



## Admitting Note

Marie Manikin

July 1, 2014. 0300

**CC:** Painful UCs and Loss of Fluid from the vagina.

**HPI:** Marie Manikin is a 24-year-old G-1 P-0 at 39 and 4/7 weeks gestational age complaining of painful uterine contractions every 4 minutes for the last 6 hours, and a sudden gush of a large amount of clear fluid from the vagina 40 minutes ago. She continues to leak steadily. She reports good fetal movement, and denies vaginal bleeding.

LMP: August 28, 2013

EDC: July 4, 2014, confirmed by 1<sup>st</sup> TM Ultrasound

This pregnancy has been uncomplicated.

All labs have been normal, including HIV(-), GBBS(-), and GDM(-).

TWG is 22#.

**PMH:** Negative

**PSH:** 4 Wisdom teeth removed, age 21, without complication

**Meds:** PNV, FeSO4

**Allergies:** No Known Drug Allergies (NKDA)

**Social:** Denies Tobacco/EtOH/Drugs

## Physical Exam

**General:** Pleasant woman in NAD.

**VS:** Temp 99.2, Pulse 80, RR 16, BP 110/70

**Lungs:** Clear



**Heart:** NSR, no murmur

**Abd:** Soft, NT, no masses. Uterus gravid, non-tender, fundal height = 38 cm.

**Leopold maneuvers:** Fetus is vertex (VTX), estimated fetal weight (EFW) 3300 gm

**Ext:** No cyanosis, clubbing or edema. NT.

**SSE:** Copious amounts of clear amniotic fluid seen draining from the cervical os. Nitrazine and Fern positive.

**SVE** = 3cm/50%/VTX/ -1 as per Dr. Smith @ 0315

**Ultrasound:**

1. 11 weeks – normal
2. 20 weeks – Level II scan – normal

**EFM:**

- Regular UC's every 4 minutes, lasting 60 seconds
- Baseline FHR = 140 bpm with moderate variability
- No decelerations, multiple fetal accelerations > 15x15
- Category I

**Assessment:** 24yo G0 at term, in labor with SROM. Fetal heart rate tracing (FHRT) reassuring

**Plan:**

- Admit to L&D
- NPO except ice chips
- IV – LR at 125 cc/hr
- Continuous electronic fetal monitoring
- CBC, T&S, RPR
- Epidural whenever she wants it
- Anticipate NSVD



## Labor Progress Note

Marie Manikin

July 1, 2014 0700

Patient entered L&D this morning at 0300 with SROM (confirmed) and regular UCs q 4 x 60. On admission, she was 3/50%/-1/vtx.

Her contractions are more frequent (q3 x 60) and more painful (9/10). She requests an epidural.

**VS:** Temp 99.2, Pulse 84, Resp 18, BP 110/70

**EFM:**

- Regular UC's every 3 minutes, lasting 60 seconds
- Baseline FHR = 150 bpm with moderate variability
- No decelerations, multiple fetal accelerations > 15x15
- Category I

**SVE** = 5cm/100%/0 as per Dr. Smith @ 0700

**IMP:**

- Active Labor
- Reassuring EFM tracing
- Need for pain relief

**Plan:**

- Labor epidural
- Continue EFM
- Recheck when feeling uncomfortable again.