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Contact: Clinical_Pathways_Program@health.qld.gov.au

Queensland Government

Induction of Labour Record

Facility: ....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

Every person documenting in this record must provide their name, signature and initials in the signature log.

Reason for induction of labour:

Model of care:		Allergies:		Support person(s):
Gravida:	Para:	EDD: ☐ Dates ☐ Scan ...... / ...... /	Gestation: weeks	Placental location:

Obstetric history	
Current medications	
Bloods / Vaccinations / Alerts	Blood group: .... Antibodies: .... Hb: .... Date: ...... / ...... / ...... **Serology** Hep B: ☐ Yes ☐ No Hep C: ☐ Yes ☐ No HIV: ☐ Yes ☐ No Syphilis: ☐ Yes ☐ No Rubella status: .... Alerts: .... Whooping cough vaccine given: ☐ Yes ☐ No Gestational age given: .... Influenza vaccine given: ☐ Yes ☐ No Gestational age given: ....
Birth preferences	Discussed: ☐ Yes ☐ No

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Risk Factors / Management Plan

Risk Factors	Management Plan	Initials
GBS positive: ☐ Yes ☐ No ☐ Unknown		
Weight: .... kg Current BMI:		
Diabetes: ☐ Yes ☐ No If *yes*, type:		
Abnormal ultrasound finding: ☐ Yes *(see report)* ☐ No		

Observations on arrival: document on Antenatal QMEWT

Urinalysis: .... MSU sent? ☐ Yes ☐ No

Signature Log

Every person documenting in this assessment must provide their name, signature and initials below

Name (print)	Designation	Signature	Initials	Name (print)	Designation	Signature	Initials

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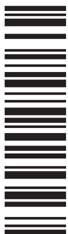
v3.00 - 06/2017



SW250

INDUCTION OF LABOUR RECORD

Queensland Government

Induction of Labour Record

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

Assessment

Assessment 1

Date: .... / .... / .... Time: .... : ....

Abdominal palpation
Fundus: .... Lie: ....

Presentation / attitude: ....

Position: .... Engagement: ☐ Yes ☐ No

Pre-IOL CTG: ☐ Yes
Reviewed by: ....
Reviewed by: ....

Post-IOL CTG: ☐ Yes
Reviewed by: ....
Reviewed by: ....

Bishop score	0	1	2	3
Dilatation (cm)	☐ <1	☐ 1-2	☐ 3-4	☐ >4
Length (cm)	☐ >3	☐ 2	☐ 1	☐ <1
Station	☐ -3	☐ -2	☐ -1, 0	☐ +1, +2
Consistency	☐ Firm	☐ Medium	☐ Soft	
Position	☐ Posterior	☐ Mid	☐ Anterior	
Total				

Treatment:

Plan:

Comments:

Name (print):	Designation:
Signature:	

Assessment 2

Date: .... / .... / .... Time: .... : ....

Abdominal palpation
Fundus: .... Lie: ....

Presentation / attitude: ....

Position: .... Engagement: ☐ Yes ☐ No

Pre-IOL CTG: ☐ Yes
Reviewed by: ....
Reviewed by: ....

Post-IOL CTG: ☐ Yes
Reviewed by: ....
Reviewed by: ....

Bishop score	0	1	2	3
Dilatation (cm)	☐ <1	☐ 1-2	☐ 3-4	☐ >4
Length (cm)	☐ >3	☐ 2	☐ 1	☐ <1
Station	☐ -3	☐ -2	☐ -1, 0	☐ +1, +2
Consistency	☐ Firm	☐ Medium	☐ Soft	
Position	☐ Posterior	☐ Mid	☐ Anterior	
Total				

Treatment:

Plan:

Comments:

Name (print):	Designation:
Signature:	

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Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

Assessment

Assessment 3

Date: .... / .... / .... Time: .... : ....

Abdominal palpation
Fundus: .... Lie: ....

Presentation / attitude: ....

Position: .... Engagement: ☐ Yes ☐ No

Pre-IOL CTG: ☐ Yes Reviewed by: .... Reviewed by: ....

Post-IOL CTG: ☐ Yes Reviewed by: .... Reviewed by: ....

Bishop score	0	1	2	3
Dilatation (cm)	☐ <1	☐ 1-2	☐ 3-4	☐ >4
Length (cm)	☐ >3	☐ 2	☐ 1	☐ <1
Station	☐ -3	☐ -2	☐ -1, 0	☐ +1, +2
Consistency	☐ Firm	☐ Medium	☐ Soft	
Position	☐ Posterior	☐ Mid	☐ Anterior	
Total				

Treatment:

Plan:

Comments:

Name (print): Designation:

Signature:

Assessment 4

Date: .... / .... / .... Time: .... : ....

Abdominal palpation
Fundus: .... Lie: ....

Presentation / attitude: ....

Position: .... Engagement: ☐ Yes ☐ No

Pre-IOL CTG: ☐ Yes Reviewed by: .... Reviewed by: ....

Post-IOL CTG: ☐ Yes Reviewed by: .... Reviewed by: ....

Bishop score	0	1	2	3
Dilatation (cm)	☐ <1	☐ 1-2	☐ 3-4	☐ >4
Length (cm)	☐ >3	☐ 2	☐ 1	☐ <1
Station	☐ -3	☐ -2	☐ -1, 0	☐ +1, +2
Consistency	☐ Firm	☐ Medium	☐ Soft	
Position	☐ Posterior	☐ Mid	☐ Anterior	
Total				

Treatment:

Plan:

Comments:

Name (print): Designation:

Signature:

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Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

Date / Time	**Document all communication, including telephone communication.** Add signature, printed name, staff category, date and time to all entries MAKE ALL NOTES CONCISE AND RELEVANT

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