

# OBGY Order, History Taking and Charting



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# OBGY orders

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- 疾病分類處方治療  
臨床路徑
- 其他功能  
自費同意書生成管理系統  
診斷書  
門診預約
- 出院
- 自費材料：檢查檢驗－查看或開立醫囑－開立醫囑－獨立科部－婦產部－材料



# 病歷摘要

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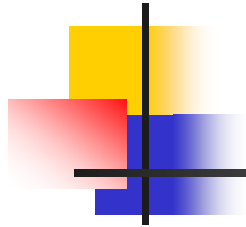
- 住院摘要
- Admission note
- Progress note
- Operation note-產科
- Discharge summary



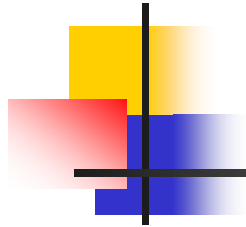
## The Gravida/para/abortus (GPA) system

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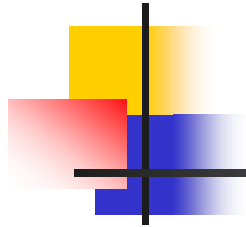
- Gravidity: number of pregnancies including current pregnancy, miscarriages, ectopic pregnancies and still births
- Parity: number of pregnancies that have ended at gestational ages greater than 20 weeks
- Abortus: number of pregnancies that have ended less than 20 weeks; spontaneous, artificial
- A woman who had four pregnancies: one was term pregnancy and vaginal delivery; one was delivered at 32 weeks through C/S; one was a miscarriage before 20 weeks; the last one was an ectopic pregnancy and ended after laparoscopic right salpingectomy. Her obstetric history is G4P2A1E1.



- Last menstrual period (LMP): 1<sup>st</sup> day of last menstrual period
- Preceding menstrual period (PMP)
- Estimated date of confinement (EDC): -3 months, +7 days from the LMP

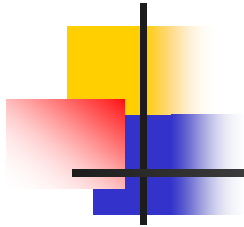


- 
- Past gynecologic history
  - Past history:
  - Medical history: hypertension, diabetes mellitus, thyroid disease, cancer, heart disease, pulmonary disease, hepatitis...
  - Surgical history
  - Allergy



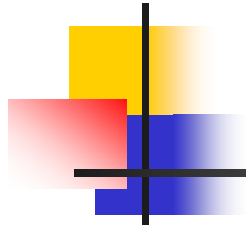
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Maternal age,  
gestational age,  
delivery type (vaginal delivery: spontaneous,  
vacuum, forceps, fundal pressure...), Cesarean  
section;  
live birth, still birth,  
others (precipitating labor, PPH...)

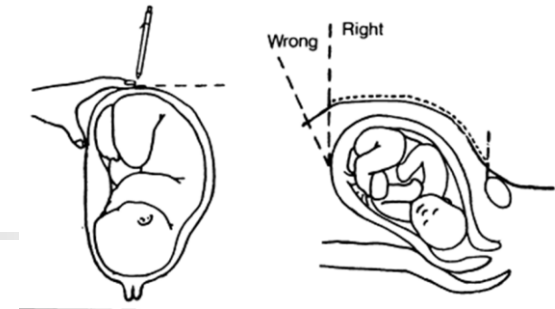
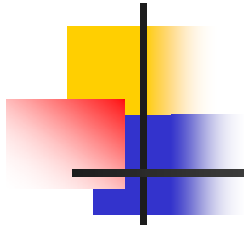


- **A healthy 29-year-old woman who has been trying to conceive presents with vaginal spotting for the past 5 days and intermittent crampy abdominal pain in her left lower quadrant for the past 3 days. Although she normally has regular menstrual cycles, her last menstrual period was 6 weeks and 2 days before presentation. She has had a spontaneous vaginal delivery and an anembryonic gestation treated by dilation and curettage.**

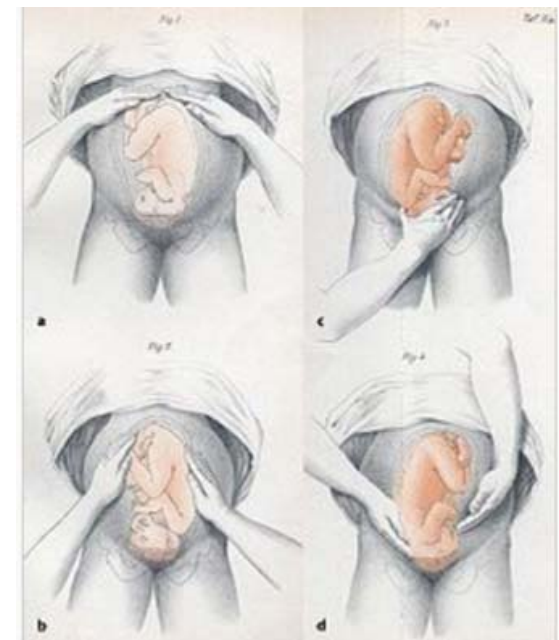




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- <https://sites.google.com/site/medicaltranscriptionsamples/home>



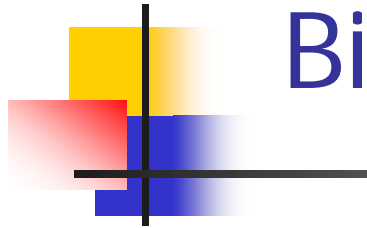
- Fundal-symphysis distance, FSD
  - Expected birth weight, EBW
  - ENGAGED:  $(FSD-12) \times 155$
  - NON-ENGAGED:  $(FSD-13) \times 155$
- 
- Presentation: vertex, breech, transverse...
  - Leopold maneuvers



**Tenth percentile of birth weight (g) for gestational age by gender:  
United States, 1991, single live births to resident mothers**

Gestational age, weeks	Male	Female
20	270	256
21	328	310
22	388	368
23	446	426
24	504	480
25	570	535
26	644	592
27	728	662
28	828	760
29	956	889
30	1117	1047
31	1308	1234
32	1521	1447
33	1751	1675
34	1985	1901
35	2205	2109
36	2407	2300
37	2596	2484
38	2769	2657
39	2908	2796
40	2986	2872
41	3007	2891
42	2998	2884
43	2977	2868
44	2963	2853

*Reprinted with permission from the American College of Obstetricians and Gynecologists (Obstetrics and Gynecology, 1996; 87:163).*



# Bishop score

**Modified Bishop scoring system**

	0	1	2	3
Dilation, cm	Closed	1-2	3-4	5-6
Effacement, percent	0-30	40-50	60-70	≥80
Station*	-3	-2	-1, 0	+1, +2
Cervical consistency	Firm	Medium	Soft	
Position of the cervix	Posterior	Midposition	Anterior	

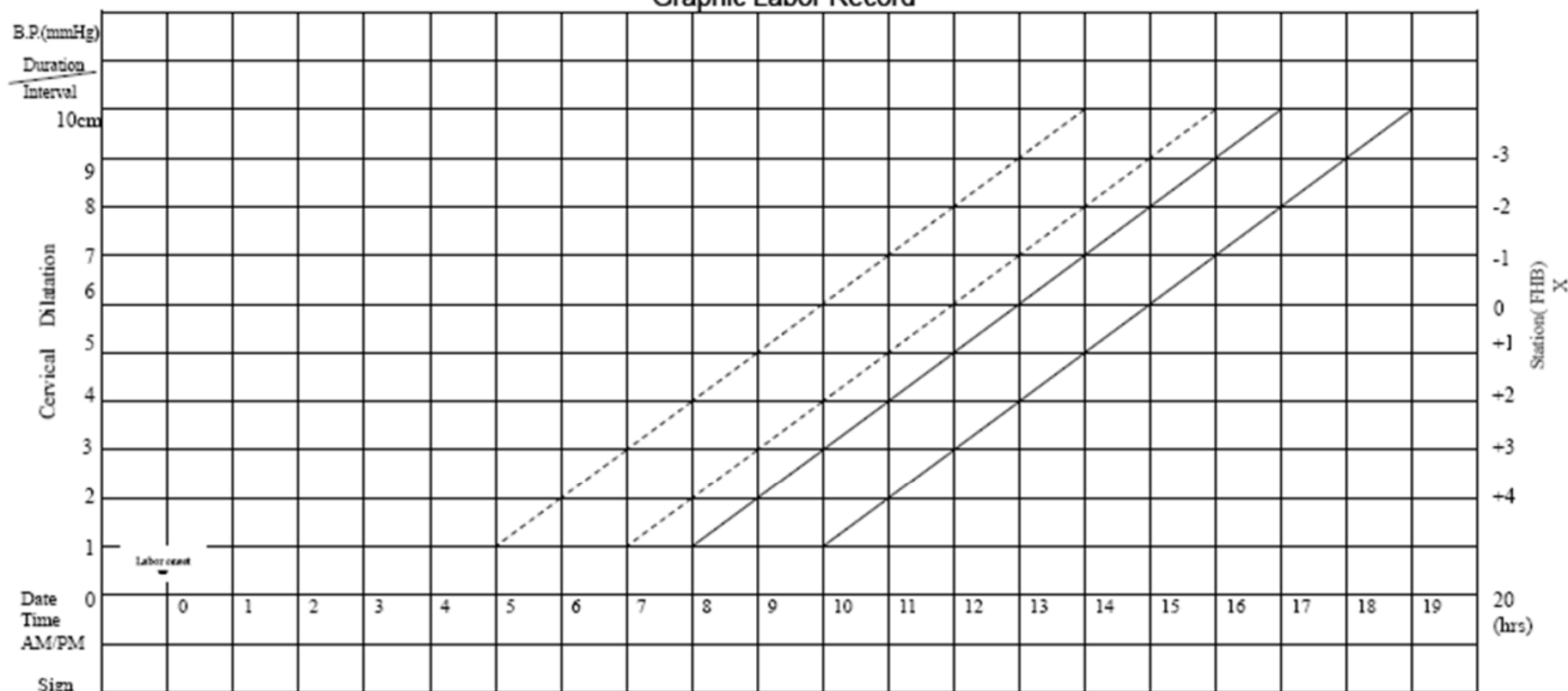
\* Based on a -3 to +3 scale.

- Laboratory data: HIV, MSDS, amniocentesis, glucose tolerate test, group B streptococcus...

姓名	床號	日期	時間

台中榮民總醫院婦產科

Graphic Labor Record



Obstetric Conditions :

Age \_\_\_\_\_, Gravida \_\_\_\_\_ Para \_\_\_\_\_

LMP : \_\_\_\_\_ EDC : \_\_\_\_\_

Onset of labor pain : \_\_\_\_\_

Membrane ruptured at : \_\_\_\_\_

Type : Spontaneous, Artificial, PROM.

Others : \_\_\_\_\_

Presentation : \_\_\_\_\_

Position : \_\_\_\_\_

FSD : \_\_\_\_\_

Engaged : \_\_\_\_\_ or not \_\_\_\_\_

Estimate fetal weight : \_\_\_\_\_ gm

Pelvic scoring :

Feature	0	1	2	3
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Dilatation(cm)	0	1-2	3-4	5+
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Effacement(%)	0-30	40-50	60-70	80
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Station	-3	-2	-1,0	+1,+2
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Consistency	Firm	Medium	Soft
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Position	Posterior	Midposition	Anterior
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Total score \_\_\_\_\_

Medication :

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

(5) \_\_\_\_\_

(6) \_\_\_\_\_

Mark

ROA=Vertex, ROA LOA=Vertex, LOA

RST=Breech, RST LST=Breech, LST

T =Transverse

RMA=Face, RMA

RM = Membrane ruptured

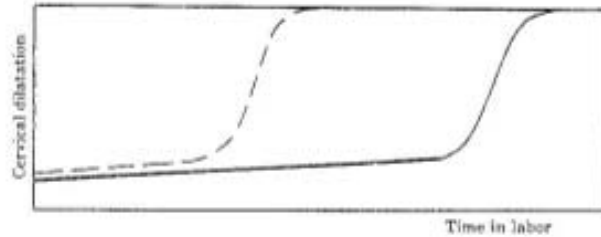
FM = On fetal monitor

Dr. in charge : Resident Dr. \_\_\_\_\_

Intern Dr. \_\_\_\_\_

## Dysfunctional Labor

### I. Prolonged latent phase

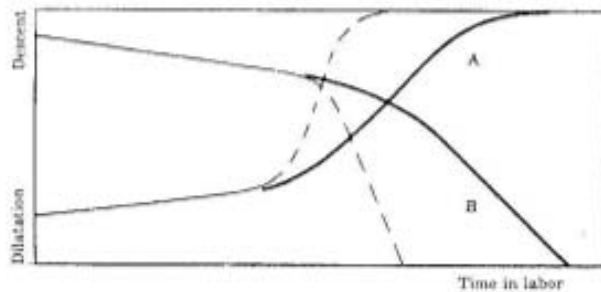


#### Prolonged latent phase

Nullipara : > 20hrs

Multipara : > 14hrs

### II. Protraction disorders



#### A. Protracted active phase

Slow rate of dilatation

Nullipara : < 1.2 cm/hr

Multipara : < 1.5 cm/hr

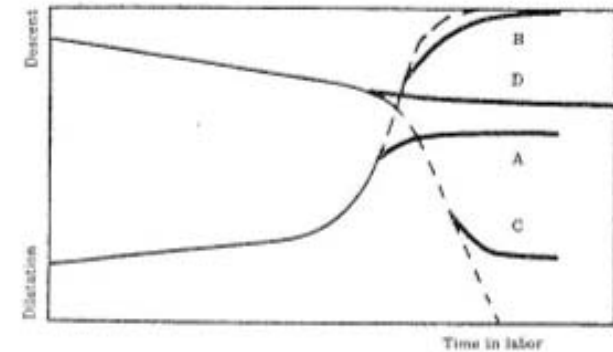
#### B. Protracted descent pattern

Rate of descent ( after full dilatation )

Nullipara : < 1 cm/hr

Multipara : < 2 cm/hr

### III. Arrest disorders



#### A. Secondary arrest of dilatation

Lack of progressive cervical dilatation

In the active phase by 2 or more hours apart

#### B. Prolonged deceleration phase

Nullipara : > 3hrs

Multipara : > 1hrs

#### C. Arrest of descent

Cessation of progressive descent for at least 1 hour after the beginning of the descent process

#### D. Failure of descent

臺中榮民總醫院  
臨產記錄單

科別: \_\_\_\_\_ 病歷號: \_\_\_\_\_  
索引號: \_\_\_\_\_ 性別: \_\_\_\_\_  
姓名: \_\_\_\_\_  
出生年月日: \_\_\_\_\_

年齡 G: \_\_\_\_\_ P: \_\_\_\_\_ EDC: \_\_\_\_\_ 血型 RH RPR HIV 產室 \_\_\_\_\_

診斷: \_\_\_\_\_

入待產室時間: \_\_\_\_\_年 \_\_\_\_\_月 \_\_\_\_\_日 \_\_\_\_\_時 \_\_\_\_\_分 HBsAg( ) HBeAg( ) 檢查地點: \_\_\_\_\_

陣痛開始時間: \_\_\_\_\_年 \_\_\_\_\_月 \_\_\_\_\_日 \_\_\_\_\_時 \_\_\_\_\_分

胎膜破時間: \_\_\_\_\_年 \_\_\_\_\_月 \_\_\_\_\_日 \_\_\_\_\_時 \_\_\_\_\_分 自然 人工

宮口開全時間: \_\_\_\_\_年 \_\_\_\_\_月 \_\_\_\_\_日 \_\_\_\_\_時 \_\_\_\_\_分

入產室時間: \_\_\_\_\_年 \_\_\_\_\_月 \_\_\_\_\_日 \_\_\_\_\_時 \_\_\_\_\_分

嬰兒產出時間: \_\_\_\_\_年 \_\_\_\_\_月 \_\_\_\_\_日 \_\_\_\_\_時 \_\_\_\_\_分 送嬰兒室: 是 否

嬰兒開始啼哭時間: \_\_\_\_\_年 \_\_\_\_\_月 \_\_\_\_\_日 \_\_\_\_\_時 \_\_\_\_\_分

生產方式: 自然產 剖腹產 真空吸引 其他: \_\_\_\_\_ 嬰兒娩出方位: \_\_\_\_\_  
性別: 男 女

嬰兒狀況 Apgar Score 1' \_\_\_\_\_ 5' \_\_\_\_\_ 畸形 死胎 體重 \_\_\_\_\_ 公克 身長 \_\_\_\_\_ 公分  
臍繞頸 \_\_\_\_\_ 圈

吸出嬰兒粘液量 少 中 多 胎便 未解 生前解 生後已解 小便 已解 未解

胎盤產出時間: \_\_\_\_\_年 \_\_\_\_\_月 \_\_\_\_\_日 \_\_\_\_\_時 \_\_\_\_\_分

胎盤娩出方式: 稀氏法 鄭氏法 人工剝離  
完整: 是 否, 重量 \_\_\_\_\_ 公克, 臍長 \_\_\_\_\_ 公分

會陰切開: 是 否 會陰裂傷: 第一度 第二度 第三度 第四度 麻醉方式: \_\_\_\_\_

裂傷: 子宮頸 陰道

產時失血量約 \_\_\_\_\_ c. c.

產時治療: \_\_\_\_\_

產後治療: \_\_\_\_\_

產後特殊情況 無 有

離開產室時間: \_\_\_\_\_

離開產房時間: \_\_\_\_\_ BP: \_\_\_\_\_ PR: \_\_\_\_\_

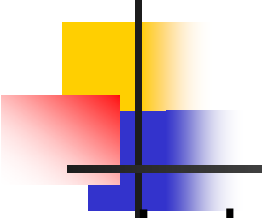
備註: 兒科醫師 stand by 是, 姓名: \_\_\_\_\_ 否:  
1. Stand by 時間: \_\_\_\_\_  
2. On Endo 時間: \_\_\_\_\_ 學父親陪產  
3. Ambu baging: 是 否 減痛分娩  
4. Epinephrine 是, 時間 \_\_\_\_\_ 劑量 \_\_\_\_\_ 否 產後親子接觸  
5. Naloxone 是 否

接生者: \_\_\_\_\_ 臨產記錄者: \_\_\_\_\_  
送出者: \_\_\_\_\_

經產科委員會核准通過

No: E09043601719(210×280)mm

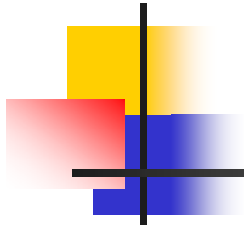
(1×100)20本103-80P(明聯印)  
病歷: 4-12-2-9-1

- 
- Labor: repetitive uterine contractions to cause progressive cervical effacement and dilatation

**Table 17-4. Characteristics of True versus False Labor**

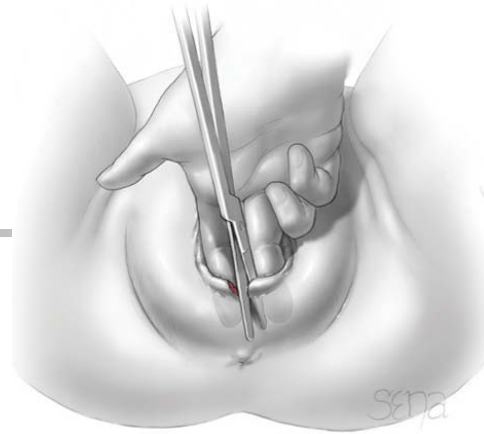
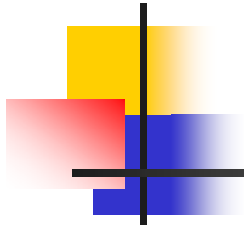
Characteristic	True Labor	False Labor
<b>Contractions</b>		
Rhythm	Regular	Irregular
Intervals	Gradually shorten	Unchanged
Intensity	Gradually increases	Unchanged
<b>Discomfort</b>		
Location	Back and abdomen	Lower abdomen
Sedation	No effect	Usually relieved
<b>Cervical dilatation</b>	Yes	No





- 1<sup>st</sup> stage: cx os 4cm-full cervical dilatation
- 2<sup>nd</sup> stage: full cervical dilatation-delivery of neonate
- 3<sup>rd</sup> stage: delivery of neonate-delivery of placenta

# Episiotomy



- *First-degree*: involve the fourchette, perineal skin, and vaginal mucous membrane
- *Second-degree* : involve the fascia and muscles of the perineal body
- *Third-degree*: extend farther to involve the anal sphincter
- *Fourth-degree*: extends through the rectum's mucosa

# Newborn care and assessment



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- Neck should be held in a **neutral to slightly extended** position to open the airway.
- **Dry and suction** the infant.
- **Clamp and cut the cord** with a sterile instruments (scissors or a knife).

# Apgar score

	0	1	2	Component of backronym
Skin color	blue or pale all over	blue at extremities body pink	no cyanosis body and extremities pink	<b>A</b> ppearance
Pulse rate	Absent	<100	>100	<b>P</b> ulse
Reflex/irritability	no response to stimulation	grimace/feeble cry when stimulated	cry or pull away when stimulated	<b>G</b> rimace
Muscle tone	none	some flexsion	flexed arms and legs that resist extension	<b>A</b> ctivity
Breathing	absent	weak, irregular, gasping	strong, lusty cry	<b>R</b> espiration

臺中榮民總醫院  
 新生嬰兒病歷記錄

<p><b>嬰兒</b>                  病床號、索引號、性別、姓名、出生年月日                  (請貼病人黏貼紙)</p>	<p><b>母親</b>                  病床號、索引號、性別、姓名、出生年月日                  (請貼病人黏貼紙)</p>
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地址： \_\_\_\_\_ 電話：( ) - \_\_\_\_\_

母親曾有正常產 \_\_\_\_\_ 次，小產 \_\_\_\_\_ 次，死胎 \_\_\_\_\_ 次，剖腹產 \_\_\_\_\_ 次，預產期： \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日  
 母親現在年齡 \_\_\_\_\_ 歲，血型 \_\_\_\_\_ ，Rh \_\_\_\_\_

母親產前情形：  
 正 常 \_\_\_\_\_ ，糖尿病 \_\_\_\_\_ ，子癲症 \_\_\_\_\_ ，其他： \_\_\_\_\_  
 長期服藥： 否  有： \_\_\_\_\_  
 待產用藥： 無  有： \_\_\_\_\_  
 檢驗報告：  
 RPR： \_\_\_\_\_ ， HIV： (+)， (-)， 未測； GBS： (+)， (-)， 未測  
 HBsAg： (+)， (-)， 未測； HBeAg： (+)， (-)， 未測

分娩情形：  
 生產方式： 自然產  真空吸引  剖腹產 \_\_\_\_\_ (理由 \_\_\_\_\_)  
 產鉗  其他： \_\_\_\_\_  
 破水日期： \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日，時間： \_\_\_\_\_ ，顏色： 清澈  有胎便染色： 輕  中重  
 其他 \_\_\_\_\_  
 出生日期、時間： \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日 \_\_\_\_\_ 時 \_\_\_\_\_ 分，性別： 男  女  不詳  
 嬰兒娩出方位： \_\_\_\_\_ 麻醉方式： \_\_\_\_\_ 嬰兒體重： \_\_\_\_\_ gm 身長： \_\_\_\_\_ cm  
 胎便： 生前解  生後解  未解 小便： 已解  未解 胎盤情形： \_\_\_\_\_  
 出生時之處理： \_\_\_\_\_

1. 止痛藥：藥名 \_\_\_\_\_ ，劑量 \_\_\_\_\_ ，給藥日期時間 \_\_\_\_\_  
 2. 麻醉藥：藥名 \_\_\_\_\_ ，劑量 \_\_\_\_\_ ，給藥日期時間 \_\_\_\_\_

嬰兒出生時之情況 (由醫師判定)：  
 Apgar score：第一分鐘得分 \_\_\_\_\_ 分 (以○代表)  
 Apgar score：第五分鐘得分 \_\_\_\_\_ 分 (以△代表)

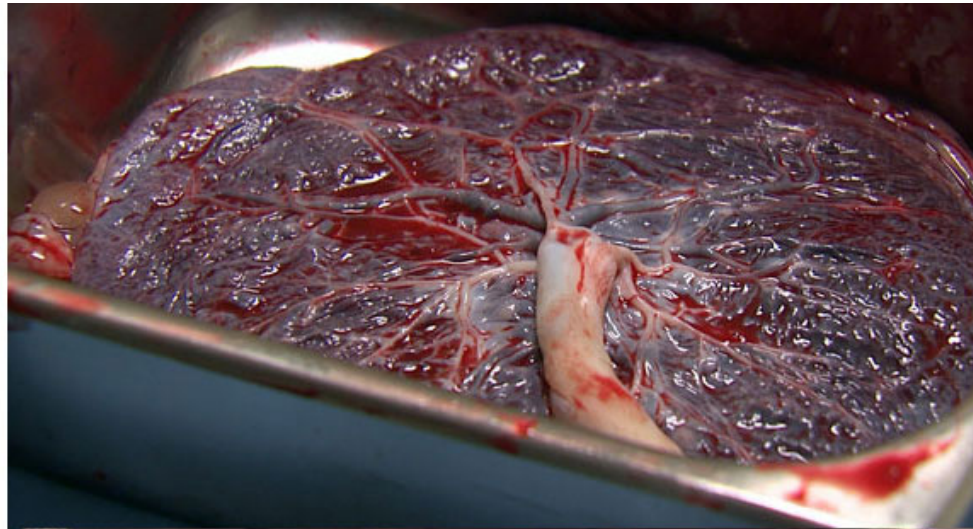
心 率	呼 吸	肌 肉 張 力	對 刺 激 之 反 應	膚 色	給 分
無	無	四肢癱軟不動	無反應	青、白	0
<100 次/分	慢而不規則	四肢微曲稍活動	稍有反應	身體紅色四肢發青	1
>100 次/分	哭而響亮	四肢活動	咳嗽、噴嚏	全身紅色	2

評估醫師： \_\_\_\_\_

# Placenta

## Placenta separation: Duncan or Schultze

Schultze



Dirty Duncan





# Placenta

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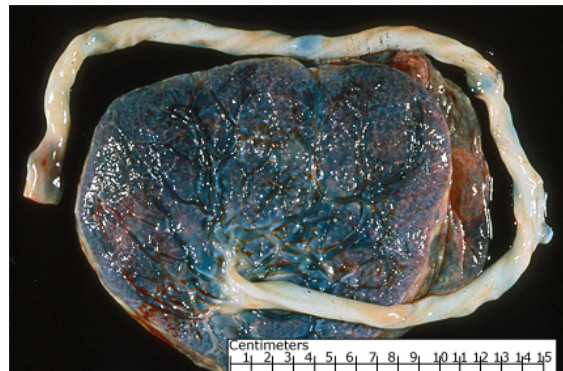
- Examination: size, shape, consistency and completeness
- umbilical cord : length, insertion, number of vessels, knots , Wharton's jelly



# Placenta assessment (1)

## Umbilical cord

- **Appearance** smooth, white, opaque, shiny with spiraling (three half spirals over a 5 cm length of cord)
- **Coiling** protect it from compression, kinking, and torsion, thus preventing disruption of the blood supply to the fetus
- **Placenta insertion** normal inserts **centrally or slightly eccentrically** and directly into the placental disk
- **Length** average length at term is **55 cm**, with a wide normal range (35 to 70 cm)
- **Knots** **false knots** are tortuosities of the umbilical vessels that form bulges; **true knots** occur in 1 percent of births and are generally single and loose
- **Vessels** a **single** umbilical vein conducts blood from the placenta back to the fetus; and **two** umbilical arteries shunt blood from the fetus to the placenta

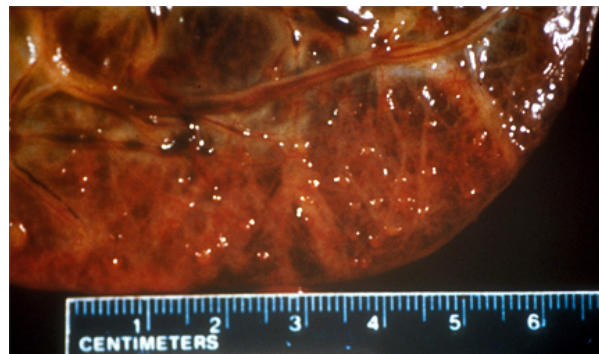




# Placenta assessment (2)

## Membranes

- **Color** fetal membrane are translucent, slight gray, and glistening
- **Surface** should be **smooth**
  - normal finding:
    - Amniotic squamous metaplasia
    - Subchorionic nodules of fibrin deposit
- **Insertion** the significance of various types of insertions is **controversial**
  - usually **emerge from the disk smoothly** and flush with the margin; this is referred to as a marginal insertion



**squamous metaplasia:**  
Small, flat, pearly white lesions over amnio near the cord insertion site.

# Placenta assessment (3)

## Parenchyma

- **Weight** placental weight **correlates with birth weight**; normal values of the fetal-to-placenta weight ratio change during the course of gestation (1:4 at 27 weeks increasing to 1:7 at term)
- **Dimensions and appearance**
  - normal term placenta is a single, relatively symmetrical discoid organ that occupies about **one-fifth of the surface of the chorionic sac**.
  - A normal term placenta is at **2 to 4 cm thick** and about **20 cm in diameter**.
  - maternal surface is maroon and divided into **lobules or cotyledons**
  - parenchyma should be a **spongy, soft, red tissue**. Mottled colors and firm areas may be abnormal and should be noted.
  - fetal surface of the placenta is shiny, gray, and translucent.

# Postpartum



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- Lochia: much, moderate, scanty
- Uterus: contraction, height
- Urination
- Wound: perineum or abdomen
- Breast feeding