[[1]](#footnote-1)FetaLink and Partogram Training Script v0.1

FetaLink and Partogram

Course Description

**Current Version Number:** 0.1

**Last Updated by:** Olivia Artuso and Sripathy Sivakumar

**Notes on update:** New script

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Trainer Preparation

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| **Signpost** | **Instruction** | **Essential Notes** | **Fun Facts** |
| **Resources** | * Prepared patients:14 for SMH and 15 for QCCH * Dataset with explicit logins for the FetaLink application * Smartcards for Cert PowerChart (28 cards) PIN 123456 * FetaLink application icon on the desktop * Cerner Cert icon on desktop for PowerChart * Trainer need to Order the Oxytocin in Sodium Chloride 0.9% titratable infusion, from the Medication page. * Record the patient Weight manually, e.g. 65 Kg., enter the Rate of infusion e.g. 50 ml/hour * System works out the Infuse Over period automatically * Type in the Bleep and Sign | **FetaLink** will be logged into explicitly.  **Cert PowerChart** will need a Cert Cerner Smartcard  Ensure that the dataset patients are still pregnant. This can be checked in PowerChart on the Maternity Whiteboard. |  |
| **Before Delegates Arrive** | * Switch on all PCs * Log in to Cert Cerner with Smartcard on all PCs * Open Training Attendance form on each PC and complete Course and Location/Room |  |  |

## Course Intro

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| **Signpost** | **Instruction** | **Essential Notes** | **Fun Facts** |
| **Intro** | This course will cover:   * Using the new **FetaLink** application * Viewing the new **Pregnancy View** page in **PowerChart**   In the ‘Live’ system there will be two computer screens: one to display **FetaLink** and the other to display **PowerChart**. For training we must manage with one PC. | **Trainers: Don’t allow delegates to deliver the babies. We need to keep the patients to remain pregnant for other courses.** | CTG – Means CardioTocoGraph – technically means of recording the Fetal Heartbeat and the Uterine Contractions during the Labour  This is commonly known as EFM (Electronic Fetal Monitoring) |

## Explicit Login Midwife User ID

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| **Signpost** | **Instruction** | **Essential Notes** | **Fun Facts** |
| **Objectives** | By the end of this lesson the delegate should be able to:   * To Log on to the FetaLink using Explicit User Name and Password |  |  |
| **Launch FetaLink application** | * Double-click the **FetaLink Cert** icon on the desktop * The **FetaLink** opens showing the **Census** screen   We open to a **“read only”** view. To enter data we must be **Signed In**. |  |  |
| **Single Click** | * Single click for all actions except one in **FetaLink** | Double click is only used on the **Fetal Strip** to enter annotations. We will do this later. |  |
| **Sign In**  **Explicit Login** | * Single Click the **Sign In** button on the Toolbar. If you double click the **Sign In** button, the login window gets minimised to the **Taskbar**. * Type your **Midwife User ID** into the **Username** field * Type your password into the **Password** field **123456** * Click **OK**   The **Sign In** button now reads as **Sign Out** to indicate that you are signed in. Likewise, when you **Sign Out** the button will go back to **Sign In**. | **Midwife User ID** will be your smartcard number. For training use the dataset.  **Explicit Password** will be emailed to you by the Registration Authority  If **FetaLink** is inactive for 20 minutes you will be automatically **Signed Out** and the button will show as **Sign In**. |  |

## Census View

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| **Signpost** | **Instruction** | **Essential Notes** | **Fun Facts** |
| **Objectives** | By the end of this lesson the delegate should be able to:   * Understand and explain the **Census View** |  |  |
| **Census View** | The **Census View** displays the main list of rooms, devices that are switched on and patients. |  |  |
| **Census View**  **Toolbar** | The toolbar buttons:   * **Extended View** – Used to scroll through a whole session’s strip. It becomes active when viewing a patient’s strip. * **Annotations Summary** – Provides a summary list of annotations. It becomes active when viewing a patient’s strip. * **+/-Monitor** – Used to associate a patient to device(s) * **Recording Mode** – This will be greyed out in ‘live’ * **Sign In/Out** – Allows user to sign in and out of FetaLink * **Census** – Displays the main screen with the Census View * **Locations** – Displays monitoring strips from selected locations * **Archive Search** – Allows user to find patients to view archived monitoring strips * **Central Monitor** – Opens to view all monitors that are turned on * **Alerts** – Opens to view all locations with active alerts |  | **Recording Mode** – This will be greyed out. It opens up the selected tracing in a smaller window that can be viewed while documenting in PowerChart Maternity. This is used where there is only one computer screen. |
| **Census View Columns** | The tab above the column headings shows the labour ward location e.g. SM Aleck Bourne 01 Labour Ward    The column headings:   * **Blank** - The first column without a heading contains white boxes. We would click on one to select a room location to view a strip. We can select more than one room to view. * **Location** – This displays the rooms * **Device** – This shows a list of devices that are turned on. A device will not appear if it’s turned off. * **Patient** – A list of patients who are here. * **MRN** – The patient’s Medical Record Number * **Age** – The patient’s age * **Reason for Monitoring** – This displays the reason for monitoring the patient | The monitor devices are listed at the bottom of this page. Monitors will appear against the rooms after a patient is associated to the device and the patient is transferred to a room.  **QCCH**  Devices will be movable from room to room.  **SMH**  Devices will be fixed to the wall in each room. They can’t be moved. | **Fetal Monitors** are the actual Fetal devices attached with Mother for monitoring purpose.  These monitors appear as Devices in the FetaLink Application for use to associate with patients.  PC Screens are a Computer monitor that shows both PowerChart and FetalLink strips in two different screens. |

## Patient to Device Association (P2DA)

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| **Signpost** | **Instruction** | **Essential Notes** | **Fun Facts** |
| **Objectives** | By the end of this lesson the delegate should be able to:   * Search for a patient * Scan the device |  |  |
| **Scenario** | The patient is put on the CTG monitor device. Now we will record this on the system. |  |  |
| **+/- Monitor** | **Delegates must work with the trainer and not rush ahead.**  After signing in, with the **Sign In** button reading **Sign Out,**   * Click on **+/- Monitor** button   When logging in for the first time, they will need to select the appropriate hospital.   * Click the **magnifying glass** button next to **No patient selected** * Click into the **MRN** field and type in the **Patient’s MRN**. In the ‘live’ system, you may be able to scan the patient’s wristband when in the **MRN** field. * Click **Search** * When the patient’s name appears, click on the **patient’s name** to select. * Ensure that the CTG monitor device is turned on before attempting to find it. * Click the **magnifying glass** button next to **No devices selected.** In the ‘live’ system, you will be scanning the device’s barcode. * Check that the correct location is showing * Click on the **location** * Click on the + for the correct ward location * Scroll down to the bottom to see the **FM monitors** * Select the monitor * Click **OK** * **If there were more than two babies, we would select another monitor.**   The **Status** of the FM monitor must say **Available** in green. If it does not say Available, the midwife must check that they have selected the correct monitor. | This is currently taking about couple of minutes to get to the Searching Screen, Trainers need to ask the Delegates to wait patiently until the search screen appears  When scanning, ensure that your cursor is in the MRN field.  There will be hand held scanning devices for each room.  Midwives need to check whether they are connected to the correct location – if they work at both sites (SMH and QCCH)  If the location is wrong, click on **Tasks** then **Change Group** to select the site. Click on **Tasks** again then click on **Change Location** and select the site and floor.  **Twins** can go on one monitor. **Triplets** and **Quads** need two monitors. All monitors will show on one strip.  The monitors are displayed separately below the rooms. This is because at QCCH monitors can be moved from room to room. At SMH the monitors will be wall mounted and can’t be moved.  **Antenatal** wards going live with FetaLink later this year – so midwives don’t see any monitors in those area in FetaLink application yet. | **All babies are tracked on one strip and one pc monitor. The mum will have multiple CTG belts, dependent on number of babies she is carrying.** |
| **Back dating the start of monitoring** | The midwives must concentrate on doing all the essential clinical tasks including attaching the patient to the Fetal CTG monitor, before starting the FetaLink application.  The midwife must write down the time when the CTG was started. This will be backdated on the FetaLink application.   * Click on the **Clock** icon * In the **Choose retroactive association time** window, click in the time field to backdate the time. * Change the time:   **0900am** for morning course; **1300pm** for afternoon course.   * Click **OK** The clock turns green after the time is updated * Click **Associate** * Click the **x** button to close the **P2DA** window   Now the patient’s initials and age appear in the Census screen on the same line as the monitor. | Fetal CTG monitoring is started clinically as a priority. FetaLink monitoring association can be done when it is clinically safe during the patient care.  Ensure that you don’t backdate the time beyond the actual time that the monitoring started. Doing this may encroach upon a previous patient’s monitoring time and override their strip. A **Warning** window will open if this is attempted. **“Warning – CAUTION! Device FM-CM00X is connected to another patient in the time range you selected. Patient affected is: XX, XXXX If you proceed, you will be removing the fetal strip from 1 patient and it will become part of the current patient’s record. Are you sure you want to proceed?”**  Midwife will do all documentation on the labour ward electronically before and after the mother has delivered – as with the postnatal area currently. |  |

Trainer Demo – P2DA monitor error and time error

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| **Signpost** | **Instruction** | **Essential Notes** | **Fun Facts** |
| **Associating a patient to a Monitor that is already associated to another patient** | * Use a spare patient for the demonstration. * Follow the **Patient to Device Association** process above but select a monitor that is already associated to another patient. * The **Status** of the monitor will have a red error message * Click the **Associate** button to read the second warning in the **Question** window. * Click **No**   Clicking **Yes** would have disassociated the other patient!   * Click on the **Clock** and backdate to **0900 am**. * An error window should open to say that the device is connected to another patient in that time range. * Click **No** | Take care when selecting the monitor. Always read the error messages. You don’t want to disassociate another patient.  If you do disassociate another patient, it must be fixed.   1. Your patient would have to be disassociated from that monitor and associated to the correct monitor. 2. You would have to speak to midwife looking after the other patient to arrange for her patient to be associated back to the monitor at the patient’s original starting time. This would allow their strip to continue unbroken. |  |

## Transfer the patient and monitor(s)

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| **Signpost** | **Instruction** | **Essential Notes** | **Fun Facts** |
| **Objectives** | By the end of this lesson the delegate should be able to:   * Transfer the patient and the monitor(s) to a room |  |  |
| **Scenario** | The patient has been associated to a monitor(s) and now we will allocate a room. | This task means allocating a room on the FetaLink application. |  |
| **Transfer the patient and monitor(s)** | * Hover the mouse over your patient’s **initials** to see the patient’s name * Click on the patient’s **initials** * Click to select **Patient and all fetal monitors** * Select the **room** from the list of locations below * Click **OK**   **Theatre** When the patient gets transferred to the Theatre without the monitor, we would just transfer the **Patient only**. This would disassociate the monitor and transfer the patient to the theatre. Once in the theatre, the patient can be associated to the theatre’ monitor. (This is only applicable to sites with fixed monitors)  In the rare event when the monitor is moved with the patient use the **Patient and all fetal monitors** option in Fetalink.  Patient’s location in **FetaLink** and **PowerChart** don’t talk to each other electronically but should match with each other. If this is not so, go into **PowerChart** and use the **PM Conversation** to transfer the patient to the correct location. The patient’s location can be checked from the **Maternity Whiteboard** in **PowerChart.** | Hover over will help you to identify the patient, if you have patients with the same initials.  If you forget to select the room, the patient will be put in a holding location.  If you don’t select the patient and monitor(s), the patient will be disassociated from the monitor.  The patient’s location in PowerChart affects payment. Keep the patient’s location up-to-date. |  |

## Reason for Monitoring

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| **Signpost** | **Instruction** | **Essential Notes** | **Fun Facts** |
| **Objectives** | By the end of this lesson the delegate should be able to:   * Select the reason for monitoring against the correct encounter |  |  |
| **Scenario** | The patient is on the Census screen with a monitor associated and a location. We must select the encounter and the reason for monitoring. |  |  |
| **Select Encounter and Reason for Monitoring** | * Click on the **Reason for Monitoring** cell * Select the correct encounter from the **Encounter Search** window * Click **OK** * The **Annotations** window opens * Select the **Reasons for Monitoring** from the list of options e.g. **Epidural, Fetal Concerns** * Click in front of ‘**Epidural’** and type “**AM**” or **“PM”** * If adding free text, don’t type more than two or three words. * Click **Sign**   While recording the **Reasons for Monitoring** for patients who will have repeated CTGs – make sure to put AM or PM in front of the reason. This helps us all to see which record we are reviewing when looking back at previous strips.  The **MRN** now appears because we selected the encounter. | When selecting the encounter check the following:   * **Status** should be **Active** * **Visit Type** should be **Inpatient** * **Admit Date** should be **today** or **yesterday**   **Most of the times Look for Today’s active Encounter** |  |

## Census View – Active/Passive columns

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| **Signpost** | **Instruction** | **Essential Notes** | **Fun Facts** |
| **Objectives** | By the end of this lesson the delegate should be able to:   * Understand the consequences of clicking on Active columns |  |  |
| **Scenario** | Midwife accidently clicks on an Active column. |  |  |
| **Active columns** | Active columns may lead to actions that you don’t wish to do.   * Click on your patient’s **Room** in the **Location** column. This opens the fetal strip view. We will look at this strip in a moment * Click on the **Census** button on the toolbar, to return to the **Census** view * Click on your patient’s **Device.** The **Disassociate Devices** window opens asking if you want to disassociate the fetal monitor. Click **No** * Click on the **Patient’s Initials.** The **Transfer** window opens to prompt you to do a Transfer. Click **Cancel** * Click on the **Reason for Monitoring.** This prompts you to select another reason for monitoring. Click **Cancel** | Passive columns do nothing.   * **MRN** – passive * **Age** - passive   Always take time to read any windows. You’ll have the option to click **No** or **Cancel**.  Clicking on the patient’s initials won’t open the patient’s record. |  |

## Fetal Strip

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| **Signpost** | **Instruction** | **Essential Notes** | **Fun Facts** |
| **Objectives** | By the end of this lesson the delegate should be able to:   * Open a patient’s Fetal strip |  |  |
| **Scenario** | We wish to view the electronic fetal strip |  |  |
| **Fetal strip** | * Click on the **tick box** on the left of your patient’s **Room** * Click the **View** button at the bottom of the page   This is the recommended way to open the patients’ strip. It is useful for opening one or more patients’ strips. It will indicate on your **Census** view which patient(s) you are viewing by showing a tick. We will look at opening more than one patient later. | You can also open a strip by:   * Clicking on your patient’s **Room** number; or * Clicking on the **tick box** on the left of your patient’s **Room** and then clicking on the **Locations** button on the toolbar.   Don’t click on the **patient’s initials** because this opens the **Transfer** window.  Don’t click on your patient’s **Device** because it opens the **Disassociate Devices** window. |  |
| **Single Patient** | Explain the patient strip screen as follows:   * The **Single Patient** tab is showing because we are viewing just one patient’s strip * The banner bar displays the patient’s details and room * The **Shrink/Expand** button can be used to return to the **Census** view * **Scaled Chart** button defaults to **30 minutes** (known as one centimetre to one centimetre). This is the best clinical view. * Clicking **10** will display the annotations. Ask delegates to click on these views. * The **Get New Results** button is used to pull specific results from PowerChart. We will use this later * The **Patient Alerting** button is used to set Patient specific alert parameters. We will use this later * The **Finalize and Disassociate** button is used to complete and Archive a monitoring episode. We will use this later. | **Get New Results** – New results are automatically pulled across from **PowerChart** at regular intervals. If you want to speed this up, click on the **Get New Results** button. |  |
| **Fetal Heart Rate Parameters** | Explain  The pale blue shading on the graph represents the high and low alarm parameters for the fetal heart rate. We will look at changing parameters later | Pale blue shading in the Graph strip for Fetal Heart Rate – shows the Default range set for this values in the FetaLink application |  |
| **Containers** | The **Containers** are as follows:   * **FHR1 D1** (Fetal Heart Rate) for baby one * **MHR D1** (Maternal Heart Rate) in green * **SPO2** (Oxygen Saturation Rate for the mother) does not graph. The latest result is inside the container. Previous results are shown by the annotations (yellow folders). * **TOCO** (Tochometry measuring contraction strength) in purple * **BP** (Maternal Blood Pressure) does not graph. The latest result is inside the container. Previous results are shown by the annotations (yellow folders). These results can be manually pulled into PowerChart later. | **D1** means device one  **US1** means Ultrasound one  **FECG1** means fetal electrocardiograph    **IUP** means internal IntraUterine  Pressure (**IUP** is sometimes used to measure contractions instead of **TOCO** which is external)  **bpm** means beats per minute | **TOCO** uses a belt around the patient’s tummy with censors to measure the contractions. |
| **Hide/Unhide the graph line** | Sometimes it’s useful to hide a graph line:   * Click on the **Container** for the **FHR1 D1** baby one * The graph line is now hidden but it’s still graphing in the background * Click back on the **Container** for the **FHR1 D1** baby one to display the graph line again * Ask delegates to click on/off the other containers: **Maternal Heart Rate** and **Contraction Strength**, to see these hidden then unhidden.   This is useful when there is more than one baby and we wish to concentrate on viewing just one baby’s graph line. | **Note** If the graph line is missing, click on the relevant container to display it again. If it’s still missing, look at the signal strength and check that the device is on. |  |
| **Multiple Babies** | **PowerPoint Slide no. 19**  Multiple babies show as different colours.  FHR1 Baby A Blue  FHR2 Baby B Pink  FHR3 Baby C Orange  FHR4 Baby D Purple  The Container colour matches the graph line colour. To focus on one baby, click on the Containers for the other babies to switch off the graph lines. | Maximum 2 babies per monitor. |  |
| **Extended View** | The **Extended View** is important for seeing the changing trends overtime and especially important for seeing a climbing base line.   * Click on the **Extended View** button on the toolbar * Drag the horizontal border line up to make the **Extended View** deeper. (to make this show in full screen mode) * Scroll back and forth through the episode. * Click on the Scale minutes e.g. 10, 30 to view more detail * Use the “**minutes ago**” button to refresh. * Click the **X** on the **Extended View** tab to close   We can annotate in this view, if required. We’ll do annotations later. | You can set up the scale either 30 or 60 minutes depending on the requirement.  It is essential to Refresh the Extended view in order to update this with the most recent values from the original Fetal Strip | Baseline : The baseline FHR is determined by approximating the mean FHR rounded to increments of 5 beats per minute (bpm) during a 10-minute window, excluding accelerations and decelerations and periods of marked FHR variability (greater than 25 bpm). |
| **Patient Archive** | The **Patient Archive** button is used to view the current patient’s previous strips for past session/visits.     * Click on the **Patient Archive** button on the toolbar * This opens the **Archive Annotations Summary** on the left below and the **Patient Archive** on the right. * Drag the horizontal border line up to make the **Patient Archive** deeper. * Click on the **Episode** dropdown arrow * Select a previous strip from the list * Selecting a previous annotation from the left would take to that section on the strip * Click the **x** to close **Patient Archive** * Click the **x** to close **Archive Annotations Summary** | **Archive Search**  The **Archive Search** button is used to find all patients, past and current but not on the **Census** screen.  If you don’t see the Patient Archive button on the toolbar, then it means that you haven’t logged into the FetaLink application. Ensure that you logged in to see this Patient Archive button on the toolbar. |  |

## Annotations

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| **Signpost** | **Instruction** | **Essential Notes** | **Fun Facts** |
| **Objectives** | By the end of this lesson the delegate should be able to:   * View Annotations * Insert Annotations on a patient’s strip * Amend the Annotation |  |  |
| **Scenario** | The midwife wants to view the annotations for the mother’s SPO2 and Blood Pressure.  The midwife will then add a new annotation regarding the mother e.g. changed position (left) | **SpO2** (Oxygen Saturation Rate for the mother) does not graph. The latest result is inside the Container. Previous results are shown by the annotations (yellow folders).  **BP** (Maternal Blood Pressure) does not graph. The latest result is inside the Container. Previous results are shown by the annotations (yellow folders). |  |
| **View Annotations** | * With the **Patient Strip** open on the **Locations** view * With the **Scaled Chart** default view (30 minutes) selected * Hover the mouse over the yellow folders to read the previous results’ annotations for BP/MHR and Sp02. * Click on the **10** scale view to magnify the strip * This displays the annotations in full next to the yellow folders | The best view for clinical assessment is 30 minute view. |  |
| **Annotation Summary** | * Still with the **Patient Strip** open on the **Locations** view * Click on the **Annotations Summary** button on the toolbar. * This displays a chronological list of annotations. * Click on one of the annotations recorded 20 minutes ago * This opens the **Extended View** at the time on the strip that the annotation was recorded. * Click on the **x** to close the **Annotations Summary** * Click on the **x** to close the **Extended View** |  |  |
| **Add Annotation** | We will add an annotation   * **Double click** on the graph under the relevant date and time * Ask delegates to read the list * Select **“Position Change”** * Type **“left”** after **“Position Change**” in the free text **Annotations** boxabove * Click **Now** button to set the time to now. We could enter an earlier time, if required * Tell delegates about the **Hide Annotation** option but don’t use it (don’t give a hands on experience – due to time restrictions) * Click **Sign** * Hover over the folder to read the annotation or open the **Annotations Summary** | **Free text**  Don’t type more than 2 or 3 words. Detailed notes must be added as an **Intrapartum Note** in **PowerChart.**  **Free text Annotations** automatically pull into **PowerChart** - **Observation & Assessments - Intrapartum band** into the **Fetal Monitoring Annotation** cells.  **Hidden Annotations**  We have the option to hide annotations, if we don’t want them to show on the strip. Hovering will display the hidden annotation or it can be seen in the **Annotations Summary** list. | **Trainer:**  Other examples of annotations the midwife might put are:   * “leads unplugged” * “pushing” * “Position Change leads” |
| **Don’t amend annotations** | * Don’t amend annotations because it marks the original annotation as ‘Error’. Instead, add a new annotation with the corrected information. This is the recommended workflow. |  |  |
| **Add Annotation for**  **Vaginal Examination** | We will add an **Annotation** for **Vaginal Examination**   * Double click on the graph under the relevant date and time * Select **“Vaginal Examination”** * Click **Sign**   This annotation automatically pulls into **PowerChart** - **Observations & Assessments - Intrapartum band** into the **Fetal Monitoring Annotation** cells. We will see this next. |  |  |

## Integrated Documentation FetaLink to PowerChart

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| **Signpost** | **Instruction** | **Essential Notes** | **Fun Facts** |
| **Objectives** | By the end of this lesson the delegate should be able to:   * View annotations from **FetaLink** in **PowerChart** on **Fetal Monitoring Annotation** row * Enter details in **PowerChart** regarding the **Vaginal Examination** recorded on **FetaLink** * Enter the average **Fetal Heart Rate** in **PowerChart** which the midwife calculates from looking at the **Strip** * Set the **columns** in **Observations & Assessments** to display at **10 minute** intervals to pull results from **FetaLink** * Pull results from the **FetaLink** to **PowerChart** |  |  |
| **Scenario** | The midwife:   1. Opens **PowerChart** to view the **annotations** pulled from **FetaLink**. 2. Enters results into **PowerChart** that pull into **FetaLink** 3. Pulls results into **PowerChart** from **FetaLink** for Maternal blood pressure, heart rate and SpO2 | **Remind midwives not to deliver the babies in PowerChart. We need these patients to stay pregnant if we are to use them on other courses.** |  |
| **View Annotations in PowerChart** | * Click Start Button – All Programs – Imperial NHS Applications – Click Cerner CTC Cert * Insert the Cert SMART Card * Type in 123456 as the Pass Code * Open **PowerChart** * Click on **Maternity Whiteboard** button * Click on **SM Labour Ward** tab for SM Site Training or Click on **QC Delivery Suite** tab for Hammersmith Training site * Select the patient from your Data Set * Click the **blue arrow** button in from of the **Selected patient** – Row to Open the **Patient with correct encounter** * Click on the **Observations & Assessments from Left-hand side menu and Click on Intrapartum band** * Click on **Fetal Monitoring Annotation** row * The annotations are automatically pulled here from **FetaLink** * Note the time of the **Vaginal Examination.** We will record details of the **Vaginal Examination** at that same time. | There are 26 Cert Smart Cards, trainers need to take the required number of Cert Smart Cards with them to the locations where they do this FetaLink training  You may need to click the **refresh** in **PowerChart** to see the annotations.  The **Annotations** also appear in the **Results** page |  |
| **Enter details about the Vaginal Examination** | * Click on **Vaginal Examination** row * We will enter details in the correct time column as follows: * Double click to activate the column * **Cervical Dilation** 5 * **Cervical Effacement** Partially Effaced * Ask delegates to enter some data down to * **Presenting Part Station (cm)** -1 * Click **Sign**   Some of these details will pull back to **FetaLink** from **PowerChart**. We will look at them later. | The following will data pull from **PowerChart** to **FetaLink** and appear as annotations.   * **Cervical Dilation** 5 * **Presenting Part Station (cm)** -1 |  |
| **Enter details about Fetal Heart Rate**  **In PowerChart** | After looking at the **FetaLink** strip for 20-30 minutes, the midwife calculates the baseline and average Fetal Heart Rate, then goes into **PowerChart** to record the details.   * Open **PowerChart** - **Observations & Assessments - Intrapartum band** * Click on **Fetal Heart Monitoring** row * Double click to activate the column * **Fetal Heart Rate** 150 * **Baseline Rate** 160 * Click **Sign** |  |  |
| **Change the Time intervals for the Obs & Assessments in PowerChart** | We will change the column display to 10 minute time intervals so that we can pull in the results at 10 minute intervals. After we have pulled in the results, we can reset the time interval to the default **Actual**, if required.   * Open **PowerChart** - **Observations & Assessments - Intrapartum band** * Click on **Basic Observations** row * The **Time** columns are set to display on **Actual** time by default. * Set the **Time** columns to display at **10 minute** intervals by right clicking on the column time then selecting **Q10 mins** | It is recommended to set the columns to display at 10 or 15 minute intervals. This is up to the midwife to choose how they want the results to display in PowerChart. |  |
| **Add results for Heart Rate** | We will add results for Maternal **Heart Rate**   * Open **PowerChart** - **Observations & Assessments - Intrapartum band** * Click on **Basic Observations** row * Scroll down to the **Heart Rate** row * Drag to highlight the cells you want to add results to * Right click on the highlighted block and select **Add** **Result** * Click **Sign** |  |  |
| **Add results for Blood Pressure** | We will add results for Maternal **Blood Pressure**   * Open **PowerChart** - **Observations & Assessments - Intrapartum band** * Click on **Basic Observations** row * Scroll down to the **Blood Pressure** row * Drag to highlight the cells you want to add results to * Right click on the highlighted block and select **Add** **Result** * Click **Sign** |  |  |
| **Add results for SpO2** | We will add results for Maternal **SpO2**   * Open **PowerChart** - **Observations & Assessments - Intrapartum band** * Click on **Basic Observations** row * Scroll down to the **SpO2** row * Drag to highlight the cells you want to add results to * Right click on the highlighted block and select **Add** **Result** * Click **Sign** * Return the **Time** columns back to **Actual** by right clicking on the column time then selecting **Actual** | You need to scroll down about 20 lines to get to the **SpO2** row. It’s two rows below the **Respiratory** row. |  |

## Oxytocin Administration

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| **Signpost** | **Instruction** | **Essential Notes** | **Fun Facts** |
| **Objectives** | By the end of this lesson the delegate should be able to:   * Administer the Oxytocin in Sodium Chloride 0.9% titratable infusion | **Trainer need to Order the Oxytocin in Sodium Chloride 0.9% titratable infusion, from the Medication page.**  Record the patient Weight manually, e.g. 65 Kg., enter the Rate of infusion e.g. 50 ml/hour  System works out the Infuse Over period automatically  Type in the Bleep and Sign |  |
| **Scenario** | After admitting the patient into the labour ward, mother needs the Induction / enhancement of Labour, for which Oxytocin need to get administered. | Oxytocin can only be ordered by obstetricians and Midwives having prescribing rights | Oxytocin can be given both during Antepartum and Postpartum periods. |
| **Drug Administration** | Once the patient record get opened with the correct encounter in PowerChart   * Click **Drug Administration** from the Left-hand side menu * Click the **Pending Not previously** given box for the current time * Select the **appropriate site** from the Site **Drop-down** list e.g anticubital vein left * Click the **Apply** button * Click the **Green tick** to sign the Administration * Click the **Refresh** button * Get back into the **FetaLink** application * Open the Fetal Strip and show how the Oxytocin administration gets added as a new Annotation when you Click the **Get New Results** button | Midwives already know how to do the Drug Administration, but this is to see how FetaLink going to pull the Oxytocin Administration into the FetaLink strip annotations.  Rate Change and Adding the New bag will also get reflected in the FetaLink as new annotations |  |
| **Return to FetaLink** | * Open your Patient’s **Strip** * Click **Get New Results** button. * Click on **Annotations Summary** * Filter by unticking **Vital Signs** * We can see the **Dilation**, **Station** and **Oxytocin administration** values which pull from **PowerChart** into **FetaLink** as **FetalStrip annotations** | There are three different types of values that come into PowerChart from FetaLink applications   1. Fetal Monitoring annotations automatically updates in the PowerChart – Obs & Assessment page – Intrapartum – Fetal Monitoring Annotation section 2. Mother’s Heart Rate, Blood Pressure (SBP/DBP) and Oxygen Saturation (SpO2) needs to get added manually by selecting the required number of cells in the Basic Observations section and by Right-Clicking and Add Result 3. Fetal Heart Rate and Baseline values have to be manually entered by the Midwives after careful interpretation from the Fetal Strips |  |

## Alert parameters

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| **Signpost** | **Instruction** | **Essential Notes** | **Fun Facts** |
| **Objectives** | By the end of this lesson the delegate should be able to:   * Change the patient’s alert parameters |  |  |
| **Scenario** | After monitoring the fetal strip for 20-30 minutes, the midwife decides to change the Fetal Heart Rate parameters. This is to avoid over alerting and to make the alerts more clinically relevant and safer. The midwife asks a senior midwife to **Sign In** to annotate their agreement to this parameters change. Only after this, can the midwife change the parameters. | **Trainer:** Asking for agreement from a Senior Midwife is known as “fresh eyes”. The Senior Midwife would **Sign In** then annotate their agreement.  e.g.  “Senior Midwife/Obstetrician Reviewed and agreed the changed parameters”. |  |
| **Change Parameters** | After the senior midwife has **Signed In,** annotated their agreement to the parameter changes, the midwife signs back in.   * Click **Patient Alerting** button * Click the double arrows to expand all sections to see all default settings * Expand the **Fetal Heart Rate (110-170)** * Set above to 150 * Set below to 140 * An **icon** appears next to the room on the banner bar to indicate that the patient’s alerting has been set   **Trainer**  Explain to delegates that we are setting these narrow values because we want to trigger the alert in 60 seconds, for the next part of the training. | If you try to enter an unacceptable value the cell turns yellow.  There is a **Reset to Default** button for this current strip. The midwife can use this to return the defaults.  The defaults automatically reset after the patient is disassociated from the monitor.  The Senior Midwife could open and annotate agreement to the parameter changes from another room, by opening the strip in the other room. (opening multiple strips) |  |

## Alerts - Annotate and Acknowledge

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| **Signpost** | **Instruction** | **Essential Notes** | **Fun Facts** |
| **Objectives** | By the end of this lesson the delegate should be able to:   * Annotate and Acknowledge the Alerts |  |  |
| **Scenario** | The midwife notices that the strip’s top border has turned red. Red indicates that the patient’s strip is alerting. |  |  |
| **Annotate and Acknowledge the Alerts** | * With the patient’s strip open * Notice that the **Containers** that are alerting have a yellow background. The normal background colour is white. * Click on the **(tick+note)** **Annotate** button. * Select your **annotation** e.g. Pushing * Click **Sign**   This will **Annotate and Acknowledge** the **Alerts**. The red top border disappears after the Alert is acknowledged.  **Annotate and record a proper reason while acknowledging the Alert**  Colleagues with ‘fresh eyes’ need to login **Explicitly** if they to updated the patient record. | Use the **Annotate** (tick+note) button not the **Acknowledge** (tick) button. This is because the Acknowledge button just switches off the alert without giving you a chance to annotate what was happening and any actions taken. |  |

## Multiple Strips

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| **Signpost** | **Instruction** | **Essential Notes** | **Fun Facts** |
| **Objectives** | By the end of this lesson the delegate should be able to:   * Open more than one strip |  |  |
| **Scenario** | The midwife wants to see more than one strip |  |  |
| **Open multiple strips** | In the **Census View**   * Tick the box against another room **Location** * Click the **View** button * Two patients’ strips are displayed. * The tab says **Monitored Locations** * Click the **Expand/Shrink** button to expand one patient * Click **Census** button to return to the **Census View** * Untick the other patient | **Fresh eyes** – Senior Midwives will find opening multiple strips useful, to see more than one patients’ strips at the same time. | Midwives caring for women with continuous EFM in labour should undertake a systematic review or ’fresh eyes’ review of the trace every hour (best practice would be that this review is carried out jointly with a senior midwife or obstetric registrar) |

Trainer Demo - Central Monitoring

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| **Signpost** | **Instruction** | **Essential Notes** | **Fun Facts** |
| **Objectives** | By the end of this lesson the delegate should be able to:   * Know the what **Central** **Monitor** button does |  |  |
| **Scenario** | This is used in “read only” mode to oversee all of the monitors. |  |  |
| **Central Monitor** | Click on **Central Monitor** button.  **Central Monitor** is visible at each main staff base, but you can see more than one strip in your room if you tick the relevant patients’ boxes on the **Census** screen then click the **View** button  You should NOT sit at the central station to care for your women, the point of the central station is a second pair of overview eyes, not yours.  Cerner can detect (and it stores) where you have entered your data from (i.e. whether you have been in the room or not) | Delegates must not click **Central Monitor** because it slows the system down.  Central Monitoring only shows the FetalStrips for the monitors which are actually switched on. |  |

Trainer Demo - Alerts

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| **Signpost** | **Instruction** | **Essential Notes** | **Fun Facts** |
| **Objectives** | By the end of this lesson the delegate should be able to:   * Know the what **Alerts** button does |  |  |
| **Scenario** | This is used to display all monitors that are currently alerting |  |  |
| **Alerts ()** | Click on **Alerts ()** button.  The number in the brackets next to the Alerts button shows how many patients are alerting. |  |  |

## Short breaks and longer breaks from the FetaLink

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| **Signpost** | **Instruction** | **Essential Notes** | **Fun Facts** |
| **Objectives** | By the end of this lesson the delegate should understand:   * When not to Disassociate a monitor * When to Disassociate a monitor |  |  |
| **Scenario** | The patient is taking a break. The midwife will not disassociate if the break is short. The midwife must add an annotation explaining the break. |  |  |
| **Short breaks and longer breaks from the FetaLink** | Explain  **Short breaks** – unplug CTG and plug back in later (don’t disassociate)   * Toilet break * Walk in corridor to make a phone call * Short walk less than 30 minutes   **Long breaks** - disassociate because the gap on the strip will be too big. Re-associate later on the patient’s return.   * Lunch * Long walk (more than 30 minutes)   **All breaks need an annotation on the strip to explain the reason for a break.** | **All breaks need an annotation on the strip to explain the reason for a break.** |  |

## Disassociate Monitor and Transfer to another Monitor

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| **Signpost** | **Instruction** | **Essential Notes** | **Fun Facts** |
| **Objectives** | By the end of this lesson the delegate should be able to:   * Disassociate a monitor * Transfer the patient to a new monitor and a new location. |  |  |
| **Scenario** | We are transferring the patient to the Theatre and to a monitor in the Theatre. |  |  |
| **Associate patient to a different monitor and transfer to Theatre** | * Click on **Census** view * Ensure that you are still Signed In * Click on your monitor in the **Device** column * Click **Yes** to disassociate the monitor * Click the **+/- Monitor** button * Search for the patient then click to select the patient * Search for the new monitor (select the same monitor you had before because we don’t have enough monitors) * Click on the **Clock** then click **Cancel** to leave the time as it is * Click the **Associate** button * Click the **x** button to shut this window * Click the patient’s initials to **Transfer** * Click on the **Patient and all fetal monitors** * Select the room (use one of **a** rooms e.g. **Room 01a**) * Click **OK** | **Moving to a another monitor**  Don’t click the **Finalise and Disassociate** buttonif you are going to associate the patient to another monitor because this will archive the strip. |  |

## Disassociate and Finalise

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| **Signpost** | **Instruction** | **Essential Notes** | **Fun Facts** |
| **Objectives** | By the end of this lesson the delegate should be able to:   * Disassociate the patient from the Monitor * Finalise the record of the current strip |  |  |
| **Scenario** | The patient does not need to be monitored anymore. The midwife will finalise and disassociate the patient from the monitor. |  |  |
| **Finalise and Disassociate** | In the **Location** view   * Click the **Finalise and Disassociate** button**.** * This will disassociate the patient from the monitor and archive the strip.   If you did not add the encounter when you selected the **Reason for Monitoring** earlier, you will be prompted to do so when you click the **Finalise and Disassociate** button**.**  After baby is delivered if the midwife switched off the monitor without disassociating it, this will get reflected under the devices column in the Census view with a **Red Cross** next to it. The midwife can still disassociate this later on. |  |  |

## Sign Out

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| **Signpost** | **Instruction** | **Essential Notes** | **Fun Facts** |
| **Objectives** | By the end of this lesson the delegate should be able to:   * **Sign Out** of the **FetaLink** |  |  |
| **Scenario** | The midwife is going away from the monitor for more than a few minutes. |  |  |
| **Sign Out** | * Click the **Sign Out** | They must **Sign Out** for security reasons because someone could use it while they are away. |  |

## PowerChart – Pregnancy View

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| **Signpost** | **Instruction** | **Essential Notes** | **Fun Facts** |
| **Objectives** | By the end of this lesson the delegate should be able to:   * Navigate their way around the new **Pregnancy View** page * Know how to use this instead of the **Pregnancy Summary** page which it replaces * Use the pin to close the menu panel | Trainers need to make sure that Lime, April and Mint, Kayla got all the Pregnancy View tabs populated with Obs and Assessment values | **View Only** patient |
| **Scenario** | The midwife opens **PowerChart** to use the new **Pregnancy View** page |  |  |
| **Pregnancy View** | In **PowerChart** with the patient record open   * Click to open the new **Pregnancy View** page * Click the **Auto Hide** **Pin** to close the **Menu** panel and widen the view * Click the **Auto Hide** **Pin** to open and display the **Menu** panel * There are four tabs on the new **Pregnancy View** page:   + **Antenatal,**   + **Intrapartum**   + **Partogram**   + **Postnatal** (not available yet) | The **Auto Hide Pin** is useful for widening the view. |  |

## Antenatal tab

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| **Signpost** | **Instruction** | **Essential Notes** | **Fun Facts** |
| **Objectives** | By the end of this lesson the delegate should be able to:   * Navigate their way around the new **Antenatal** tab |  |  |
| **Scenario** | The midwife opens **PowerChart** to use the new **Pregnancy View** page – **Antenatal** tab |  |  |
| **Antenatal** **tab** | In **PowerChart** with the patient record open at the new **Pregnancy View** page   * On the **Antenatal** tab, look at the list of section headings. This is a navigation panel. The brackets against each heading will show if these headings have information. * It has sections for **Pregnancy Overview, EDD Maintenance, Birth Plans** and **Activities**. * The **Pregnancy Overview** has pulled through the EDD, EGA, Gravida/Parity and Multiple Fetuses information. * Click on the **Activities** heading**.** Click on the dropdown arrow to see the forms. Some new forms are added. e.g. **SBAR form**. There are QRGs for these new forms. | The **Antenatal** tab is blank until a pregnancy is added. The **Add Pregnancy** window is changed and now requires an **LMP** **date** for the **Onset Date**. This is a major change because previously we were told to put the date of their first appointment with the Trust in this field e.g. T for today. |  |

## Intrapartum tab

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| **Signpost** | **Instruction** | **Essential Notes** | **Fun Facts** |
| **Objectives** | By the end of this lesson the delegate should be able to:   * Navigate their way around the new **Intrapartum** tab |  |  |
| **Scenario** | The midwife opens **PowerChart** to use the new **Pregnancy View** page – **Intrapartum** tab | Trainer need to complete the Birth Plan/Request with the following values   * Intended Place of Delivery - SHM – Labour Ward for SMH site or QCCH – Delivery Suite for HH site * Prenatal Education – Yes, with this pregnancy * Written Birth Plan – Yes * Labour Preferences – Birth companion * Sign the form with Green tick button |  |
| **Intrapartum** **tab** | In **PowerChart** with the patient record open at the new **Pregnancy View** page   * Click on the **Intrapartum** tab, look at the list of section headings. * **Pregnancy Overview** will show the same information as it shows in the Antenatal tab * **Pregnancy Risk Factors** get update from the Antenatal Gateway PBR (Payment By Results) section * Click on the **Birth Plans** to see all the values updated from the Birth Plan form completed * Click on the **Fetal Monitoring** heading * This displays a list of archived fetal monitoring strips for this pregnancy. * We could select the latest strip by ticking the box and clicking **Launch** to open **FetaLink**. * Click on **Pregnancy To Do and Notes** section. This is a Pregnancy to do and notes. Midwives need to check this section to see messages but this is not where you put detailed clinical notes which should be in the clinical notes section of PowerChart * **Clinical Notes** now have a new naming convention:   + **Type**: Gynaecology & Maternity   + **Subject**: Intrapartum Care – vaginal examination.   **(Follow the usual steps for creating Blank Notes)**   * Click on the **Documents** to see the all the **Clinical Notes** created for the patient * Click on one of the **Intrapartum Note** to see the Notes displayed on the Right-hand side panel * Click on the **Intake and Output** to see the Fluid Balance | Any information captured in the following forms will get updated in this tab   * Maternity SBAR PowerForm * Maternity Operative Delivery & Repair * Maternity Pregnancy Loss Checklist * VTE Assessment   Payment by Results can be updated after the delivery by using the Postnatal PBR form  Only Fetal Strips that are finalised will show here.  New notes are created when there is a significant change in the care, and for a change in the shift but not for covering breaks.  The midwife can add info at the end the note to refer the other note created by a doctor, to see more information – if there is any significant change.  Notes created for the patient record can be tracked using the **Documents** section of the **Intrapartum** tab in the **Pregnancy View** page |  |

## Partogram tab

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| **Signpost** | **Instruction** | **Essential Notes** | **Fun Facts** |
| **Objectives** | By the end of this lesson the delegate should be able to:   * Navigate their way around the new **Partogram** tab |  |  |
| **Scenario** | The midwife opens **PowerChart** to use the new **Pregnancy View** page – **Partogram** tab |  |  |
| **Partogram** **tab** | In **PowerChart** with the patient record open at the new **Pregnancy View** page   * Click on the **Partogram** tab; look at the list of section headings for this tab. * The graphs should be set to **24 Hours** for the best clinical view. Click on **24 Hours** to select this. * **MEOWS score** get displayed in this page – which is based on the Basic Observations section of the Intrapartum band * **Gestational Information, Gravida/Parity GBS Status, Blood Type, Labour Onset** and the Last Section (descriptor) all get updated from the previous pregnancy history and current Delivery Details 1st Stage * Click In **Obs and Assessment** - **Intrapartum band** – **Review of Booking Investigations** * Explain the Maternal Blood Group in the future get updated by the Lab, meanwhile you can enter the value to update the **Partogram** tab * **Oxytocin** and **Epidural** shows Start Date and Time next to the Pink star * **Fetal Heart Rate** section shows both the Fetal Heart Rate and Baseline Rate which you have updated in the Fetal Heart Monitoring section   **Note :** Midwives need to read the Fetal Strip carefully and interpret the FHR and Baseline before recoding them in PowerChart   * Click the **Obs & Assessment – Intrapartum – Vaginal Examination** section * Click on the **Labour Curve** to see the the graph * This page has various graphs: Labor Curve, Partogram, Fetal Heart Rate, Contractions | The **Partogram** tab is blank until the following section completed in the Obs and Assessment – Intrapartum – Delivery Details 1st Stage   * **Onset of Labour Method Initiated** = Yes * **Onset of Labour Method =** Spontaneous * **Onset of Established Labour =** T and N for Today and Now.   Last Section (Pregnancy Descriptor) in the Partrogram - pulling from Obstetrical History control. If the patient has never Successfully delivered before the descriptor will show as "Nullipara" and show with a yellow background. If the patient has successfully delivered vaginally before, it will show as "Multipara" with a blue background, and if the patient has had at least one previous c-section, the field will show as "Previous C-Section" and show as pink.  Once Oxytocin is documented as given, the start date and time will appear in this field along with the start star icon. It will show on the graphs in a dotted pink line across the time it was started. Any additional rate changes from titration in iView will show with a pink up or down arrow on the various graphs along the correct time scale. Once a "0" value is documented or the medication is discontinued, it will show as "stop" with the correct icon and date and time Oxytocin was stopped. |  |
| **Rupture of Membranes** | * Click the Obs & Assessments from the Left-hand side menu * Click the Intrapartum band * Click Delivery 1st Stage Details * Type in the Date and Time for the Rupture of Membranes field | In the Partogram page, After the ROM reaches 12 hours, it will show in purple.  Once "Baby Delivered" is documented within Obs & Assessment >> Delivery Details 2nd & 3rd Stage >> Delivery Outcome Baby, this field on the partogram will show "Delivered" with the date and time |  |
| **Dynamic Group label for Baby** | * Pulls from the Baby label and shows a box for each baby in a different color. * Two pieces of data are mapped to show upon hovering: Baby Birth Weight and Gender. Both of these pieces of information are documented within Obs & Assessment >> Delivery Details 2nd & 3rd Stage >> Delivery Outcome Baby >> Fetus Alive at Labour Onset: = "Yes" (this will then open conditional fields where "Gender" and "Baby Birth Weight" can be documented)   Note: We can’t show this in Training, talk about this. If you start recording the 2nd and 3rd Stage of delivery, then you can’t use the patient for next day training. |  |  |
| **Epidural** | * In Obs & Assessment – Intrapartum band – Delivery Details 1st Stage * Epidural Start, Epidural Bolus and Epidural Discontinued | In Partogram page a blue dotted line will flow across the graphs. When the discontinued DTA is documented, it will show with a stop icon across the corerct time scale. Each of these DTAs is a date/time field. |  |
|  | The sections below will become populated with information when fill in the relevant sections in the **Obs & Assessments – Intrapartum band** |  |  |
| **Maternal Labour Assessments** |  |  |  |
| **Fetal Assessment** |  |  |  |
| **Maternal Physical Assessments** |  |  |  |
| **Maternal Vital Signs** |  |  |  |

## Postnatal tab

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| **Signpost** | **Instruction** | **Essential Notes** | **Fun Facts** |
| **Objectives** | By the end of this lesson the delegate should be able to:   * The **Postnatal** tab is still now available. |  |  |
| **Postnatal tab** | The sections below will become populated with information when fill in the relevant sections in the **Obs & Assessments – Postnatal band** |  |  |

Demo Topic Heading (demo) Patient

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| **Signpost** | **Instruction** | **Essential Notes** | **Fun Facts** |
| **Objectives** |  |  |  |
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Exercise Topic Patient(s)

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| **Signpost** | **Instruction** | **Essential Notes** | **Fun Facts** |
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Document Control

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1. [↑](#footnote-ref-1)