APPENDIX

PROFORMA

1. Patient Particulars

1.1 S. No

1.2 Hospital number:

1.3 Date of admission

1.4 Time:

1.5 Name of the patient

1.6 Age

1.7 Address

1.8 Contact No

2. Menstrual history

2.1 Age at menarche (yrs)   2.2 Cycles

2.3 LMP   2.4 EDD

3. Obstetrical history

3.1 Age at marriage (years)   3.2 Married for (years)

3.3 Gravida   3.4 Para

3.5 Abnormal Delivery in the past? (if yes, specify):

If C/S, indication:

3.6 No. of ANC visits in present pregnancy:

4. Contraceptive History   **(Yes-a, No-b)**

5. Past History

5.1 Any medical illness? [   ]   **(Yes-a, No-b)**

Diabetes Mellitus [   ]

Hypertension [   ]

Others [   ]

If yes, specify

[   ]

5.2 Any surgical intervention

[   ]

6. Family History   **(Yes-a, No-b)**

6.1 Hypertension [   ]

6.2 Diabetes Mellitus [   ]

6.3 Other illness [   ]

If yes, specify,

[   ]

7. Examination

Pallor [   ] (Yes/No)

Pulse [   ]   BP (mm of Hg) [   ]

Temperature [   ]   Hb (gm %) [   ]

Chest [   ]   CVS [   ]

Height in cm [   ]   Weight in Kg [   ]

P/A:

Fundal ht. (cm) [＿＿＿＿]   Presentation [＿＿＿＿]   FHS (per min) [＿＿＿＿]

Lie [＿＿＿＿]

Previous Scar [＿＿＿＿] **(Yes-a, No-b)**

Per Vaginal examination

Effacement (%) [＿＿＿＿]   Cervical Os (cm) [＿＿＿＿]   Membrane [＿＿＿＿]

Station of presenting part [＿＿＿＿]

Pelvis [＿＿＿＿] (adequate-a, inadequate-b)

Provisional Diagnosis

Mode of delivery: LSCS

Elective [＿＿＿＿]   Emergency [＿＿＿＿]

Indication for LSCS:

Type of anesthesia: [＿＿＿＿]

Operative complications (immediate)

If yes, specify [＿＿＿＿＿＿＿＿＿＿＿＿＿＿]

Blood loss during operation in ml [＿＿＿＿]

Duration of surgery [＿＿＿＿]

Post-operative complication in urethral catheter

	(Immediate Removal)	(Delayed Removal)
Dysuria	[＿＿＿＿]	[＿＿＿＿]
Urgency	[＿＿＿＿]	[＿＿＿＿]
Urinary Frequency	[＿＿＿＿]	[＿＿＿＿]

Fever [   ] [   ]

Significant Bacteria [   ] [   ]

Urinary retention [   ] [   ]

Recatheterization [   ] [   ]

Time till first void (hrs) [   ] [   ]

Amount at first void (ml) [   ] [   ]

Total urine output(ml) [   ] [   ]

Post-operative ward stay in hrs [   ] [   ]

Total hospital stays in days [   ] [   ]

General satisfaction (yes/no) [   ] [   ]

Hospital readmission (Yes/No) [   ] [   ]

If hospital readmission, date and time [   ]

Indication for readmission

[   ]