V3
08/17
P38

AD16800417

Mercy Health

PARTOGRAM

UR No: .....

Surname: .....

First Name: .....

DOB: .....

OR Attach Patient Label

General Instructions

Maternal Physiological Vital Signs:

- Heart Rate (HR) must be documented every 30 minutes
- You must record a full set of vital signs:
  - On commencement of Partogram
  - Minimum every 2 hours
  - Whenever you are concerned about the patient
  - If the patient is deteriorating or an observation in the shaded area
- Whenever an observation falls into a shaded area, you must initiate the actions required for that colour, unless a modification has been made.

CTG Assessment / Labour Observations:

- You must record:
  - CTG assessment (minimum every 2 hours) countersigned by midwife in charge
  - Progression of labour observations

PORC to be used in conjunction with:

- Patient's labour progress notes ☐
- Medication chart ☐
- Fluid balance chart ☐
- Epidural chart (if applicable) ☐
- IV fluid order chart (if applicable) ☐

Modifications

Date	Time	Criteria modification	Level	Doctor's name	Doctor's signature	Modification review by
E.g. 1/2/16	0800	O_2 saturation	≥ 88%	Joe Smith	Joe Smith	4/2/2018 0800

If medical attention is required immediately call Code Blue on 3333

Urgent Clinical Review

Response Criteria

- Any observation which is in an orange area
- Patient has reportable parameter set by clinical unit
- You are worried about the patient but they do not fit the specified criteria
- Second stage complication requiring urgent clinic review

Actions Required

Maternal Physiological vital signs

- Inform midwife in charge
- Phone/page Clinical unit registrar / resident
- Medical officer to attend patient within 30 minutes
- Use ISBAR format to handover to Medical Officer
- Increase frequency of observations (minimum 15 minutely until reviewed)
- Midwifery staff to complete documentation on chart: Medical staff to document review in the patient medical record

CTG Assessment and Labour Observations

- Consult with midwife in charge
- Midwife in charge review document rationale and plan of care in clinical record
- If urgent medical review reuquired, follow actions as above

Code Pink

Response Criteria

- Any observation in the pink area
- No response to urgent review in 30 mins
- Condition not responding to treatment
- You are very worried about the patient or fetus and they do not fit the above specified criteria
- Second stage complications requiring immediate obstetric support

Actions Required

- Place CODE PINK on 3333
- Inform midwife in charge
- Begin initial support interventions
- Code pink responder to attend within 5 mins
- Use ISBAR to handover to responder
- Document code on back of patients MORC
- Code pink responder to document in patients progress notes

MET Call

Response Criteria

- Any observation which is in a purple area
- No response to Urgent Clinical Review call within 30 minutes
- Patient condition is not responding to treatment
- You are very worried about the patient but they do not fit the specified criteria

Actions Required

- Place MET call on 3333
- Inform midwife in charge
- Begin initial patient support interventions
- Increase frequency of observations (minimum 5 minutely)
- MET responder to attend patient within 10 minutes
- Use ISBAR format to handover to MET responder
- MET responder to document in patient medical record

MATERNAL PHYSIOLOGICAL VITAL SIGNS

Date			
Time			
Respiratory Rate (breaths/min)	Write ≥ 30		Write ≥ 30
	21 - 30		21 - 30
	11 - 20		11 - 20
	8 - 10		8 - 10
	Write < 8		Write < 8
O_2 Saturation (%)	96 - 100		96 - 100
	92 - 95		92 - 95
	Write < 92		Write < 92
SYSTOLIC Blood Pressure (mmHg)	Write ≥ 200		Write ≥ 200
	190s		190s
	180s		180s
	170s		170s
	160s		160s
	150s		150s
Booking BP @____wks Gestation ___/___	140s		140s
	130s		130s
	120s		120s
	110s		110s
	100s		100s
	90s		90s
If systolic BP ≥200 write value in box	80s		80s
	70s		70s
	60s		60s
	50s		50s
	Write < 40s		Write < 40s
DIASTOLIC Blood Pressure (mmHg)	Write > 120		Write > 120
	110s		110s
	100s		100s
	90s		90s
	80s		80s
	70s		70s
	60s		60s
	50s		50s
	40s		40s
	Write < 30s		Write < 30s
Heart Rate (beats/min) If heart rate is >140, write value in box	Write > 140		Write > 140
	130s		130s
	120s		120s
	110s		110s
	100s		100s
	90s		90s
	80s		80s
	70s		70s
	60s		60s
	50s		50s
	Write < 40s		Write < 40s
Temperature (°C)	Write > 38		Write > 38
	37.5 - 37.9		37.5 - 37.9
	37.0 - 37.4		37.0 - 37.4
	36.5 - 36.9		36.5 - 36.9
	36.0 - 36.4		36.0 - 36.4
	Write ≤ 35.9		Write ≤ 35.9
Consciousness If clinically necessary, wake patient to assess and score	Alert		Alert
	To voice		To voice
	To pain		To pain
	Unresponsive		Unresponsive

CTG ASSESSMENT / LABOUR OBSERVATIONS

Fetal Heart Rate/ Baseline (CTG) Beats / min (•)	≥ 180		≥ 180
	161 - 179		161 - 179
	150 - 160		150 - 160
	140 - 149		140 - 149
	130 - 139		130 - 139
	120 - 129		120 - 129
	110 - 113		110 - 113
	50 - 109		50 - 109
	≤ 89 for ≥3 mins		≤ 89 for ≥3 mins
CTG Interpret. Variability (•)	Absent		Absent
	Increased		Increased
	Reduced		Reduced
	Normal		Normal
Decelerations (•)	Late		Late
	Prolonged		Prolonged
	Comp. variable		Comp. variable
	Variable		Variable
	Early		Early
Accelerations (•)	Absent		Absent
	Present		Present
Cervical Dilation (cm) / Descent / Vaginal Station (V) (x / o)	10		10
	9		9
	8		8
	-2 7		7
	-1 6		6
	0 5		5
	+1 4		4
	+2 3		3
	2		2
	1		1
	0		0
Liquor			**Liquor**
Contractions (• Mild / ◪ Moderate / ■ Strong)	≥ 5:10 min		≥ 5:10 min
	4:10 min		4:10 min
	3:10 min		3:10 min
	2:10 min		2:10 min
	1:10 min		1:10 min
Oxytocin	Units		Units
	mL/hour		mL/hour
Medications / comments			**Meds/ comments**
Midwife initial	RM / IC RM		**RM initial**

Mercy Health

PARTOGRAM RECORD

UR No: .....
Surname: .....
First Name: .....
DOB: .....
OR Attach Patient Label

VAGINAL EXAMINATION/S

Date/Time	Effacement cm	Application	Membrane	Liquor Colour	Station: Abdominal	Station: Vaginal	Caput	Moulding	Dilatation & Position
		Loosely Well applied	Intact SROM ARM				Yes No	Yes No	.....cms
Comments ☐ Informed Consent Time next VE due: ..... Print Name..... Signature									
		Loosely Well applied	Intact SROM ARM				Yes No	Yes No	.....cms
Comments ☐ Informed Consent Time next VE due: ..... Print Name..... Signature									
		Loosely Well applied	Intact SROM ARM				Yes No	Yes No	.....cms
Comments ☐ Informed Consent Time next VE due: ..... Print Name..... Signature									
		Loosely Well applied	Intact SROM ARM				Yes No	Yes No	.....cms
Comments ☐ Informed Consent Time next VE due: ..... Print Name..... Signature									

STERILE STOCK TRACKING

Gowns / drapes	Delivery instruments	Single instruments
Suture sets	Bowls	Other

Mercy Health

PARTOGRAM RECORD

Partner's name:

UR No: .....
Surname: .....
First Name: .....
DOB: .....
OR Attach Patient Label

IDENTIFICATION

DOCTOR / MIDWIFE: ..... **Ph(1)** ..... **Ph(2)** .....
MODEL OF CARE: .....
EDC: / / **G:**..... **P:**..... **GEST:**..... **BABY UR:**. .....

SITUATION

REASON FOR ADMISSION:
.....
.....
.....

LABOUR ONSET: **DATE:** ..... **TIME:** .....
☐ **SPONTANEOUS** ☐ **IOL** **REASON** .....
CTG: ☐ ☐ **FSE** ☐ **Consent for IOL**

BACKGROUND

DRUG SENSITIVITIES:
.....
.....

BLOOD GROUP: ..... **Antibodies:**.....
Print name: .....
Signature: .....

RELEVANT MEDICAL AND OBSTETRIC HISTORY:
.....
.....
.....

Please write if Negative / Positive / Unknown

Syphilis ☐ Hep B ☐ Hep C ☐ GTT ☐ Rubella ☐
HIV ☐ Vit D ☐ Hb ☐ Platelets ☐ Date:..... /..... /.....
Group & Hold ☐ Date:..... /..... /.....

GBS: Negative ☐ Unknown ☐
Positive ☐ Antibiotics given: ☐ Yes Not given, reason: .....

No. of U/S: < 13 WKS ☐ 13-26 WKS ☐ >26 WKS ☐

Anti-D antenatal: 1st dose date:..... /..... /..... 2nd dose date:..... /..... /..... Other doses:.....

Position of placenta .....

Print Name / Signature / Designation..... Date:..... /..... /.....

ASSESSMENT

ABDOMINAL EXAMINATION		MEMBRANES	
FUNDUS:	POSITION:	ARM / SROM	HINDWATER LEAK
LIE:	STATION:	DATE:	DATE: .....
PRESENTATION:	FHR:	TIME:.....	TIME:.....
		COLOUR:	COLOUR: .....

INFORMED VERBAL CONSENT CHECKLIST

Informed Verbal Consent MUST be given by the patient and signed by the clinician prior to the procedures below:

Informed Verbal Consent Granted for:

☐ Artificial Rupture of Membranes (ARM) Clinician Name: ..... Sign: .....

☐ Fetal Scalp Electrode (FSE) monitoring Clinician Name: ..... Sign: .....

☐ Episiotomy Clinician Name: ..... Sign: .....

☐ Suturing Clinician Name: ..... Sign: .....

**For all vaginal examinations (VEs) informed verbal consent MUST be granted prior to the examination (see Vaginal Examinations section – overleaf).

PARTOGRAM RECORD AD 1680

Mercy Health

PARTOGRAM RECORD

UR No: .....
Surname: .....
First Name: .....
DOB: .....
OR Attach Patient Label

Second stage onset: Active pushing onset:

SECOND STAGE OBSERVATIONS

TIME	FH	COMMENTS	TIME	FH	COMMENTS	TIME	FH	COMMENTS

STOCK CHECKLIST

CHECKLIST	DELIVERY INSTRUMENTS	PACKS	SUTURE INSTRUMENTS	NEEDLES		NAME / SIGNATURE / DESIGNATION
PRE BIRTH					1	
					2	
ADDED					1	
					2	
POST BIRTH					1	
					2	

SUMMARY

	DATE	TIME		
SECOND STAGE ONSET			PRESENTATION	
ACTIVE PUSHING ONSET			TYPE OF BIRTH	
TIME HEAD BIRTHED			POSITION AT BIRTH	
BIRTH			EBL	
OXYTOCIC			PPH	Y / N
THIRD STAGE			CORD - VESSELS	INSERTION:
MODE OF 3RD STAGE DELIVERY			PLACENTA / MEMBRANES	
ACCOUCHER			PERINEUM	
RECEPTION			SUTURED	Y / N By:
SEX	M / F		RESUSCITATION	
ALSO PRESENT			BABY APGARS	1 min: 5 min:

SIGNATURE LOG

Print Name	Initials	Designation	Print Name	Initials	Designation