

APPENDIX A

Sample Documentation of Delivery with Shoulder Dystocia

Patient identifiers here or upper right hand corner, depending on institution.

Shoulder Dystocia Duration: minutes from delivery of head to expulsion of baby: _____

Maneuvers Performed (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> McRoberts | <input type="checkbox"/> Fetal rotation (Woods Maneuver, Rubin) |
| <input type="checkbox"/> Suprapubic pressure | <input type="checkbox"/> Gaskin (hands and knees) |
| <input type="checkbox"/> Episiotomy | <input type="checkbox"/> Zavanelli |
| <input type="checkbox"/> Deliver posterior arm | <input type="checkbox"/> Other (describe): _____ |

Fetal vertex position: OA LOA ROA | OT LOT ROT | OP LOP ROP

Shoulder anterior at time of diagnosis of shoulder dystocia: Left Right

Pain relief (check all that apply): None Local Epidural Spinal CSE General Other: _____

Anesthesiology Team alerted: NO YES

Pediatric Team alerted: NO YES

Maternal Status

Maternal complication: NO YES

If YES, describe: _____

Maternal blood transfusion: NO YES | If YES, # units transfused: _____

Newborn Status

MALE FEMALE

Birth weight: _____ lbs _____ oz, or _____ grams

Apgar: 1 min _____ | 5 min _____

If 5 min is less than 7, document Apgar score at: 10 min _____ | 15 min _____ | 20 min _____

Arterial and venous cord blood gasses, if 5 min Apgar is 5 or less: _____

Newborn complication known or suspected: NO YES

If YES, describe: _____

Dictated delivery note or its electronic equivalent completed: NO YES

Patient and family informed of complication and given opportunity to ask questions: NO YES

 Clinician Name (print)

 Clinician Signature

 Date

 Time