

Vaginal ExaminationNo. Consent Chaperone offered accepted declined Indication Maternal pulse prior to VE Fetal heart prior to VE (bpm) Pinard Doptone Monitor Duration of assessment (mins)

Lie/Presentation	Ext genitalia/Show
<input type="text"/>	<input type="text"/>
Sths palpable	Position
<input type="text"/>	<input type="text"/>

Bladder care	Void prior to procedure <input type="checkbox"/>	Catheter required Yes <input type="checkbox"/> No <input type="checkbox"/>
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Membranes	intact <input type="checkbox"/>	hindwater leak <input type="checkbox"/>
Forewaters:	already ruptured <input type="checkbox"/>	ruptured during VE <input type="checkbox"/>

Liquor	none <input type="checkbox"/>	clear <input type="checkbox"/>
blood-stained <input type="checkbox"/>	light meconium <input type="checkbox"/>	thick meconium <input type="checkbox"/>

Signature*	<input type="text"/>
Date/Time	<input type="text"/>

Cervix

position	<input type="text"/>	anterior	
length	<input type="text"/>	right	left
consistency	<input type="text"/>		
dilatation	<input type="text"/>		
		position	<input type="text"/>

Presenting part	<input type="text"/>
station	<input type="text"/>
caput	<input type="text"/>
moulding	<input type="text"/>

Swab count (inc. number)	<input type="text"/>	Swabs correct	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Swab red string correct	Yes <input type="checkbox"/> No <input type="checkbox"/>

Fetal heart rate after VE (bpm)	<input type="text"/>	Duration of assessment (mins)	<input type="text"/>
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Pinard <input type="checkbox"/> Doptone <input type="checkbox"/> Monitor <input type="checkbox"/>	Maternal pulse after VE	<input type="text"/>
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Escalation required	Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason	<input type="text"/>
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