

**DEPARTMENT OF GYNAE & OBESTETRICS**

**Bio Data**

Passport Size Picture

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Class Roll No. \_\_\_\_\_\_\_\_\_\_

Examination Seat No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University Enrollment No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fourth Year MBBS**

**GYNE/OBS Unit I**

|  |  |  |
| --- | --- | --- |
| **Attendance**  **Marks** | **Test ward**  **Marks** | **Signature of Teacher** |
|  |  |  |

**Fourth Year MBBS**

**GYNE/OBS Unit II**

|  |  |  |
| --- | --- | --- |
| **Attendance**  **Marks** | **Test ward**  **Marks** | **Signature of Teacher** |
|  |  |  |

**Final Year MBBS**

**GYNE/OBS Unit I**

|  |  |  |
| --- | --- | --- |
| **Attendance**  **Marks** | **Test ward**  **Marks** | **Signature of Teacher** |
|  |  |  |

**Final Year MBBS**

**GYNE/OBS unit II**

|  |  |  |
| --- | --- | --- |
| **Attendance**  **Marks** | **Test ward**  **Marks** | **Signature of Teacher** |
|  |  |  |

**First edition 2014**

**©Center of Excellence Shaheed Mohtarma Benazir Bhutto Medical University SMBBMU, Larkana**

This Document is formal publication of the Shaheed Mohtarma Benazir Bhutto Medical University SMBBMU, Larkana. All rights are reserved.

**Acknowledgements:**

Dr. Abdul Rehman Pirzado, MnCAH Officer WHO, Sindh for technical support

Focal Person Pre-service Sindh Health Department,

Norway Pakistan Partnership Initiative (NPPI)

National MNCH Program Government of Sindh and

World Health Organization (WHO)

**Pre-Service Curriculum Committee SMBBMU Larkana**

**Chandka Medical College Larkana**

**Focal Person**

**Professor Saifullah Jamro**

Head of Department CMC Children Hospital Larkana

**Secretary**

**Dr. Saeed Ahmed Shaikh**

Head of Department Community Medicine CMC Larkana.

**Members**

**Professor Rafia Baloch**

Head of Department Gyne & OBS CMC Larkana

**Professor Aftab Ali Shah**

Director Medical Education SMBBMU Larkana

**Ghulam Muhammad Mahar Medical College Sukkur**

**Focal Person**

**Professor Abdul Hameed Shaikh**

Head of Department GMMC Sukkur.

**Secretary**

**Professor Niaz Ahmed Shaikh**

Head of Department GMMC Sukkur.

**Member**

**Dr. Kalsoom Azad**

Head of Department Gyne & OBS GMMC Sukkur.

**Dr. Nazeer Ahmed**

Incharge Medical Education GMMC Sukkur

**Department Of Gyne & Obs SMBBMU**

**Department Of Gyne & Obs Chanda Medical College Larkana**

**Dr. Fozia Kashif**

Chairman of Department of Gyne & OBS, SMBBMU.

**Prof: Rafia Baloch**

Head of Department of Gyne & OBS, CMC

Dr. Shaista Hifaz Assistant Professor

Dr. Shazia Shaikh Assistant Professor

Dr. Naila Memon Assistant Professor

Dr. Lakhshmi Senior Registrar

Dr. Fozia Chandio Senior Registrar

**Department of Gyne & OBS Unit II**

**Dr. Shahida Shaikh**

Incharge Department of Gyne & OBS Unit II

Dr. Shabnam Shaikh Assistant Professor

Dr. Tanveer Akhtar Assistant Professor

Dr. Afshan Bhatti Assistant Professor

**Department Of Paediatrics Ghulam Muhammad Medical College Sukkur**

**Dr. Kalsoom Azad**

Head of Department Gyne & OBS GMMC Sukkur.

Dr. Shaob-Un-Nisa Senior Registrar

Dr. Tehmina Assistant Professor

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Roll No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# CERTIFICATE.

This is to certify that Mr/Miss\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

S/O, D/O \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has

Successfully completed log book within the posting period at Department of Gynecology and Obstratic

From Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attendance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seminars.

**Professor Professor**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Personal Bio Data.

**Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Class Roll No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**University Enrollment Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Detail of Previous Semeste**r:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Semester.** | **Seat No** | **Percentage/Marks** | **Attempts** | **Remarks.** |
| **1st Semester.** |  |  |  |  |
| **2nd Semester** |  |  |  |  |
| **3rd Semester** |  |  |  |  |
| **4th Semester** |  |  |  |  |
| **5th Semester** |  |  |  |  |
| **6th Semester** |  |  |  |  |
| **7th Semester** |  |  |  |  |
| **8th Semester** |  |  |  |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Student.**

***Dear Students,***

I welcome you in the 4th Prof. MBBS Final year. At this Stage during your posting at Department of Gyn & Obs, I remind you some of the essential guidelines that you must follow during your posting in the Department.

You required keeping a clinical log book that includes a series of clinical cases with a dedicated discussion to each one a minimum of 15 Cases, 10 obstetric (5 Ward/Labour Room and 5 OPD/ Skill Lab) 5 gynecological ( Gynecology Ward and 5 Gynecology OPD) is expected during the posting in Final Year of MBBS.

For your own sake, try to choose cases with varied pathology This booklet is intended as a guide for augmenting and recording the practical experience that, you should strive to gain during your attachment. The overall Logbook assessment will be integrated towards the final examination assessment of the students.

You must task quietly in OPD, Labour Room and wards with patients, Colleagues and Teachers.

You must establish professional relationships with your patients and their relatives or caregivers in order to obtain a history, conduction a physical examination and provide appropriate management with proper privacy and confidence.

You must demonstrate usage of appropriate language in seminars, bedside session’s outpatients and other work situation during posting hours.

You must bear name tags and apron in your clinical posting in department.

You must be regular & punctual in your morning and evening posting.

75% attendance in ward is mandatory for filling of examination form.

I hope you will enjoy and learns essential skills in relation with Gynecology and Obstetrics during your stay with our Department.

**Dr. Rafia Baloch**

*Prof. & Head of Department.*

*Department of Gynecology & Obstetrics.*

*Chandka Medical College Larkana.*

**Maternity / Labour Ward.**

The aim of posting in Maternity ward is to enable students to teach high level of clinical skills as well as Bedside skills, provide fundamental knowledge of Obstetric Care, During the posting in Maternity ward Students supposed take histories, do clinical examination of 05 Obstetrics patients admitted in labour ward, make present and discussed with tutor and get signed on case, and learn basic skills.

Students need to perform/ observe /learn following clinical skills using PCPNC guidelines,

* History ,Examination of Obstetric patients ( Respiratory Rate, B.P, Pulse, Abdominal and Vaginal Examination)
* Management of women with Ante Partum Hemorrhage
* Management of women with Post-Partum Hemorrhage.
* Management of women with Hypertensive Disorder in Pregnancy i.e. Pre Eclampsia/ Eclampsia.
* Management of women with Prolong labour

**MATERNITY WARD**

**Case 1**

Bed No Registration No: DOA:

Name with Husband Name

Address Age

Gravida: Para: LMP: EDD

Gestational Age in Weeks.

**PRESENTING COMPLAINTS:**

**HISTORY OF PRESENT PREGNANCY:**

**OBSTETRICAL HISTORY:**

**GYNECOLOGICAL HISTORY:**

M/C M/FLOW

Dysmenorrhea. Dyspareunia

IMB PCB

CONTRACEPTION Pap Smear

**PAST MEDICAL AND SURGICAL HISTORY.**

**FAMILY HISTORY:**

**PERSONAL HISTORY:**

**GENERAL EXAMINATION.**

General look.

Height. Weight. BMI BP

Pulse. Temp. Pallorness Jaundice Cyanosis. Edema. JVP Clubbing Lymph Nodes Thyroid Breast.

Any Other Positive Finding.

**SYSTEMIC EXAMINATION**

**OBSTETRICAL EXAMINATION.**

Findings on inspection

SFH Lie Presentation

No of Fifths palpable above pelvic brim

Amount of Liquor. Contraction

Fetal Heart Rate (FHR)

**INVESTIGATION: MANAGEMENT.**

**DIAGNOSIS:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE OF CONSULTANT.**

**Case 2**

Bed No Registration No: DOA:

Name with Husband Name

Address Age

Gravida: Para: LMP: EDD

Gestational Age in Weeks.

**PRESENTING COMPLAINTS:**

**HISTORY OF PRESENT PREGNANCY:**

**OBSTETRICAL HISTORY:**

**GYNECOLOGICAL HISTORY:**

M/C M/FLOW

Dysmenorrhea. Dyspareunia

IMB PCB

CONTRACEPTION Pap Smear

**PAST MEDICAL AND SURGICAL HISTORY.**

**FAMILY HISTORY:**

**PERSONAL HISTORY:**

**GENERAL EXAMINATION.**

General look.

Height. Weight. BMI BP

Pulse. Temp. Pallorness Jaundice Cyanosis. Edema. JVP Clubbing Lymph Nodes Thyroid Breast.

Any Other Positive Finding.

**SYSTEMIC EXAMINATION**

**OBSTETRICAL EXAMINATION.**

Findings on inspection

SFH Lie Presentation

No of Fifths palpable above pelvic brim

Amount of Liquor. Contraction

Fetal Heart Rate (FHR)

**INVESTIGATION: MANAGEMENT.**

**DIAGNOSIS:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE OF CONSULTANT.**

**Case 3**

Bed No Registration No: DOA:

Name with Husband Name

Address Age

Gravida: Para: LMP: EDD

Gestational Age in Weeks.

**PRESENTING COMPLAINTS:**

**HISTORY OF PRESENT PREGNANCY:**

**OBSTETRICAL HISTORY:**

**GYNECOLOGICAL HISTORY:**

M/C M/FLOW

Dysmenorrhea. Dyspareunia

IMB PCB

CONTRACEPTION Pap Smear

**PAST MEDICAL AND SURGICAL HISTORY.**

**FAMILY HISTORY:**

**PERSONAL HISTORY:**

**GENERAL EXAMINATION.**

General look.

Height. Weight. BMI BP

Pulse. Temp. Pallorness Jaundice Cyanosis. Edema. JVP Clubbing Lymph Nodes Thyroid Breast.

Any Other Positive Finding.

**SYSTEMIC EXAMINATION**

**OBSTETRICAL EXAMINATION.**

Findings on inspection

SFH Lie Presentation

No of Fifths palpable above pelvic brim

Amount of Liquor. Contraction

Fetal Heart Rate (FHR)

**INVESTIGATION: MANAGEMENT.**

**DIAGNOSIS:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE OF CONSULTANT.**

**Case 4**

Bed No Registration No: DOA:

Name with Husband Name

Address Age

Gravida: Para: LMP: EDD

Gestational Age in Weeks.

**PRESENTING COMPLAINTS:**

**HISTORY OF PRESENT PREGNANCY:**

**OBSTETRICAL HISTORY:**

**GYNECOLOGICAL HISTORY:**

M/C M/FLOW

Dysmenorrhea. Dyspareunia

IMB PCB

CONTRACEPTION Pap Smear

**PAST MEDICAL AND SURGICAL HISTORY.**

**FAMILY HISTORY:**

**PERSONAL HISTORY:**

**GENERAL EXAMINATION.**

General look.

Height. Weight. BMI BP

Pulse. Temp. Pallorness Jaundice Cyanosis. Edema. JVP Clubbing Lymph Nodes Thyroid Breast.

Any Other Positive Finding.

**SYSTEMIC EXAMINATION**

**OBSTETRICAL EXAMINATION.**

Findings on inspection

SFH Lie Presentation

No of Fifths palpable above pelvic brim

Amount of Liquor. Contraction

Fetal Heart Rate (FHR)

**INVESTIGATION: MANAGEMENT.**

**DIAGNOSIS:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE OF CONSULTANT.**

**Case 5**

Bed No Registration No: DOA:

Name with Husband Name

Address Age

Gravida: Para: LMP: EDD

Gestational Age in Weeks.

**PRESENTING COMPLAINTS:**

**HISTORY OF PRESENT PREGNANCY:**

**OBSTETRICAL HISTORY:**

**GYNECOLOGICAL HISTORY:**

M/C M/FLOW

Dysmenorrhea. Dyspareunia

IMB PCB

CONTRACEPTION Pap Smear

**PAST MEDICAL AND SURGICAL HISTORY.**

**FAMILY HISTORY:**

**PERSONAL HISTORY:**

**GENERAL EXAMINATION.**

General look.

Height. Weight. BMI BP

Pulse. Temp. Pallorness Jaundice Cyanosis. Edema. JVP Clubbing Lymph Nodes Thyroid Breast.

Any Other Positive Finding.

**SYSTEMIC EXAMINATION**

**OBSTETRICAL EXAMINATION.**

Findings on inspection

SFH Lie Presentation

No of Fifths palpable above pelvic brim

Amount of Liquor. Contraction

Fetal Heart Rate (FHR)

**INVESTIGATION: MANAGEMENT.**

**DIAGNOSIS:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE OF CONSULTANT.**

**Labour Room/ Skill Obstetric Lab/ Obstetric OPD.**

Students supposed to attend labour room / Skill Obstetric Lab observe and assess 5 normal deliveries , maintain partograph ,develops notes and give presentation at the end of session.

During the posting in Labour room the students need to acquire following skills to conduct normal vaginal delivery and care of women during labour and to manage complication of normal labour. The students will also attend Antenatal, Post natal and Family Planning Clinics and acquire following skills.

* Managing Normal Labour.
  + Standard Precaution and Cleanliness before any procedure.
  + Recognizing True/ False Labour.
  + Vaginal Examination.
  + Partograph.
  + Female Bladder Catheterization
  + Repair of 1st and 2nd Degree Perineal Tears, Episiotomy.
  + Active Management of 3rd Stage of Labour, Management of PPH.
    - Controlled Cord Traction
    - Bimanual Arotic Compression
  + Delivery of Placenta
  + Manual Removal of Placenta.
  + Essential Neoborn Care.

**OBSTETRICS OPD**

* Antenatal Care Clinic,
  + Quick Check and ROM
  + Calculated Expected Date of Delivery (EDD)
  + High Risk Pregnancy
  + Danger Sign in Pregnancy
  + Anemia in Pregnancy
  + Birth Planning
* Abortion and their management.
* Family Planning Clinic
* Post Natal Care Clinic.

**Case 1**

Registration No: DATE.

Name with Husband Name

Address Age

**PRESENTING COMPLAINTS:**

**OBSTETRICAL HISTORY:**

Gravida: Para: LMP: EDD

Gestational Age in Weeks.

**Clinical Findings**

**Any Risk Factor on History/ Examination.**

**Investigation: Management/Treatment.**

**Diagnosis:**

**Birth Plan**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Consultant.**

**Case 2**

Registration No: DATE.

Name with Husband Name

Address Age

**PRESENTING COMPLAINTS:**

**OBSTETRICAL HISTORY:**

Gravida: Para: LMP: EDD

Gestational Age in Weeks.

**Clinical Findings**

**Any Risk Factor on History/ Examination.**

**Investigation: Management/Treatment.**

**Diagnosis:**

**Birth Plan**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Consultant.**

**Case 3**

Registration No: DATE.

Name with Husband Name

Address Age

**PRESENTING COMPLAINTS:**

**OBSTETRICAL HISTORY:**

Gravida: Para: LMP: EDD

Gestational Age in Weeks.

**Clinical Findings**

**Any Risk Factor on History/ Examination.**

**Investigation: Management/Treatment.**

**Diagnosis:**

**Birth Plan**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Consultant.**

**WORKING IN WARD.**

Number of IV line maintenance.

You are supposed to learn the maintenance of IV lines in Five Patients.

1.

2.

3.

4.

5.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Consultant.**

**Write down Names of 15 Common and Essential Drugs used in Ward/ O.T/ OPD with Trade Name, Generic Name, Indication, Contra Indication, Side Effects and Dosages.**

1.

Trade Name. Generic Name.

Indications:

Contra Indications:

Side Effects:

Dosage.

2.

Trade Name. Generic Name.

Indications:

Contra Indications:

Side Effects:

Dosage.

3.

Trade Name. Generic Name.

Indications:

Contra Indications:

Side Effects:

Dosage.

4.

Trade Name. Generic Name.

Indications:

Contra Indications:

Side Effects:

Dosage.

5.

Trade Name. Generic Name.

Indications:

Contra Indications:

Side Effects:

Dosage.

6.

Trade Name. Generic Name.

Indications:

Contra Indications:

Side Effects:

Dosage.

7.

Trade Name. Generic Name.

Indications:

Contra Indications:

Side Effects:

Dosage.

8.

Trade Name. Generic Name.

Indications:

Contra Indications:

Side Effects:

Dosage.

9.

Trade Name. Generic Name.

Indications:

Contra Indications:

Side Effects:

Dosage.

10.

Trade Name. Generic Name.

Indications:

Contra Indications:

Side Effects:

Dosage.

11.

Trade Name. Generic Name.

Indications:

Contra Indications:

Side Effects:

Dosage.

12.

Trade Name. Generic Name.

Indications:

Contra Indications:

Side Effects:

Dosage.

13.

Trade Name. Generic Name.

Indications:

Contra Indications:

Side Effects:

Dosage.

14.

Trade Name. Generic Name.

Indications:

Contra Indications:

Side Effects:

Dosage.

15.

Trade Name. Generic Name.

Indications:

Contra Indications:

Side Effects:

Dosage.

**OPERATION THEATER CASES (OBSTETRICS)**

**Case 1**

**C/Section.**

* Indication.
* Anesthesia.
* Types of Incision.
* Type of Uterine Incision.
* Estimated Blood Loss.
* Complication.
* Fetal Out Come.
* A/S
* Wt/

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE OF CONSULTANT.**

**Case 2**

**C/Section.**

* Indication.
* Anesthesia.
* Types of Incision.
* Type of Uterine Incision.
* Estimated Blood Loss.
* Complication.
* Fetal Out Come.
* A/S
* Wt/

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE OF CONSULTANT.**

**Case 3**

**C/Section.**

* Indication.
* Anesthesia.
* Types of Incision.
* Type of Uterine Incision.
* Estimated Blood Loss.
* Complication.
* Fetal Out Come.
* A/S
* Wt/

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE OF CONSULTANT.**

**Case 4**

**C/Section.**

* Indication.
* Anesthesia.
* Types of Incision.
* Type of Uterine Incision.
* Estimated Blood Loss.
* Complication.
* Fetal Out Come.
* A/S
* Wt/

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE OF CONSULTANT.**

**Case 5**

**C/Section.**

* Indication.
* Anesthesia.
* Types of Incision.
* Type of Uterine Incision.
* Estimated Blood Loss.
* Complication.
* Fetal Out Come.
* A/S
* Wt/

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE OF CONSULTANT.**

**GYNECLOLOGY WARD.**

Students supposed take histories and do clinical examination of 05 Gynecology patients admitted in Gyne ward and make presentation with tutor.

Write down these case with diagnosis and management and get these signed by Registrar on duty.

**Case 1**

Bed No Registration No: DOA:

Name Age

Address

Para: LMP:

**Presenting Complaints:**

**History Of Present Illness:**

**Gynecological History:**

M/C M/FLOW IMB PCB

Dysmenorrhea. Dyspareunia Contraception Pap smear

**Obstetrical History:**

**Past Medical and Surgical History.**

**Family History:**

**Personal History:**

**General Examination.**

General look.

Height. Weight. BMI BP

Pulse. Temp. Pallorness Jaundice Cyanosis. Edema. JVP Clubbing Lymph Nodes Thyroid Breast.

**Any Other Positive Finding.**

**Systemic Examination**

**Gynecological Examination.**

**Finding on inspection. Digital Vaginal Examination:**

Vulva: Vulva:

Vagina: Vagina:

Cervix**:** Tenderness at Bartholin Area

Characteristics of Discharge if Present. Cervix:

Uterus:

Adnexa:

POD:

**INVESTIGATION:**

**DIAGNOSIS:**

**MANAGEMENT.**

**SIGNATURE OF CONSULTANT.**

**Case 2**

Bed No Registration No: DOA:

Name Age

Address

Para: LMP:

**Presenting Complaints:**

**History of Present Illness:**

**Gynecological History:**

M/C M/FLOW IMB PCB

Dysmenorrhea. Dyspareunia Contraception Pap smear

**Obstetrical History:**

**Past Medical and Surgical History.**

**Family History:**

**Personal History:**

**General Examination.**

General look.

Height. Weight. BMI BP

Pulse. Temp. Pallorness Jaundice Cyanosis. Edema. JVP Clubbing Lymph Nodes Thyroid Breast.

**Any Other Positive Finding.**

**Systemic Examination**

**Gynecological Examination.**

**Finding on inspection. Digital Vaginal Examination:**

Vulva: Vulva:

Vagina: Vagina:

Cervix**:** Tenderness at Bartholin Area

Characteristics of Discharge if Present. Cervix:

Uterus:

Adnexa:

POD:

**INVESTIGATION:**

**DIAGNOSIS:**

**MANAGEMENT.**

**SIGNATURE OF CONSULTANT.**

**Case 3**

Bed No Registration No: DOA:

Name Age

Address

Para: LMP:

**Presenting Complaints:**

**History of Present Illness:**

**Gynecological History:**

M/C M/FLOW IMB PCB

Dysmenorrhea. Dyspareunia Contraception Pap smear

**Obstetrical History:**

**Past Medical and Surgical History.**

**Family History:**

**Personal History:**

**General Examination.**

General look.

Height. Weight. BMI BP

Pulse. Temp. Pallorness Jaundice Cyanosis. Edema. JVP Clubbing Lymph Nodes Thyroid Breast.

**Any Other Positive Finding.**

**Systemic Examination**

**Gynecological Examination.**

**Finding on inspection. Digital Vaginal Examination:**

Vulva: Vulva:

Vagina: Vagina:

Cervix**:** Tenderness at Bartholin Area

Characteristics of Discharge if Present. Cervix:

Uterus:

Adnexa:

POD:

**INVESTIGATION:**

**DIAGNOSIS:**

**MANAGEMENT.**

**SIGNATURE OF CONSULTANT.**

**Case 4**

Bed No Registration No: DOA:

Name Age

Address

Para: LMP:

**Presenting Complaints:**

**History of Present Illness:**

**Gynecological History:**

M/C M/FLOW IMB PCB

Dysmenorrhea. Dyspareunia Contraception Pap smear

**Obstetrical History:**

**Past Medical and Surgical History.**

**Family History:**

**Personal History:**

**General Examination.**

General look.

Height. Weight. BMI BP

Pulse. Temp. Pallorness Jaundice Cyanosis. Edema. JVP Clubbing Lymph Nodes Thyroid Breast.

**Any Other Positive Finding.**

**Systemic Examination**

**Gynecological Examination.**

**Finding on inspection. Digital Vaginal Examination:**

Vulva: Vulva:

Vagina: Vagina:

Cervix**:** Tenderness at Bartholin Area

Characteristics of Discharge if Present. Cervix:

Uterus:

Adnexa:

POD:

**INVESTIGATION:**

**DIAGNOSIS:**

**MANAGEMENT.**

**SIGNATURE OF CONSULTANT.**

**Case 5**

Bed No Registration No: DOA:

Name Age

Address

Para: LMP:

**Presenting Complaints:**

**History of Present Illness:**

**Gynecological History:**

M/C M/FLOW IMB PCB

Dysmenorrhea. Dyspareunia Contraception Pap smear

**Obstetrical History:**

**Past Medical and Surgical History.**

**Family History:**

**Personal History:**

**General Examination.**

General look.

Height. Weight. BMI BP

Pulse. Temp. Pallorness Jaundice Cyanosis. Edema. JVP Clubbing Lymph Nodes Thyroid Breast.

**Any Other Positive Finding.**

**Systemic Examination**

**Gynecological Examination.**

**Finding on inspection. Digital Vaginal Examination:**

Vulva: Vulva:

Vagina: Vagina:

Cervix**:** Tenderness at Bartholin Area

Characteristics of Discharge if Present. Cervix:

Uterus:

Adnexa:

POD:

**INVESTIGATION:**

**DIAGNOSIS:**

**MANAGEMENT.**

**SIGNATURE OF CONSULTANT.**

**CASE PRESENTATION**

**Reference Books:**

A. Obstetrics by Ten Teachers (latest edition)

B. Fundamental of Obstetrics and gynecology by Llewlyn and Derek (latest edition)

C. Essential of obstetrics by Hacker & Moore.

D. Pregnancy, Child Birth, Post-Partum and Newborn Care Course (PCPNC) WHO Guideline.

**Annexure: Clinical Practices**

**Measuring the Pulse, Breathing, Temperature and Blood Pressure of a Women**

Please perform the following Steps one by one

|  |
| --- |
| 1. **Measuring the Pulse and Breathing** |
| * Place the patient in comfortable position. |
| * Turn the client’s hand so that the palm is facing towards the body. |
| * Place your index and middle fingers on the thumb side of wrist & press down until you feel the pulse. |
| * Count the number of beats for a full minute. |
| * Remove your fingers from the wrist after checking the pulse. |
| * Observe the upward movement of the chest and measure the breathing for one full minute. |
| * Record the pulse and respiration rate. |
| 1. **Measuring the Temperature** |
| * Wash your hands. |
| * Wash mercury thermometer with clean running water |
| * Shake the thermometer until it reads below 35 |
| * Place the patient in comfortable position |
| * Then place the thermometer bulb in the Axilla of the patient in contact with the skin |
| * After 2 minutes take out thermometer and record temperature. |
| * Wash the thermometer in warm water and soap or disinfectant; dry and store |
| 1. **Measuring the Blood Pressure** |
| * Greet the patient & place in comfortable position |
| * Arm at level of heart |
| * Place the cuff & tubing 2.5 cm above medial side of forearm |
| * Inflate the cuff |
| * Feel for the radial pulse, till it disappears. |
| * Slowly deflate @ 2mmHg |
| * Record systolic/upper value when heart sound( lub-dub) appear |
| * Record diastolic/lower value when heart sound completely disappear |
| * Remove cuff |
| * Thank patient |
| **PASSING IV CANULLA** |
| * Wash hands thoroughly with soap and water and dry with a clean, dry cloth or air dry. |
| * Select a suitable site for IV CANNULA (e.g., back of hand or forearm). |
| * Place a tourniquet around the woman’s upper arm. |
| * Put new examination or high – level disinfected surgical gloves on both hands. |
| * Clean skin at site selected for infusion with alcohol swab |
| * Insert 16 – or 18 –gauge needle or cannula into the vein. |
| * Slowly withdraw plunger until blood appear in it |
| * Now advance& secure needle with tape, apply stopper |
| * Dispose off plunger/cap properly |
| * Wash your hands properly |
| **GIVING THE IM INJECTION.** |
| * Ask patient permission |
| * Place in comfortable position |
| * Recheck name/expiry date of injection vial/ampule to be given |
| * Put the Syringe Needle into the vial. Do not touch the outside of container. |
| * Draw the required amount of medicine into the syringe. |
| * Hold the syringe upright pointing towards roof. |
| * Remove the bubble from the syringe by lighting taping the side. |
| * Push the syringe plunger until air comes out and medicine begins to spills from the tip of needle. |
| * Put the syringe on prepared tray/container. |
| * Clean area where injection is to be given with alcohol swab |
| * I/M injection in buttock/gluteus maximus muscle given in upper outer quadrant |
| * I/M injection on arm given in upper outer quadrant of deltoid |
| * Before injecting the medicine, pull back on plunger to see if blood enters the syringe:   + If No, Inject the medicine slowly.   + If yes, withdraw slowly and start again. |
| * Dispose of the syringe properly |
| * Thanks to patient. |