

## Paediatric clinician logbook

OBSTETRIC CLINICIAN'S NAME:	PATIENT'S NAME:	DATE OF PROCEDURE:
PATIENT'S HOSPITAL NUMBER	DATE OF BIRTH OR AGE:	CLINIC
EDD GESTATIONAL AGE	PREVIOUS IUFD DETAILS	
GRAVIDITY AND PARITY	INTRAPARTUM STILLBIRTH DETAILS	
PREVIOUS CS    YES OR NO    IF YES GIVE DETAILS		
<b>Any abnormalities on CLINICAL examination YES OR NO</b>		
APH?	Yes/No    If Yes give details Include vital signs.....	
Anaemia?	Yes/No    If Yes give details.....	
Blood transfusion needed?	Yes/No    If Yes give details.....	
Miscarriage?	Yes/No    If Yes give details.....	
Malaria?	Yes/No    If Yes give details.....	
Urinary tract infection?	Yes/No    If Yes give details.....	
<b>Findings on ultrasound</b>		
Mal presentation?	Yes/No    If Yes give details.....	
Multiple pregnancy?	Yes/No    If Yes give details.....	
Placenta normal?	Yes/No    If Yes give details.....	
Estimated fetal size and BPD	Give details.....	
Fetal abnormality?	Yes/No    If Yes give details.....	
Amniotic fluid normal?	Yes/No    If NO give details.....	
Fetus alive after 27 weeks?	Yes/No    If NO give details.....	
<b>Transfer of patient</b>		
Was mother transferred to hospital Immediately    Yes/No    If Yes give details.....		
Is delivery at CEMONC facility required?    Yes/No    If Yes give details.....		
If agreed by patient?    Yes/No    If No give details.....		
If agreed by family?    Yes/No    If No give details.....		
Is delivery at BEMONC facility required?    Yes/No		