SBAR€¢AdmissionChecklist_412_pg1.pdf - Adobe Reader
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Room #_____ Pt Name: _____ Physician: _____ Age: _____

Gravida/Para	G___P___Ab___L___C/S___VBAC___
GA	EDC:
Reason for Admission to L&D	Date:
OB Complications	
Medical/Surgical History	
Pertinent PTA Meds Only:	
Current Admission Meds:	Magnesium Sulfate: ☐ _____ Augment Agent: ☐ Type: _____ Antibiotics: ☐ Type: _____ Other:
Physical Exam	Height: _____ & weight:_____
Pertinent Lab Results:	AST: ALT: LD: uric acid: Date: urine protein:
Type & Screen Done:	☐ Date Drawn:
Anesthesia Plans:	None: ☐ Epidural: ☐ Video Seen: ☐
Current Fetal Status:	☐ 1-Normal ☐ 2-Indeterminate ☐ 3-Abnormal
Current SVE:	Exam: Time Done:
Membrane Status:	Ruptured: ☐ Time:____Date: _____ Meconium: ☐ NICU notified: ☐ ____ AFI:_____ Date: _____