

OB Students—What you should know....

General

1. Do not leave the hospital w/o asking your resident if they need any further help.
2. No one leaves clinic until every pt has been seen.
3. Don't forget to go to CBCs, but if you're in the middle of a cool case, stay to finish.
4. Do not write on MEDICARE or GA MEDICAID charts w/o talking to the resident 1st.
5. EVERY presentation/note should start: "21-yo G2P1001 w/ IUP @ 12 weeks 1 day by LMP/6 week U/S..."
6. Do not do any pelvic exam/cervix check w/o a resident.
7. **The more you become a part of the team, the more fun stuff you will get to do.**

AP/PP

1. Ask the interns the night before which pt(s) they want you to round on.
2. Finish your AP SOAP note by ~5:45 a.m. so you have time to run it by the intern.
3. AP SOAP note includes: subjective: (ctxns, vaginal bleeding, fluid leaking, baby moving, plus anything relevant to major indication for hospital stay)
Objective: AVSS (or specifics if anything abnormal) (vitals pertinent to indication for hosp stay)
Brief physical (general, heart, lungs, abd, ext)
A/P: model on previous day but with any updates of things that have changed
4. Make a copy of the AP pt you're presenting's H&P and your SOAP note to present during AP rounds.
5. During AP rounds, present the ENTIRE H&P for all new admissions or if the MFM attending is new; then present the hospital course up until that point and then any overnight events.
6. On any pt's who have abnormal BPs, write EVERY BP in your SOAP note over the past 24h period.
7. On PP, use the stamp and just fill in the blanks—all pts need to be seen by a resident as well and they need to cosign your note.

L&D/TRIAGE

1. Arrive to the Board at 7 a.m. for check out.
2. Laboring pts need notes q2h—make sure to update the Board time (make a star or something next to the time if the resident needs to cosign the note).
3. L&D soap notes Subjective:
Objective: AVSS (or specifics if anything abnormal)
Toco: (rate of contractions, level of pit, MVUs)
FHTs: (baseline, variability, accels, decels)
Cvx: (dilation, effacement, station, consistency, position)
A/P: only labor and postpartum care related things
4. When you hear overheads for "Doctor to room..." GO!
5. We will give you deliveries, but if the s*^% hits the fan, move out of the way so the resident can get the baby out.
6. On the Triage form, don't forget to fill out the boxes so we can bill appropriately...
 - a. Review of Systems (under HPI)
 - b. Review of old medical records (top right corner)
 - c. Reason for visit (bottom left corner)
 - d. Diagnoses

Clinic

1. any patient on any hallway is fair game for you to see
2. if you've started to see a patient, you can review that case with any resident you see
3. if you see residents busy and you don't have anything to do, ask if there's something you can help with

General Topics to Read

1. Normal labor and delivery.
2. Preeclampsia/pregnancy-induced HTN.
3. DM in pregnancy/gestational DM.
4. Preterm labor.
5. Premature rupture of membranes.
6. PP management.
7. Birth control options and contraindications (breast feeding, med problems, etc).