Plan for Delivery 3rd Trimester Maternal Obesity Anesthesia Evaluation

| Date o | Date completed: Time Completed: | | | |
|--------|---------------------------------|--|--------------|--|
| Y | N N/A | CHART INFORMATION | | |
| | | Prenatal records present and labeled | | |
| | | EDC: Gestational age: | Gravid/Para: | |
| | | Height: Weight: | BMI: | |
| | | RR: HR: | Temp: | |
| | | BP: 02 Sat: | · | |
| | | Previous C/S: | | |
| Y | N N/A | PAST MEDICAL/SURGICAL HISTORY | | |
| - | | Cardiac disease | | |
| | | Obstructive sleep apnea (OSA) | | |
| | | Bleeding disorders | | |
| | | Diabetes | | |
| | | Asthma | | |
| | | Hypertension | | |
| | | GERD | | |
| | | Thyroid disease | | |
| | | Previous surgical or anesthetic complications | | |
| | | Other: | | |
| Y | N N/A | OBSTETRIC HISTORY | | |
| | N N/A | H/O failed labor | | |
| | | Gestational diabetes | | |
| | | Macrosomia/IUGR | | |
| | | H/O shoulder dystocia | | |
| | | Preeclampsia | | |
| | | Oligohydramnios | | |
| | | H/O postpartum hemorrhage | | |
| | | Multiple gestation | | |
| | | Polyhydramnios | | |
| | | H/O problems with anesthesia | | |
| | | Difficult epidural or spinal placement | | |
| | | Inadequate pain control during (labor/cesarean/postpartum) | | |
| Y | N N/A | PHYSICAL EXAM | | |
| ľ | N N/A | Thorough airway exam | | |
| | | Assess difficulties obtaining vascular access | | |
| | | Assess back: palpable spinous processes; scoliosis | | |
| | | | | |
| | | MEDICATIONS | | |
| | | | | |
| | | | | |
| | | | | |

Place patient sticker here



Delivery Checklist Maternal Obesity Delivery Anesthesia Checklist

| Date completed: | | | | Time Completed: | |
|-----------------|---|-----|------------------------------|------------------|--------------|
| Y | Ν | N/A | CHART INFORMATION | | |
| | | | Prenatal records present and | labeled | |
| | | | EDC: | Gestational age: | Gravid/Para: |
| | | | Height: | Weight: | BMI: |
| | | | RR: | HR: | Temp: |
| | | | BP: | O2 Sat: | |
| | | | Previous C/S: | | |
| | | | Propofol lean body weight do | sing: | |

| Y | Ν | N/A | PHYSICAL EXAM |
|---|---|-----|----------------------|
| | | | Thorough airway exam |

| Y | Ν | N/A | MEDICATIONS |
|---|---|-----|------------------|
| | | | Antacids/Bicitra |
| | | | PPI/H2 Blockers |

| Y | Ν | N/A | AIRWAY PREPARATION |
|---|---|-----|--------------------------|
| | | | Proper sniffing position |
| | | | GA drugs ready for RSI |
| | | | < 7.0 ETT with Stylet |
| | | | Blade and handle |
| | | | Bougie |
| | | | Video laryngoscope |
| | | | Fiber optic scope |
| | | | LMA – multiple sizes |

| Y | N | N/A | NEURAXIAL TOOLS |
|---|---|-----|---|
| | | | Consider most experienced provider to place block |
| | | | Longer needles |
| | | | Longer spinal needles |
| | | | Longer Touhy |
| | | | Early neuraxial w/frequent assessment and early replacement as needed |
| | | | Retain epidural or spinal catheter for post-surgery pain management and/or possible additional procedures |

Place patient sticker here



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