration in lungs vesicular, crepitation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GIT and urinary system. Tongue is clear, moist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Abdomen is enlarged due to pregnancy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

symptom of "effleurage" negative, positive on both sides,on the right, at the left.

Urination free \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Defecation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Obstetric status**

Contractions are irregular, regular \_\_\_\_\_ in 10 min., duration on \_\_\_\_ sec.

Contractions are absent. Lie of fetus longitudinal, transversal, oblique, position I, II,

View is anterior, posterior. Presentation: cephalic, breech\_\_\_\_\_\_\_\_\_\_ Presenting part is pressed to entrance

in a true pelvis, is in a cavity of a true pelvis, at a pelvic floor\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Heartbeat of fetus clear, rhythmical \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hb. / min.

Fetal membranes are intact. Rupture of membranes \_\_\_\_\_\_at \_\_\_\_ hours \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_.

Colourless fluid, green transparent, meconium stained \_\_\_\_\_ fluid quantity \_\_\_ ml.

anhydrous period \_\_\_\_\_\_\_\_ (duration).

St. per vag.: mucous vaginal birth/no\_\_\_\_\_\_\_\_\_, position of cervix: midline, posterior, anterior;

bloody \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, moderate, plentiful.

length \_\_\_\_\_\_\_ cm, affaced, soft, firm, internal os is closed, cervical canal is closed, internal os can be reached, dilated \_\_\_\_\_\_\_\_\_\_\_\_cm. Edges of os thin, thick, pliable, rigid, dilatation \_\_\_\_\_\_\_ cm.

Amniotic membranes are intact, ruptured.

Amniotic fluid / Rupture of membranes \_\_\_\_\_\_ hours \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_.

Colourless fluid, green transparent, meconium stained \_\_\_\_\_ fluid quantity \_\_\_ ml.

The head, breech \_\_\_\_\_\_\_ presentation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The Sagittal suture, the intertrochanteric line of fetus is in right/left, oblique, transverse, anterior, posterior size. Small fontanel, sacrum of fetus in right/ left, at bottom, at woman's sacrum. The pubic joint is free, the presening part occupies the upper edge, till middle, full pubic joint. The sacral fovea is free, the presening part fills the sacral promontory, II-III sacral vertebrae, all sacral fovea, coccyx. Pelvis walls smooth, the promontory isn't reached, reached, con.diag. \_\_\_ cm.

Duration of gestation \_\_\_\_\_\_ weeks (days) Estimated mass of fetus \_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| by date of the last menses |  | according to US  |  |
| First movement of fetus |  | according to Jordan ( abdominal circumference\*height of fundus |  |
| on first appearance  |  | objectively |  |
| according to US (the I trimester) |  |  |  |
| objectively |  |  |  |

Allowed hemorrhage \_\_\_\_\_\_\_\_\_\_ ml

Diagnosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Plan of conducting pregnancy.**

Investigation: general blood test, general analysis of urine, urine test according Nichiporenko, according Zimnitsky, daily diuresis, biochemical analysis of blood (general protein, bilirubin, glucose, urea, creatinine, ALAT,ASAT, ionogramm (potassium, sodium, calcium, chlorine), coagulogram, blood typing, Rh factor, RW, analysis of discharge, fetus US, dopplerometry\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Consultation of experts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Treatment planning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Plan of maintaining labor

To begin to conduct labor in natural labor ways \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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To carry out prophylaxis of fetal hypoxia of a fetus, inefficient uterine contraction, bleedings. In case of complications which can not be corrected with medications, labor to finish corrections, labor with cesarean sections.

Considering \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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to finish pregnancy by operation Cesarean section simultaneously with labor activity or in a planned order.

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (signature) (initials, surname)

**PROTOCOL OF LABOR MANAGEMENT**

"\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_ year \_\_\_\_\_\_ hour \_\_\_\_\_\_ min

DIAGNOSIS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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LABOR MANAGEMENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (signature) (initials, surname)

PROTOCOL OF MAINTAINING LABOR

"\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_ year \_\_\_\_\_\_ hour \_\_\_\_\_\_ min

DIAGNOSIS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PLAN OF MAINTAINING LABOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (signature) (initials, surname)

PROTOCOL OF MAINTAINING LABOR

"\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_ year \_\_\_\_\_\_ hour \_\_\_\_\_\_ min

DIAGNOSIS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PLAN OF MAINTAINING LABOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (signature) (initials, surname)

**PARTOGRAM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Time  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| indicators | Fetal heartbeat  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BP sist  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BP diast  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Woman heartbeat |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| cervix | length, cm  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| firm  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| soft  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| aligned at center  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| not aligned at center  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| effaced |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Station of the presentingpart (O) |  | dilatation of cervix in cm (Х) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| mov | 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ent | 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ms | 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| bs | 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| wp | 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| np | 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| О | 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| amniotic membrane | amnioscopy  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| intact  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| absent  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| amniotomy  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| - membrane is flat  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| - high tear  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| - birth stimulation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| amniotic water |  quantity  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| colourless |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| clear  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| green transparent.  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Meconium. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| number of contractions in 10 min.  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| duration of contractions (c)  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Painful (+, ++, +++) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mark appointment |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**PREOPERATIVE EPICRISIS**

"\_\_\_" \_\_\_\_\_\_\_\_\_\_ 20 \_\_\_.

Surname, name, patient's middle name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

age \_\_\_\_\_ years

Clinical diagnosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Conditions for operation

 a) fetus is alive (fetal heartbeat = \_\_\_\_\_per min\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

 b) no acute infection (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

 c) pregnant woman's consent to operation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 d) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indications for operation:

 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anamnesis data \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transfusion anamnesis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergic reactions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Risk of TELA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Laboratory researches: blood type \_\_\_\_\_\_\_\_\_\_\_, Rh \_\_\_\_\_\_\_\_\_\_\_\_\_

The planned operation capacity: Cesarean section, Cesarean section with sterilization, Cesarean section with a myomectomy, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (signature) (initials, surname)

PROTOCOL No. of OPERATION of CESAREAN SECTION (planned, planned, emergency)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hour, min.) "\_\_\_\_\_\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_\_.

Laparotomy according to Joel-Kokhen, Pfannenshtil, lower median, scar excision. The abdominal cavity, adhesiotomy\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is layer-by-layer opened \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The lower segment of uterus without changes, is thinned, sclerosed, varicose veins, there is a defect of a wall of uterus in the field of scar \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cm. The abdominal cavity is limited by napkins.

The peritoneum of a vesicouterine plica is cut and displaced down. Lower segment, body of uterus is cut in the transversal, longitudinal direction. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In \_\_ (hour) \_\_\_ (min.) head, pelvic extremity, legs, with use of forceps the child (boy/girl), is taken. Full-term, prematurely born, post term (signs) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Without visible malformations, with visible malformations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weight \_\_\_\_\_\_\_, length \_\_\_\_\_\_ cm. Assessment on a scale Apgar \_\_\_\_\_\_\_\_\_ points.

Transferred to the obstetrician, neonatologist, the resuscitator (children's, adult).

Cried at once, after sucking of mucous. Did not cry. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amniotic waters clear, green transparent, with meconium, with blood, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Placenta at front, back, side (on the right, at the left), of uterus fundus \_\_\_\_\_\_\_\_

Plaacenta is removed with a pulling for a cord, taken by an arm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Histological examination - yes/no. Curettage of uterus is/not made. Cervical is (not) dilated: Gegar's dilator to \_\_\_\_, finger to \_\_\_\_. Cavity of uterus is processed with alcohol.

Ergometrine of 1,0 ml, Oxytocinof 5 - 10 ml \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is intravenously entered.

Uterus is sutured with: a one-row, two-row, continuous suture, with use \_\_\_\_\_\_\_\_\_\_ N \_\_. Peritonization. Appendages on both sides are (not) changed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sterilization by means of excising of parts of uterine tubes \_\_\_\_\_\_\_\_\_\_\_\_\_\_ is made. Clearing of abdominal cavity. Control of a hemostasis and removal of foreign bodies. Abdominal wall is sutured layer-by-layer, drainages \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On a skin cosmetic suture, separate \_\_\_\_\_\_\_\_\_\_ seams. Aseptic bandage (patch).

Urine is removed by a catheter \_\_\_\_\_\_ ml, light, transparent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Processing mucous of a vagina by antiseptic.

Hemorrhage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ml.

placenta \_\_\_\_\_ cm, cord \_\_\_\_, membranes \_\_\_\_).

Diagnosis after operation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appointments in the postoperative period:

1) anesthesia: Promedolum,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) prophylaxis of purulent - septic complications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) prophylaxis of bleeding: Oxytocin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4) prophylaxis of thromboembolic complications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5) Prevention\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Signature of the student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

II-III PERIODS of LABOR "\_\_\_" \_\_\_\_\_\_\_\_\_\_ 20 \_\_\_, \_\_\_: \_\_\_

 **Labour activity**

Regular labour activity developed. Contractions \_\_\_\_ in 10 min., for \_\_\_\_ sec.

Fetal head at the pelvic floor. Heartbeat of a fetus clear, rhythmical \_\_\_ hb / min.

Parturient have been transferred to delivery room \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Episiotomy, a perineotomy when head is on the pelvic floor. Indications: threatening rupture of a perineum, including past scar, acute hypoxia of fetus.

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 **Child's birth**

At \_\_\_\_ (hour) \_\_\_\_ (min.) "\_\_" \_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_\_ gave birth to the first child alive, dead, full-term, prematurely born, post term \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Sex \_\_\_ weight \_\_\_\_\_, body height \_\_\_\_ cm, without an asphyxia, with asphyxia \_\_\_\_\_\_\_\_\_\_\_\_;

without visible malformations, with visible malformations\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cried at once, after sucking mucouse, in \_\_\_\_\_\_\_\_\_ minutes.

Apgar 1 min. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ points.

 5 min. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ points.

Baby is separated from mother. Eyes and sexual cleft are processed with 30% Albucidum solution.

At \_\_\_\_ (hour) \_\_\_\_ (min.) "\_\_" \_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_\_ gave birth to the second child alive, dead, full-term, prematurely born, post term \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Sex \_\_\_ weight \_\_\_\_\_, body height \_\_\_\_ cm, without an asphyxia, with asphyxia \_\_\_\_\_\_\_\_\_\_\_\_;

without visible malformations, with visible malformations\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cried at once, after sucking mucouse, in \_\_\_\_\_\_\_\_\_ minutes.

Apgar 1 min. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ points.

 5 min. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ points.

Baby is separated from mother. Eyes and sexual cleft are processed with 30% Albucidum solution.

Urine of parturient is/not removed with catheter.

 **Clinic of normal puerperal period.**

In \_\_\_\_\_ minutes placenta was separated spontaneously and isolated without any defects of placental tissue, no defects in layers, umbilical cord without changes, length \_\_\_\_\_ cm (there are changes in umbilical cord \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_), mass of placenta\_\_\_\_\_\_\_\_, size \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cm.

 **Clinic of pathological puerperal period.**

Within \_\_\_\_ minutes there are no signs of detachment of placenta, heavy bleeding from birth canal, placenta separated spontaneously and isolated but with defects of a placental tissue \_\_\_\_\_\_, defect of membranes\_\_\_\_\_\_\_\_\_\_\_, umbilical cord without changes, length \_\_\_\_\_ cm (there are changes in umbilical cords \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_), mass of placenta\_\_\_\_\_\_\_\_, size \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cm.

Diagnosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Plan of maintaining:

1. Manual separation of placenta and its isolation;

 2. Manual inspection of uterine cavity (indication: hypotonic uterine bleeding, scar in uterus, obstetric forceps.

 3. Curettage of a puerperal uterus.

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (signature) (initials, surname)

**EARLY POSTNATAL PERIOD "\_\_\_" \_\_\_\_\_\_\_\_\_ 20 \_\_\_.**

Inspection of birth canal.

Cervix is intact (no rupture), rupture I, II, III Art., on the right, at the left. Sutured with continuous /

separate sutures\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The vagina is intact, rupture of right wall, left wall, lateral and back \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sutured with continuous /separate sutures ­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Perineum is intact, rupture I, II, III Art. Sutured with continuous /separate sutures \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Episiotomy (median and lateral, median), perineotomy: anesthesia (Lidocain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

suturing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Material suturing: Darwin, vikrit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hemorrhage in labor \_\_\_\_\_\_\_\_ ml.

Condition of the woman after delivery satisfactory, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complaints: no, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Pulse \_\_\_\_\_ hb. / min., satisfactory fillings ABP on the right arm \_\_\_\_\_\_\_\_\_ mm hg, on the left arm \_\_\_\_\_\_\_\_\_\_ mm hg. Body t \_\_\_\_\_\_\_\_°C.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Uterus is decreased, firm, bleeding is moderate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plan of inspection \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Treatment planning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 1) prophylaxis of bleeding: Oxytocin of 1,0 - 2,0 ml intravenously / by drop infusion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2) prophylaxis of thromboembolic episodes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 3) prophylaxis of purulent - septic complications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SURVEY** "\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_ \_\_\_\_ hour \_\_\_\_ mines

Within 2 hours woman is transferred to puerperal unit because of satisfactory condition, mother and baby together in ward, mother and baby stay separately due to indications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Pulse \_\_\_ hb. /min. ABP on right arm \_\_\_\_\_\_\_\_\_\_\_, on left arm \_\_\_\_\_\_\_\_\_\_\_\_\_ mm hg.

The uterus was decreased, firm, bleeding is moderated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plan of inspection \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Plan of management\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Treatment planning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (signature) (initials, surname)

Diary of observations in puerperal period

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Days of puerperal period | Date | General state,complains | Condition of mammary glands | Height of uterine fundus (cm) | Lochia | Function | appointments |
| of bladder | of intestine |
|  |  | Т °C - Ps-BPRR |  |  |  |  |  |  |
|  |  | Т °C - Ps-BPRR |  |  |  |  |  |  |

**CONCLUSION**

Etiopathogenetic background of the diagnosis:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Medical advices in the puerperal period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (signature) (initials, surname)

**Results of laboratory, methods of researches, consultations of experts**

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| --- | --- |
| **Research, date**  | **Result** |
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| --- | --- | --- |
| Period | Medicinal preparations(name, dose, duration) | Justification(therapy purpose) |
| Before labor |  |  |
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| Delivery |  |  |
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| After labor |  |  |
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**References on filling of a partogram**

Partogram represents version of sheet of intensive observation of patient in labor. Its indicators include the clinical characteristic of condition of the woman, fetus and contraction process, and also manipulations in labor, all appointments. Indicators are located on two axes of coordinates – vertical and horizontal. The horizontal axis shows date and time of diaries of observation. A vertical axis – clinical parameters of condition of parturient woman (pulse, ABP) and fetus (heartbeat, quality of amniotic fluid), dynamics of labour process (characteristic of cervix, advancing of the presenting part of fetus, frequency, intensity and morbidity of contractions, existence of fetal bladder), and also manipulations and medicinal appointments.

Stages:

1. Qualitative (i.e. the stating existence or lack of sign) partogram indicators: a mark about registration of KTG, the characteristic of cervix (a consistence – soft, firm; locating of cervix on a pelvis axis – it is aligned, not aligned; it is maleficiated); characteristics of amniotic membranes (it is whole, is absent) and amniotic waters (colourless, green transparent, stained with meconium), taped at an amnioscopy; indications to an amniotomy (high, a stimulation) – become perceptible the "+" or "×" badge. Morbidity of pains becomes perceptible depending on intensity of pain from moderated to very strong – "+", "++", "+++", or "×", "××", "×××".

2. Quantitative (that is having numerical expression) partograms indicators: The fetus heartbeat, ABP of parturient woman, parturient woman's heartbeat, permeability of the cervical canal and disclosure of obstetric os in cm, the number of contractions in 10 minutes, duration of contractions in seconds – register in the Arab digits.

3. Permeability of the cervical canal or of uterine os become perceptible the signs "+" or "×" which are brought in a cell corresponding to numerical value (from 0 to 10 cm) and time of performance of a research.

4. For designation of the presenting part (head or breech) uniform graphic sign – is entered (ellipse). The provision of reference points on the presenting part of a fetus – sagittal suture (suture with a small fontanel) or a between breeches fold (a between breeches fold with a sacrum) is designated by a sign similar to a Latin letter Y (Y). Thus, the image of the presenting part on a partogram has the following appearance:

- small fontanel or sacrum

- sagittal suture or between a breech fold

- Контур предлежащей части

5. A locating of the presenting part in relation to the pelvis planes: it is mobile above the entrance to a true pelvis (head, breech) (mov), pressed to entrance of true pelvis (head, breech) (ent), small segment (head) in plane of entrance to true pelvis (ms), larger segment (head) in plane of entrance to true pelvis (bs), in wide part of true pelvis (head, breech) (wp), in narrow part of true pelvis (head, breech) (np), in the plane of outlet of true pelvis (head, breech) (О) – it becomes perceptible the above-stated symbols which are brought in the cells corresponding to its locating and time of performance of a research.

6. Graphic display of process is framed by bond by the line of the badges "×" or "+" relating to disclosure of ways and advance of a fetus.

7. In horizontal lines of the section of a partogram of "a mark about appointments" names of the prescribed drugs with the mark "+" or "×" in the corresponding column of the diary of a partogram register. All details relating to rules of prescription of medicines to patients (concentration of solution, a way of introduction and so forth), are reflected in a leaf of appointments.

8. Data recording in a partogram is carried out each 3 hours, parameters of the vaginal status are brought in 6 hours in physiological labor. In pathological labor and in all situations demanding use of medical and diagnostic actions or change of the plan of a delivery, record in a partogram (including the vaginal status) are carried out without a temporary interval. When using in labor of Prostaglandins and uterotonic against the background of infusion it is recommended to reflect dynamics of patrimonial process (from mother and a fetus) in a partogram each 1,5-2 hours.