

Patient: _____

Physician: _____

Date: _____ Time: _____

REGARDLESS OF SCORE ON ANY BOX, THE NURSE EVALUATOR MAY REQUIRE PHYSICIAN EXAM FOR PATIENT SAFETY

BOX A -- CHECKLIST	Findings	Criteria	Score
Headache	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes = 1	
Vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes = 1	
Visual Difficulties	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes = 1	
Epigastric Pain	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes = 1	
TOTAL BOX A		2 OR MORE = PHYSICIAN EXAM	

BOX B CHECKLIST	FINDINGS	CRITERIA	SCORE
PARA		para II+=1	
Duration Last Labor		<3 hrs = 3	
Prior C-Section	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes = 1	
Prenatal Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	No = 3	
Prior Fetal Demise	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes = 3	
Multiple Gestation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes = 2	
Cerclage/ Incompetent uterus	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes = 3	
Urine Dipstick		>/=1+ = 3	
Gestational Age		<35 wks=3 35-38 wks=2 39+=0	
Total Box B		3 or More = physician exam	

BOX C CHECKLIST	1ST EXAM SCORE	2ND EXAM SCORE	3RD EXAM SCORE	CRITERIA
Time of Exam				
Dilatation		NO VAG EXAM		0-3 cm = 1 4-7 cm = 2 8-7 cm = 3
Effacement				>50% = 2
Membranes TIME ROM_____				Ruptured = 3 >12 hrs = 7
Contractions Frequency Duration Intensity Pattern Urge to push	----- ----- ----- -----	----- ----- ----- -----	----- ----- ----- -----	<5 min = 2 >5 min = 1 >40 sec = 2 strong = 1 regular = 1 yes = 3
Maternal Temp				>70.4 F = 7
Maternal BP				>140/90 or <90/50 = 7
Maternal Respirations				<12 or >20 = 5
Edema of face or extremities				3+ = 7 2+ = 5
Significant Medical History		SAME	SAME	yes = 7
Maternal Trauma		SAME	SAME	yes = 7
Frank bleeding				yes = 7
Fetal Heart Rate				Baseline <120 OR >160 = 7 Non-reassuring strip = 7
Fetal Position				non-vertex = 3 prolapsed part = 7
Fetal Station				<0 station = 3
TOTAL BOX C				7=physician exam required

EVALUATOR SIGNATURE _____