

Patient details
sticker

Outpatient Induction of Labour – Telephone Review

Time of call:

Date:

Type of call: Routine 12 hour call

Other:

Call failed

Tried again at _____:_____

Contractions: Regular

Irregular

Frequency in 10 minutes:

Analgesia used:

Type and Dose:

Vaginal loss: None

Clear

Blood

Mucus

Green

Fetal movements: Normal

Reduced

Excessive

Pain other than contractions: Location Intermittent / Constant

Adverse effects from Propess?

Nausea

Vomiting

Vaginal soreness

Other

Propess still in situ? Y N

Plan: Stay at home

Attend ANW

Signature:

Print name:

Designation: