Cut off along the dotted line

Affix additional sheets here

Date	Hrs	Time Hrs Mins	Temp (°c)	Resps	BP	Urine P = protein G = glucose K = ketones B = blood P G K B	Maternal Pulse ● / Fetal Heart Rate X 60 70 80 90 100 110 120 130 140 150 160 170 180	Maternal activity/ posture	Liquor I = intact C = clear M = meconium B = blood	Fifths palpable per abdomen	Position Moulding Caput	Cervical dilatation X 0 1 2 3 4 5 6 7 8 9 10	Station ● +2 +1 0 -1 -2 -3 high	Contractions No. / 10 min W = weak M = moderate S = strong R = regular I = irregular	Oxytocin rate*	Drugs dosage	Fluids in	Fluids out	Signature (List on page 1 for identification)

page 10.

Name:

Unit No.:

Continuation sheet 0 1 2 3 4 5 6 7 8 9 10

Total fluids in/out

page 11.

Cut off along the dotted line