

OB/GYN: Labor and Delivery-Sample AM Progress Note, MS3

MS3 OB POD #1

S: Pt is without c/o CP/SOB/Palpitations, and N/V. Pt tol po diet. +/- flatus. +/- BM. Ambulating. No dysuria, dec lochia. Bottle/Breast feeding. +/- breast tenderness. Using contraception: Method (condoms, OCP, depo). Plans for baby boy to have circ. Good pain control with PCA.

O: VS: T 37.1, BP 120/70, P 100, R 20 I/O in 8hrs 500/364, I/O in 24 hrs 2645/2030
CV: S1 S2, RRR, no m/r/g
Lungs: CTA b/l, no w/r/r
Abd: + BS, soft, ND, approp tenderness, fundus firm and below the umbilicus
Incision c/d/i with staples.
GU: dec lochia
Ext: NT, no LE edema, 2+ DTR b/l

A/P: POD #1 s/p first LT C/S
VSS. Afebrile.
Advance to po pain meds, D/C foley
Inc OOB and ambulation, Encourage inspirex use
Check pending CBC.

EK-MS3

OB/GYN: Labor and Delivery-Sample Admission Note, MS3

Age 21 Gr 2 Para 0101 LNMP 7/1/03 EDC 7/5/03 EGA: 39 2/7

CC: Leakage of Fluid (LOF)

HPI: C/O leaking clear fluid @ 9am. +gush, +ctx's started 1 hr later, now 8-10 min, +FM, no vaginal bleeding.

PE: VS T 37.2 BP 110/78 P 82 R 18

FHR: 140's +LTV, +accels, +mild variable decels with good variability and return to baseline

Toco: Ctx's q 7-8 min

Abd: gravid, soft, NT

Vag Exam: SSE: +pooling, +nitrazine, +ferning, Cervix 2/30/-1

Labs: BS-Sono-cephalic AFI = 6

A/P: 21 yo G2 P0101 @ 39 2/7 weeks gestation, +SROM @ 9am, latent labor, Afebrile and GBS negative.

-admit to L&D, monitor, expectant management, re-eval this pm for possible augmentation.

-will discuss with resident/attending

MH-MS3