

Menstrual hx

Cycle

LMP

19 may 2023

EDD

POG

By Dates _____ by Early Scan _____ (Date of scan. & POG) _____
(Sure/unsure)

Date of Early UsSG _____ USOD

Date of Initial Booking _____ USOD

Ovulation Induction _____ Not take

Contraception _____ Not use

Last Born Baby _____ 2 year male @ sided septum

Obstetrical hx _____ G2 P0⁺

Date	Place	Pregnancy		Labour Duration	Delivery Mode	Baby		Condition	
		Gest	Comp			Wt.	Sex	At Birth	At Present
①	ectopic	pregnancy							
②	multiple	ectopic	pregnancy						

Name Sana W/O _____

Age 25y Occupation H-wife Education H.wife

Address Peshawar

Chief Complaints According to patient she conceived spontaneously, pregnancy was planned
Pregnancy confirmed on UPT and then ill

- 1 Now presented with abdominal pain, vomiting weight is 10,000 and
- 2 on exam 2.5 x 2 cm hypermobile tumor fundal. paracetamol given. she has
- 3

Previous laparotomy for (R) sided ectopic pregnancy for whole laparotomy done and (R) suphengectomy done. patient dropped her sutures during laparotomy and went on ventilator for 12 hours

History of Present Illness

Previous laparotomy done and (R) suphengectomy done. patient dropped her sutures during laparotomy and went on ventilator for 12 hours

Past Medical / Surgical History previous laparotomy

Family hx Not significant

Drug hx Not significant

Allergies None Not significant

Socio economic hx None

BABY NOTES

Adm. No:	Sex	Wt.	Alive/ S.B
Length	H.C	Cong.anomaly	
	1 MIN	5 MIN	10 MIN
Heart Rate			
Respiratory			
Tone			
Stimulation			
Colour			
Total			

Any special baby notes:

vital
Sp = 110/70
Pul = 108
Temp = A/R
R/R = 16/1

when first put to breast:

immunization

.....negative baby's group

SUMMARY OF LABOUR

P/A

DATE / TIME

Sponatneous / Induced / Accelerated Healed of see

if induced superficial and deep palpation

Prostaglandin Amelinks

A.M.R No

Oxytocin Dose

Indication of induction: v/v 200

induction delivery interval 4 = extra

Duration of Labour ① solve for further.

First Stage

Second Stage

Third Stage

GENERAL PHYSICAL EXAMINATION

Pallor	<i>nil</i>	Height	Pulse <i>108</i>	Thyroid
Cynaosis		Wt.	Temp <i>A/r</i>	Breast
Jaundice	<i>nil</i>	Oedema <i>iv</i>	B.P. <i>110/70</i>	Teeth
Hydration		Varicosities <i>lv</i>	<i>mmHg</i>	

C.V.S	GIT
Resp	CNS
<i>NAD</i>	<i>NAD</i>
	Urogenital

P/A

Sign.....
Time.....
Date.....

P/A

MODIFIED BISHOP SCORE

Factor	SCORE			
	0	1	2	3
Cervical Dilataion (cm)	<1	1-2	3-4	>4
Cervical Length (cm)	>4	2-4	1-2	<1
Station of the Head	-3	-2	-1	0
Consistency	Firm	Average	Soft	
Position of OS	Posterior	Medium	Anterior	

OPERATION/DLICERY NOTES

S.No: _____

Operation: Emg laprotomy hb (L) sided salphongectomy.

Date: 5/7/23
3:30 - 4:45
Am. Am.

Indication: G2 P+1 2m GA e prev laprotomy for (R) sided ruptured ectopic e rupture ecten pregnancy (left sided).

Obstetrician: Dr Saba
Assistant: Dr Shahinde
Dr Humaira

Pendings: _____

Anesthetist: GA by Jalid
OT staff: beji kausar
Pall
Catheter by Dr Humaira
14/14.

Procedure

IOF: - Normal looking uterus,
- 1200ml intraperitoneal blood drain
700ml intraperitoneal clots removed
(R) sided tube absent
(L) sided tube having rupture ecten
requer cut cornal end and (L) louver
left sided omentum.

blood loss
intraperitoneal = 1200ml
clots removed
700ml

Third Stage

Uterus shifted to OP, catheterized, put in supine position, GA given, AF mm given in Method

AF scal, fat cut, vesicle cut, muscle

Placenta: large, complete/incomplete

Wtrupture at cornal end which clamp,

legate ear/Episiotomy and cut, hemosty secured,

mm n/s wash done. drain kept in situ,

P abdomen closed in Pulse

drain secured. No active bleed.

Vital
BP = 110/70
Pul = 120/
Temp = 37.5
R/C = 16
SpO2 = 99%
Urine output 20ml clear.

TREATMENT CHART

Date	Treatment	Dose	Instructions
5/7/23	Post op order		
8:00 AM	<ul style="list-style-type: none"> - keep NBM till bowel sound present - keep vital & input/output & drain record - Apply TED's stockings - Transfuse 1 unit of whole blood - Send specimen for histopathology - Send 2 RFP's - iv RBC 1L x 1/2 x 12 hourly - iv ceftiva 1g x 1/2 x 12 hourly - iv piperacillin 4g x 1/2 x 12 hourly (after test done) - iv Heparin 5000 x 1/2 x 12 hourly - iv Riseda 40mg x 1/2 x 24 hourly (for 24 hours) - iv tramadol & Gravol x 1/2 x 24 hourly for SOS. 		

Dr. Shchirind

REPORT BY TMO

Doctor Name: Dr. Shalinda

Date: 5/7/23

Time: 3:00 AM

Chief complaints with brief history

(rupture ectopic. Acc.)
G2P1 e 2 1/2 m G.A e Previous Hx
of laproscopy for rupture right sided
ectopic pregnancy.

Examination: (Systemic review with important positive & negative points)

(3:00 AM)

P/A

P/V (painful
examination)

→ Healed Pf scars
→ generalized tenderness
on superficial and deep
palpation.

VV = 0/c

G = excellent

Fx = Bilateral fullness

→ Pericarditis +ive

Vital

RR = 110/70

Pul = 108

Temp = 102

Diagnosis: (Different, Provisional/Final)

As above

Plan/Recommendations:

TREATMENT CHART

Date	Treatment	Dose	Instructions
<p><u>5/7/23</u> 3:00 PM</p>	<p>Admitted thru ER.</p> <hr/> <p>Admitted in urgent pain 1/2 live. Do B/I</p> <p>Arrange 4RFP and 2 whole blood Pain high risk cancer False laproscopy cancer keep small vitel received Keep fully prepared for laproscopy Now in emergency</p>		<p>Dr Shaluel</p>
<p><u>5/7/23</u> 3:15 PM</p>	<p><u>A/B Dr Shaluel</u></p> <p>Swift to OT and do laproscopy Now.</p>		<p>Dr Shaluel</p>