INTEGRIS Canadian Valley Hospital Procedure/Scheduling Form

Patient Name_________________________________ Phone_________________________

OB Provider_________________________________________ G/P______________________

Scheduled: □ Induction □ C/S Desired Date/Time______________/____________________

Non-scheduled: □ Induction □ Spontaneous labor □ C/S Admission Date/Time____________/________

EDC_________________ Gestational Age at Date of Induction/C/S________

EDC Based on: □ US < 20 weeks □ Doppler FHT + for 30 weeks □ + hCG for 36 weeks

□ Other dating criteria (describe)________________________________________________________

Elective Induction of Labor > 39 wks  □ Patient choice/social □ Distance □ Macrosomia □ Other ________________

Scheduled Cesarean Birth > 39 weeks □ Prior C/S □ Prior classical C/S* □ Prior myomectomy* (* may be < 39
weeks with FLM test) □ Breech presentation □ Other malpresentation □ Patient choice

□ Twin w/o complication (OK ≥ 38 weeks) □ other: ________________________________

Indications for Induction of Labor or Scheduled Cesarean Birth (if less than 39 weeks)

Maternal
□ Placenta Abruption
□ Placenta Previa
□ Chorioamnionitis
□ PROM/SROM
□ HTN: □ gestational □ preeclampsia
 □ eclampsia □ chronic
□ Diabetes requiring insulin: □ gest. □ I □ II
□ Heart disease
□ Renal disease
□ Pulmonary disease
□ Coagulopathy/Thrombophilia
□ Liver Disease
□ HIV Infection

Fetal
□ IUGR
□ Fetal malformation
□ Fetal demise: □ current □ prior
□ Oligohydramnios
□ Polyhydramnios
□ Isoimmunization
□ Twin with complication
□ Non-reassuring fetal status

Other:__________________________________________________________

Form competed by: __________________________ Date/Time:__________________________

Physician Signature:__________________________ Date/Time:___________________________

SCHEDULING OFFICE USE ONLY……………………………………………………………………

Updated Prenatal Record with request? ______ Updated PNR within 7 days of admit? ______

Procedure Scheduled? □ By:________________________ Confirmed with __________________

Date/time confirmed:_____________________ Faxed confirmation date/time ___________________