The Ob-Gyn Clerkship: Your Guide to Success

Tools for the Clerkship, contained in this document:

1. Sample obstetrics admission note
2. Sample delivery note
3. Sample operative note
4. Sample postpartum note
   a. Vaginal delivery
   b. Cesarean section orders/note
5. Sample gynecologic history & physical (H&P)
6. Admission orders
7. Commonly-used abbreviations
8. Spanish lesson
1. Sample Admission to Labor and Delivery Note

Date & time
Identification (includes age, gravidity, parity, estimated gestational age, and reason for admission): 26yo G3P1A1 @ 38W5D EGA presents with painful contractions since noon. Pt reports good fetal movement, and denies rupture of membranes or vaginal bleeding.
LMP:
Estimated date of confinement (EDC):
Chief complaint:
History of present illness (includes Prenatal Care (PNC): Labs, including HIV, GBS, GDM/HTN, # PNC visits, wt gain, s+d, etc.
Past history:
Obstetrics:
List each pregnancy (NSVD, wt 4000 grams, complicated by gestational diabetes and shoulder dystocia)
Gynecology:
PMH and PSH:
Medications: PNV, FeSO4
Allergies: No Known Drug Allergies (NKDA)
Social history: Ask about Tobacco/EtOH/Drugs
Physical exam (focused):
General and Vital signs
Lungs
CV – (Many pregnant women have a grade 1-2/6 systolic ejection murmur
Abd – Gravid, fundus non-tender (NT), fundal height (FH) 38cm, Leopold maneuvers:
Fetus is vertex (VTX), estimated fetal weight (EFW) 3300 gm
Sterile speculum examination if indicated to rule out spontaneous rupture of membranes (SROM)
Sterile vaginal exam (SVE) - 4cm/80%/VTX/ –1 as per Dr. Smith/time
Ext – No Cyanosis, clubbing or edema (C/C/E), NT
Pertinent Labs:
Ultrasound: Date: 10 wks by crown-rump length (CRL)
Date: 20 wks, no anomalies
Assessment: 26yo G3P1 at term, in labor fetal heart rate tracing (FHRT) reassuring
Intrauterine pregnancy (IUP) at 39 weeks gestation
FHRT – Baseline 140’s, accelerations present, no decelerations
Contractions – q 4-5 min
Any pertinent past medical or surgical history
Plan: Admit to L&D
NPO except ice chips
IV – D5LR at 125 cc/hr
Continuous electronic fetal monitoring
CBC, T&$S, RPR
Anticipate NSVD
2. Sample Delivery Note

Date and time: 

3. Sample Operation Note

Date and Time: 
Pre-op Diagnosis: Symptomatic uterine fibroids or Pregnancy at term, failure to progress
Postop Diagnosis: Same
Procedure: TAH/BSO or Cesarean Section 
Surgeon (Attending): 
Residents: 
Anesthesia: GET (general endotracheal, others include spinal, LMA, IV sedation) 
Complications: None 
EBL: 300 cc 
Urine Output: 200 cc, clear at the end of procedure 
Fluids: 2,500 cc crystalloid (include blood or blood products here) 
Findings: Exam under anesthesia (EUA) and operative
Specimen: Cervix/uterus
Drains: If placed
Disposition: Recovery room, Surgical ICU, etc

4a. Sample Postpartum Notes (Soap format)

Date and Time: 
Subjective: Ask every patient about: 
• Breastfeeding – are they breastfeeding/planning to? How is it going? Baby able to latch on? 
• Contraceptive plan with relevant sexual history 
• Lochia (vaginal bleeding) – Clots? How many pads? 
• Pain – cramps/perineal pain/leg pain? Relief with medication? Do they need more pain meds? 

Objective: 
• Vital signs and note tachycardia, elevated or low BP, maximum and current temperature 
• Focused physical exam including 
  o Heart 
  o Lungs 
  o Breasts: engorged? Nipples – skin intact? 
  o Abd: Soft? Location of the uterine fundus – below umbilicus? Firm? Tender? 
  o Perineum: Assess lochia (blood on pad, how old is pad?) 
    Visually inspect perineum – Hematoma? Edema? Sutures intact? 
  o Extremities: Edema? Cords? Tender? 
• Postpartum labs: Hemoglobin or hematocrit
Assessment/Plan: PPD# S/P NSVD or Vacuum or Forceps (with 4th-degree laceration, with pre-eclampsia s/p Magnesium Sulfate)

- General assessment – Afebrile, doing well, tolerating diet
- Contraception plans (must discuss before patient goes home)
- Vaccines – does pt need rubella vaccine prior to discharge?
- Rhogam, if Rh-negative
- Discharge and follow-up plan
- Patients usually go home if uncomplicated 24-48 hours postpartum
- Follow-up appointment scheduled in 2-6 weeks postpartum

4b. Sample Postoperative Cesarean Section Orders/Note

Sample C/S Orders

Admit to Recovery Room, then postpartum floor
Diagnosis: Status post (s/p) C/S for failure to progress (FTP)
Condition: Stable
Vitals: Routine, q shift
Allergies: None
Activity: Ambulate with assistance this PM, then up ad lib
Nursing: Strict input and output (I&O), Foley to catheter drainage, call MD for
    Temp > 38.4, pulse > 110, BP < 90/60 or > 140/90, encourage breastfeeding,
    pad count, dressing checks, and Ted’s leg stockings until ambulating
Diet: Regular as tolerated; some hospitals only allow ice chips or clear liquids
IV: Lactated ringers (LR) or D5LR at 125 cc/hr, with 20 units of Pitocin x 1-2 Liters
Labs: CBC in AM
Medications:
- Morphine sulfate PCA (patient controlled analgesia) per
  protocol (1 mg per dose with 10 minute lockout, not to exceed 20 mg/4 hours)
- Percocet 1-2 tabs PO q 4-6 hours prn pain, when tolerating PO well
- Vistaril 25 mg IM or PO q 6 hours prn nausea
- Ibuprofen 800 mg PO q 8 hours prn pain, when tolerating PO well
- Prophylactic antibiotics if indicated
- Thromboprophylaxis for high-risk patients
- Rhogam, if Rh-negative

Sample C/S Note

Date and Time:
Day #1 (Post-op day POD#1)
Subjective: Ask patient about:
- Pain – relieved with medication?
- Nausea/vomiting
- Passing flatus (rare this early post-op)
Objective:
- Vital signs and note tachycardia, elevated or low BP, maximum and current temperature
- Input and output
• Focused physical exam including
  o Heart
  o Lungs
  o Breasts: engorged? Nipples – Is skin intact?
  o Incision: Clean and dry, intact?
  o Abd: Soft? Location of the uterine fundus – below umbilicus? Firm? Tender?
  o Perineum: Assess lochia (blood on pad, how old is pad?)
    Visually inspect perineum – Hematoma? Edema? Sutures intact?
  o Extremities: Edema? Cords? Tender?
• Postpartum labs: Hemoglobin or hematocrit
Assessment/Plan: POD#1 status post (S/P) C/S or repeat C/S (indication for the C/S)
• Afebrile, tolerating pain with medication, oral intake, adequate urine output
  (>30cc/hr)
• Routine post-op care
  o Discharge Foley
  o Discharge PCA or IV pain medications and PO pain Meds when tolerating PO
  o Out of bed (OOB)
  o Advance diet as tolerated
  o Discharge IV when tolerating PO
• Check hematocrit or CBC
5. Sample Gynecologic History and Physical

Introduction: Name, age, gravidity, parity and presenting problem

HPI:

Past Medical History/Past Surgical History:

Past Gynecologic History:
- Menses – menarche, cycle duration, length, heaviness, intermenstrual bleeding, dysmenorrhea, and menopause (if relevant).
- Abnormal Pap smears, including time of last Pap
- Sexually transmitted infections
- Sexual history
- Postmenopausal women. Ask about hypoestrogenic symptoms, such as hot flashes or night sweats, vaginal dryness, and about current and past use of hormone/estrogen replacement therapy.
- Mammogram

Past OB History: Date of delivery, gestational age, type of delivery, sex, birthweight and any complications

Family History:

Allergies:

Medications:

Social History:

Physical Exam: Complete

Review of Systems:

Plan:
1. Pap smear
2. Endometrial biopsy obtained
3. Medications, etc.

Two Sample Gyn Clinic SOAP Notes

S. 22 y/o G2P2 here for annual exam. Regular menses q 28 days with no intermenstrual bleeding. IUD for contraception since birth of last child 2 years ago. No problems with method. Minimal dysmenorrhea. Mutually monogamous relationship x 6 years. No hx of abnormal Paps. + BSE, jogs twice a week, no smoking, no abuse, + seat belts.

O. Breasts: No masses, adenopathy, skin changes
   Abd: No masses, soft, NT
   Pelvic:
      - Ext genitalia: Normal
      - Vagina: pink, moist, well rugated
      - Cervix: multiparous, no lesions
      - Bimanual: uterus small, anteverted, NT, no adnexal masses or tenderness

A. Normal exam
P. Pap, RTC 1 year

* * * * *

S. 33 y/o G3P1 with LMP 1 week ago here for follow up of chronic left sided pelvic pain. Patient first seen 6 months ago with complaints of pain x 2 years. She describes pain as dull and aching, intermittent, with no relationship to eating but increased before and during menses. Pain has gotten worse over the last 6 months and requires her to miss work 2-3 days per month. No relief with NSAIDs. Patient has history of
chlamydia 5 years ago for which she was treated. No history of PID. Three partners within the past year:
no condom use No GI symptoms: regular BMs, no constipation, diarrhea, nausea or vomiting. Past history
of ectopic x 2 with removal of part of the left and right tubes. Also had ruptured appendectomy at age 20.
On birth control pills for contraception.

O. Abdomen: 1+ LLQ tenderness, no peritoneal signs
   Pelvic: Ext genitalia: Normal
       Vagina: no discharge
       Cervix: no lesions
       Biman: uterus small, retroverted, NT, 3+ left adnexal tenderness, no right adnexal tenderness,
          no masses palpated
A. Pelvic pain unresponsive to medical management; rule out endometriosis vs adhesive disease vs
   chronic PID vs other

P. Schedule diagnostic laparoscopy
6. **Admission Orders**

These vary a little from case to case, but the following are fairly general (format is ADC VAN DISMAL):

- **Admit:** To the specific service or team
- **Diagnosis:** List the diagnosis and the names of any associated surgeries or procedures
- **Condition:** Such as Stable vs Fair vs Guarded
- **Vitals:** Frequency
- **Activity:** Ambulation, showering
- **Nursing:** Foley catheter management parameters
  - Prophylaxis for deep venous thrombosis
  - Incentive spirometry protocols
- **Call orders**
  - Vital sign parameters for notifying the team
  - Urine output parameters
- **Diet:** Oral intake management
- **IVF:** Rates are typically set at 125 cc per hour
- **Special:** Drain management
  - Oxygen management
- **Meds:** Pain medications
  - Prophylactic orders, such as for sleep or nausea
  - The patients' regular medications
- **Allergies:**
- **Labs:** Typically includes hemoglobin/hematocrit
# Commonly-Used Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>AB</td>
<td>abortion</td>
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<tr>
<td>MAB</td>
<td>missed abortion</td>
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<td>SAB</td>
<td>spontaneous abortion</td>
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<tr>
<td>TAB</td>
<td>therapeutic abortion</td>
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<tr>
<td>EAB</td>
<td>elective abortion</td>
</tr>
<tr>
<td>ACOG</td>
<td>American College of Obstetricians and Gynecologists</td>
</tr>
<tr>
<td>AFP</td>
<td>Alpha Fetoprotein</td>
</tr>
<tr>
<td>MSAFP</td>
<td>maternal serum alpha-fetoprotein</td>
</tr>
<tr>
<td>AGUS</td>
<td>atypical glandular cells of unknown significance</td>
</tr>
<tr>
<td>AMA</td>
<td>advanced maternal age</td>
</tr>
<tr>
<td>AFI</td>
<td>amniotic fluid index</td>
</tr>
<tr>
<td>APGO</td>
<td>Association of Professors of Gynecology &amp; Obstetrics</td>
</tr>
<tr>
<td>AROM</td>
<td>artificial rupture of membranes</td>
</tr>
<tr>
<td>ASCUS</td>
<td>atypical squamous cells of unknown significance</td>
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<tr>
<td>BBOW</td>
<td>bulging bag of water</td>
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<tr>
<td>BBT</td>
<td>basal body temperature</td>
</tr>
<tr>
<td>BMD</td>
<td>bone mineral density</td>
</tr>
<tr>
<td>BPD</td>
<td>biparietal diameter</td>
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<tr>
<td>BPP</td>
<td>biophysical profile</td>
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<tr>
<td>BSO</td>
<td>bilateral salpingo-oophorectomy</td>
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<tr>
<td>BTBV</td>
<td>beat-to-beat variability</td>
</tr>
<tr>
<td>BTL</td>
<td>bilateral tubal ligation</td>
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<tr>
<td>CIN</td>
<td>cervical intraepithelial neoplasia</td>
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<tr>
<td>CPD</td>
<td>cephalopelvic disproportion</td>
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<tr>
<td>CRL</td>
<td>crown rump length</td>
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<tr>
<td>CST</td>
<td>contraction stress test</td>
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<td>CT</td>
<td>chlamydia trachomatous</td>
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<tr>
<td>CVS</td>
<td>chorionic villi sampling</td>
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<tr>
<td>D &amp; C</td>
<td>dilatation &amp; curettage</td>
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<tr>
<td>D &amp; E</td>
<td>dilatation &amp; evacuation</td>
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<tr>
<td>DIC</td>
<td>disseminating intravascular coagulopathy</td>
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<tr>
<td>DI/DI</td>
<td>dichorionic/diamniotic twins</td>
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<tr>
<td>EDC/EDD</td>
<td>estimated date of confinement/estimated date of delivery</td>
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<tr>
<td>EFM</td>
<td>electronic fetal monitoring</td>
</tr>
<tr>
<td>EFW</td>
<td>estimated fetal weight</td>
</tr>
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<td>EGA</td>
<td>estimated gestational age</td>
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<tr>
<td>EMB</td>
<td>endometrial biopsy</td>
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<tr>
<td>ERT</td>
<td>estrogen replacement therapy</td>
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<tr>
<td>FAVD</td>
<td>forceps assisted vaginal delivery</td>
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<tr>
<td>FHR/FHT</td>
<td>fetal heart rate/fetal heart tracing or tone</td>
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<tr>
<td>FL</td>
<td>femur length</td>
</tr>
<tr>
<td>FLM</td>
<td>fetal lung maturity</td>
</tr>
<tr>
<td>FM</td>
<td>fetal movement</td>
</tr>
<tr>
<td>FSE</td>
<td>fetal scalp electrode</td>
</tr>
<tr>
<td>FSH</td>
<td>follicle stimulating hormone</td>
</tr>
<tr>
<td>FTP</td>
<td>failure to progress</td>
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<tr>
<td>GBS/GBBS</td>
<td>group B beta streptococcus</td>
</tr>
<tr>
<td>GC</td>
<td>gonorrhea</td>
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<tr>
<td>GDM</td>
<td>gestational diabetes mellitus</td>
</tr>
<tr>
<td>Acronym</td>
<td>Definition</td>
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<tr>
<td>---------</td>
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<tr>
<td>GIFT</td>
<td>gamete intra-fallopian tube transfer</td>
</tr>
<tr>
<td>GnRH</td>
<td>gonadotropin releasing hormone</td>
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<tr>
<td>G_P_</td>
<td>gravida, para (TPAL - term, preterm, abortions, living children)</td>
</tr>
<tr>
<td>GTD</td>
<td>gestational trophoblastic disease</td>
</tr>
<tr>
<td>HCG</td>
<td>human chorionic gonadotropin</td>
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<tr>
<td>HELLP</td>
<td>hemolysis, elevated liver enzymes, low platelets</td>
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<tr>
<td>HGSIL</td>
<td>high-grade squamous intraepithelial lesion</td>
</tr>
<tr>
<td>HPL</td>
<td>human placental lactogen</td>
</tr>
<tr>
<td>HPV</td>
<td>human papilloma virus</td>
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<tr>
<td>HRT</td>
<td>hormone replacement therapy</td>
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<tr>
<td>HSG</td>
<td>hysterosalpingogram</td>
</tr>
<tr>
<td>HSV</td>
<td>herpes simplex virus</td>
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<tr>
<td>I &amp; D</td>
<td>incision &amp; drainage</td>
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<tr>
<td>ICSI</td>
<td>intracytoplasmic sperm injection</td>
</tr>
<tr>
<td>IUD</td>
<td>intrauterine device</td>
</tr>
<tr>
<td>IUFD</td>
<td>intrauterine fetal death</td>
</tr>
<tr>
<td>IUGR</td>
<td>intrauterine growth retardation</td>
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<tr>
<td>IUI</td>
<td>intrauterine insemination</td>
</tr>
<tr>
<td>IUP</td>
<td>intrauterine pregnancy</td>
</tr>
<tr>
<td>IUOPC</td>
<td>intrauterine pregnancy pressure catheter</td>
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<tr>
<td>IVF</td>
<td>in vitro fertilization</td>
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<tr>
<td>LCP</td>
<td>long, closed, posterior</td>
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<tr>
<td>LEEP/LOOP</td>
<td>loop electrical excision procedure</td>
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<tr>
<td>LGA</td>
<td>large for gestational age</td>
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<tr>
<td>LGSIL</td>
<td>low grade squamous intraepithelial lesion</td>
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<tr>
<td>LH</td>
<td>luteinizing hormone</td>
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<tr>
<td>LMP/LNMP</td>
<td>last menstrual period/last normal menstrual period</td>
</tr>
<tr>
<td>LOA/LOT/LOP</td>
<td>left occiput anterior/left occiput transverse/left occiput posterior</td>
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<tr>
<td>LTC</td>
<td>long, thick, closed</td>
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<tr>
<td>LTCS/LVCS</td>
<td>low transverse C- section/low vertical C-section</td>
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<tr>
<td>MFM</td>
<td>maternal fetal medicine</td>
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<tr>
<td>MVU</td>
<td>Montevideo units</td>
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<tr>
<td>NST</td>
<td>non-stress test</td>
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<tr>
<td>NSVD</td>
<td>normal spontaneous vaginal delivery</td>
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<tr>
<td>NT</td>
<td>nuchal translucency</td>
</tr>
<tr>
<td>NTD</td>
<td>neural tube defect</td>
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<tr>
<td>OCP</td>
<td>oral contraceptive pills</td>
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<tr>
<td>OT</td>
<td>occiput transverse</td>
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<tr>
<td>PCO/PCOD</td>
<td>polycystic ovarian disease</td>
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<tr>
<td>PCT</td>
<td>post-coital testing</td>
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<tr>
<td>PID</td>
<td>pelvic inflammatory disease</td>
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<tr>
<td>PIH</td>
<td>pregnancy induced hypertension</td>
</tr>
<tr>
<td>PMB</td>
<td>postmenopausal bleeding</td>
</tr>
<tr>
<td>POC</td>
<td>products of conception</td>
</tr>
<tr>
<td>POD/PPD</td>
<td>post-operative day/postpartum day</td>
</tr>
<tr>
<td>PPH</td>
<td>postpartum hemorrhage</td>
</tr>
<tr>
<td>PPROM</td>
<td>preterm premature rupture of membranes</td>
</tr>
<tr>
<td>PROM</td>
<td>premature rupture of membranes</td>
</tr>
<tr>
<td>PTL</td>
<td>preterm labor</td>
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</table>
PUBS  percutaneous umbilical blood sampling
PUPPPS pruritic urticarial papules and plaques of pregnancy
ROA/ROT/ROP right occiput anterior/right occiput transverse/right occiput posterior
ROM rupture of membranes
SBE self breast exam
SGA small for gestational age
SROM spontaneous rupture of membranes
SSE sterile speculum exam
STD/STI sexually transmitted disease/sexually transmitted infection
SVE sterile vaginal exam
TAH total abdominal hysterectomy
TOA tubo-ovarian abscess
TOL trial of labor
TRIPLE TEST MSAFP/HCG/Estriol
TVH total vaginal hysterectomy
US ultrasound
VAVD vacuum-assisted vaginal delivery
VB vaginal bleeding
VBAC vaginal birth after C-section
VAIN vaginal intraepithelial neoplasia
VIN vulvar intraepithelial neoplasia
8. Spanish Lesson

Admission History and Physical

My name is ................................................................. Me llamo
What is your name? .................................................. ¿Como se llama usted?
What number pregnancy is this for you? ................... ¿Que numeró embarazó es este para usted?
  First? ................................................................. ¿Primero?
  Second? .............................................................. ¿Segundo?
  Third? ............................................................... ¿Tercero?
What is your due date? ........................................... ¿Cual es su fecha de alivio?
Have you had ultrasounds? ....................................... ¿Ha tenido sonogramas?
  How many? ......................................................... ¿Cuantas?
How frequent are your contractions? ......................... ¿Que frecuenté son contracciones
When did they start? .............................................. ¿Cuando comenzaron?
Has your bag of waters broken? ............................. ¿Se le ha roto la fuente / la bolas de agua?
What color was the fluid? ...................................... ¿De que color era el fluido?
Are you bleeding? .................................................. ¿Se ha salido sangre?
  How much? ......................................................... ¿Cuanto?
  What color? ........................................................ ¿De que color?
Have you passed any mucus? .................................. ¿Se ha salido moco o flujo?
Do you have any serious illnesses? .......................... ¿Tiene usted una enfermedad seria?
Have you had any operations? ................................ ¿Ha tenido usted operaciones (cirugía)?
Are you taking any medicine? ................................. ¿Usted toma cualquier tipo de medicina?
Are you allergic to any medications? ....................... ¿Tiene usted alergia a cualquier medicina?
Foods? ................................................................. ¿Comidas?
Have you been tested for diabetes this pregnancy? ...... ¿Le han hecho examinaciones de la sangre para la diabetes este embarazo?
Any spotting/bleeding this pregnancy? ...................... ¿Le ha salido gotas de sangre o hemorragias con este embarazo?
How much do you weigh now? ............................... ¿Cuanto pesa usted ahora?
Do you smoke? .................................................... ¿Fuma usted?
  How much? ......................................................... ¿Cuanto?
Breast or bottle feeding? ........................................ ¿Le va dar de pecho o de biberón?
Labor
We need to do a vaginal exam. Tenemos que hacer una examinación vaginal.
Your cervix is ___ centimeters dilated. El cuello de la matriz está abierto ___ centímetros.
Do you want some pain medication? ¿Quieres medicina para el dolor?
You need to relax and breathe with the contractions. Usted necesita relajarse con los dolores.
We are going to break your bag of waters. Vamos a romper su fuente, (bolsa de agua).
We need to make your contractions more frequent. Vamos a darle medicina para que le da contracciones más frecuentes.
Do you feel rectal pressure with the contractions? ¿Cuando le da los dolores, siente presión en el recto?
Do you feel the urge to push? ¿Siente usted como que necesita pujar?
Your cervix is completely dilated. Es tiempo pujar.
Take deep breaths. Respire profundo.
Hold it (your deep breath). Detenga su aire.
Put your chin on your chest. Ponga su cabeza en el pecho.
Push downward (on your bottom) like you are having a bowel movement. Puje para abajo como si va a regir.
Put your hands on your knees and pull them back towards you. Pone sus manos en sus rodillas y jale hacia usted.
Push very hard. Puje muy fuerte.

Delivery
Don’t push now. No puje ahora.
Slow (pant) with your contractions. Sople con sus contracciones.
It’s a boy/girl! ¡Es un niño / una niña!
Push for the placenta. Puje para la placenta.
Relax, let your legs fall to the sides. Relájese y deje que se caen sus piernas a los lados.
We are sewing up your episiotomy. Vamos a poner puntos donde le cortando.
We’re going to give you medicine through your IV to stop your contractions. Vamos a darle medicina en la sonde para que se paren los dolores.
We need to do an ultrasound. Necesitamos hacer una sonograma.
Your baby is coming: head/bottom/feet first. Su bebe viene: cabeza/nalga/pies primero.
Your blood pressure is high. Su presión esta alta.
Tell me immediately if you have a headache, blurred vision, or epigastric pain dolor de cabeza, la vista rrosa vista doble, o dolor en el estomago.
This is a consent for a Cesarean section. Esta es un permiso para una cesaria.