



MR 275.0



**Ballarat Health Services**  
Putting your health first®

## Inpatient Progress Notes

Date and  
Designation

U.R. Number \_\_\_\_\_

Surname \_\_\_\_\_

Given Names \_\_\_\_\_

D.O.B. / / Sex \_\_\_\_\_

Attach patient ID Labels to all pages of this form before commencing any documentation.

### PRE-OPERATIVE PPH RISK ASSESSMENT

#### Staff present

☐

Obstetrics

☐

Midwifery

☐

Anaesthetics

☐

Theatre

#### PPH Risk Assessment

Does the patient have any identifiable risk factors for PPH?

☐

Yes

☐

No

History of PPH  
BMI >35  
Maternal anaemia (undiagnosed or untreated)  
Maternal iron deficiency  
Antepartum haemorrhage  
Abnormal placentation (e.g., placenta praevia)  
Prolonged labour  
Known coagulopathy (including anticoagulation therapy)  
Hypertensive disorders  
Multiple pregnancy  
Fibroids  
Polyhydramnios

Are you expecting to require any additional uterotonics or TXA to the routine third stage administration of carbetocin?

☐

Yes

If so, which agents: \_\_\_\_\_

☐

No

Will you require mid procedure weighing of blood loss?

☐

Yes

☐

No

Does the patient have any X-matched units?

☐

Yes

No. of units: \_\_\_\_\_

☐

No



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Please write clearly and record signature after each entry