

Time specimen received in lab.
_____ AM / PM

Beacon Womens Center
1011 Monticello Court
Montgomery, AL 36117

DATE _____
NAME _____
CHART # _____

LABORATORY

Pregnancy Test _____ Hematocrit _____ Blood Pressure _____
Urinalysis pH _____ RH _____ Pulse _____
Albumin _____ RPR _____ Temperature _____
Sugar _____ HIV _____ Weight _____
Blood _____

Pre-op medications: 1. Valium 5 mg. p.o. and Aleve 220 mg.
2. Valium 10 mg. p.o. and Aleve 220 mg.
3. N20 and Aleve 220 mg.

Lab Technician's Signature _____

Date Meds. Given: _____
Time Meds. Given: _____

Other medications: _____ Signature _____

PHYSICAL EXAMINATION

EENT _____ Skin _____ Vagina _____
Lungs _____ Extrem. _____ Cervix _____
Heart _____ Breasts _____ Uterus _____
Abd. _____ Ext. Gen. _____ Adnexae _____

Uterus is: Anterior, Posterior, Fibroidis, Other _____, Vacurette Size: _____
GC Culture obtained: Yes No

PROCEDURE

Operation:
Under para Cx block anesthesia using 20cc, 1% Lidocaine, the uterus was sounded to _____ cm. after the anterior lip of the Cx was grasped with a single tooth tenaculum. The Cx was dilated to _____ Pratt and a _____ mm suction tip was used to aspirate the uterine contents (without) (with) difficulty. The patient tolerated the procedure (well) (not well). Estimated blood loss was _____. The products of conception appeared (normal) (abnormal) and the fetal age was _____ weeks.
Additional Comments _____

Medication given in procedure room: _____

Doctor's Signature _____

Medical Assistant's Signature _____

RECOVERY ROOM

B/P _____ Admission Time _____ Pulse _____
Adm. Condition: Good () Poor () N/V () Cold/Clammy () Severe Cramps ()
B/P Pulse _____ Time _____ B/P _____ Pulse _____
_____ Time _____ B/P _____ Pulse _____
_____ Time _____ B/P _____ Pulse _____

Medication given in RR: Aleve 440 mg. () Ergonovine 0.2 mg. p.o. () _____ ()
Anit D Serum _____ Dosage Given _____ Site _____ Time _____

Nursing Notes: *Patient instructed to massage uterus.* _____

Discharge Condition: Satisfactory () Unsatisfactory () Discharge Time _____

Amt. Bleeding: Min. () Mod. () Heavy ()

Discharge medications: Doxycycline 100 mg. #10, Naprosyn 250 mg. Rx, Ergonovine 0.2 mg. Rx (Ergonovine 0.2 mgs. tabs #6 for patients 10 weeks and over ()).

Others _____

Hygienic and other procedures to be observed following discharge from the facility have been discussed. Patient verbalizes understanding of these instructions and all questions have been answered.

Signature _____
Form #26