

STUDENT NAME:		COMP #	
EVALUATOR:		GROUP #	
Introduction	Not Done(0)	Incomplete(1)	Complete(2)
Greets Client and States full name and position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confirms Client's ID and Explains what they are about to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensures privacy and Asks for a chaperone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation			
Washes hands and asks patient to empty bladder. (Explain reason)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gathers equipment, Exposes adequately and Positions correctly. (Explain aorto-caval compression)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Exam 1			
Comments on Respiratory distress, nutritional status and build.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments on abdominal distention, shape of abdomen and movement with respiration. Describe the enlargement: pear shaped(normal), globular(transverse lie), pendulous(multiple pregnancy) Flank swelling(ascites, polyhydramnios, multiple pregnancy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspects for linea nigra, striae gravidarum, suprapubic scars and fetal movements. (also;chloasma, spider angioma everted umbilicus etc). Note: Kneel while examining from bedside.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Exam 2			
Does vitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checks for palmar pallor and erythema.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checks for conjunctival pallor and scleral jaundice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checks for areolar pigmentation, Montgomery tubercles, breast fullness, edema, nipple inversion, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obstetric Abdominal Exam			
Asks for pain Locates uterine fundus Determines HOF and measure SFH. Correct using Mc Donald rule (applies only after 20weeks gestation) <i>AAs to explain HOF beyond 36 weeks may be less due to decent.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DATE _____ **OBSTETRIC EXAM** TOTAL SCORE ___/100 ___%

Feels for presentation (cephalic, breech) Mention Engagement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fundal palpation followed by lateral palpation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments on Lie, Fetal poles, Fetal movements, Fetal back and Liquor volume.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auscultates for fetal heartbeat using the Pinard stethoscope.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DATE _____ **OBSTETRIC EXAM** TOTAL SCORE ____/100 ____%

Thanks the Client, Asks them to lie on side before getting up and Records results.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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NOTES

Presentation- Part of the fetus that occupies the lower pole of the uterus, and can be:

Cephalic - Head

Breach - Buttocks or feet

Shoulder

Fetal lie- Relationship between long axis of fetus to the maternal spine eg. Longitudinal, Oblique, Transverse

Engagement- When largest diameter of presenting part passes beyond pelvic brim

Leopolds maneuvers:

Fundal grip

Lateral grip

Pawliks grip

Pelvic grip