

Labor and Delivery SBAR/Huddle

S

Name_____Age_____MD_____G____P____GA_____

Labor_____Induction_____VBAC_____Other_____

C/S reason_____Allergies_____

B

OB history_____

Medical history/current meds_____

Blood type_____HepB - / + Rubella immune/non-immune VDRL - / +

GBS - / + HIV - / + Gestational diabetes diet / insulin BG_____@_____

Magnesium bolus @ _____ continuous _____ CBC ☐ T&S ☐

Hemorrhage Risk Factor Evaluation (circle all that applies)

Low (Clot only)	Medium (Type and Screen)	High (Type and Crossmatch)
No previous uterine incision	Prior cesarean birth(s) or uterine surgery	Placenta previa, low lying placenta
Singleton pregnancy	Multiple gestation	Suspected placenta accreta or percreta
≤4 previous vaginal births	>4 previous vaginal births	Hematocrit <30 <u>AND</u> other risk factors
No known bleeding disorder	Chorioamnionitis	Platelets < 100,000
No history of PPH	History of previous PPH	Active bleeding (greater than show) on admit
	Large uterine fibroids	Known coagulopathy
	Estimated fetal weight greater than 4 kg	
	Morbid obesity (BMI >35)	

Embolism Risk

Check if applicable

Comments

History VTE	<input type="checkbox"/>	
Clotting disorder	<input type="checkbox"/>	
Hypertension	<input type="checkbox"/>	
Tobacco	<input type="checkbox"/>	

Height_____Weight_____BMI > 40 ☐

A

FHR Category I II III FSE IUPC Pitocin start @ _____ rate _____

Cervical exam _____ @ _____

SROM AROM @ _____ Clear / Meconium

Epidural @ _____ Pain Meds _____ @ _____ Pain _____

Meds (other) _____

Maternal temp _____ Antibiotics _____ @ _____

Delivered @ _____ Vaginal C/S Vacuum episiotomy laceration _____

Male / Female Weight _____ Length _____ APGARS / BF / Bottle @ _____

Fundus _____ Bleeding _____ Fall assess ☐ Swallow eval ☐

R

Plan of Care _____
