



HYSTERA ELECTRONIC SYSTEM

User Manual

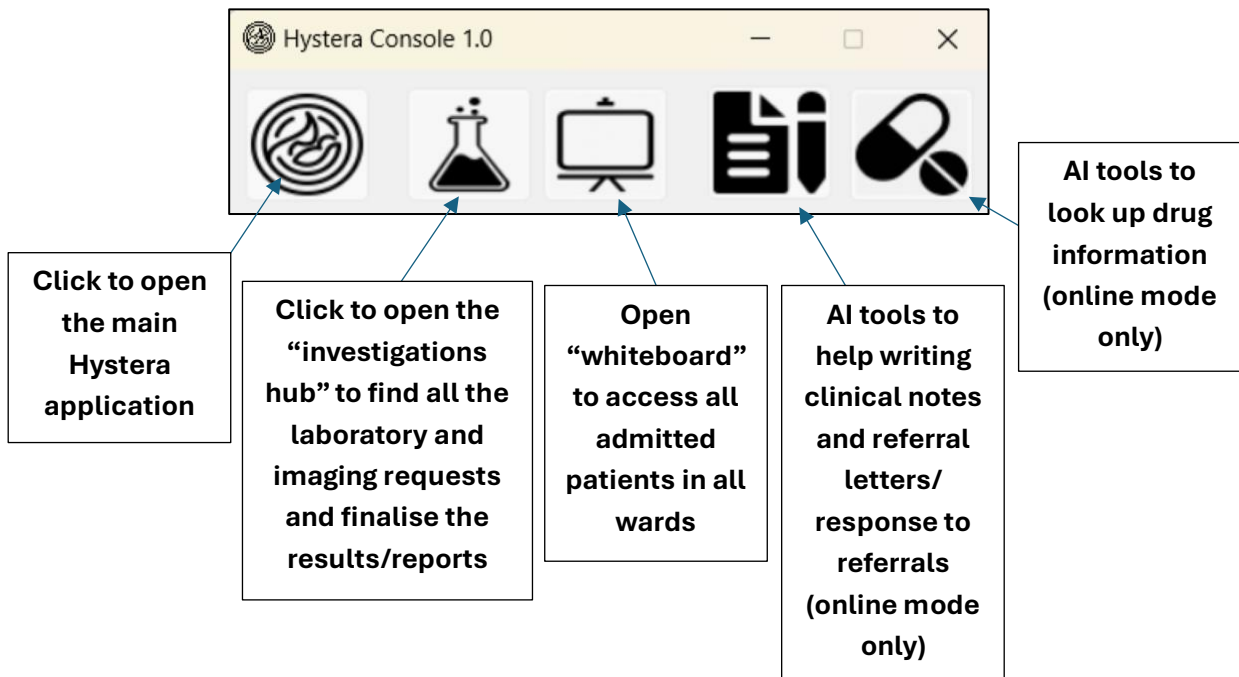
Version 1.0

2025

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1. Software setup

- ❑ Unzip the received file to your **C** drive. It should show as “c:\hystera electronic system 1.0”
- ❑ To ensure you run the software correctly, run it by double clicking the file: console.exe (or console – offline.exe). It is important to **CLOSE** the console at the end of the day before you end the session and shut down your computer.
- ❑ When you open the console, this window will show up:



2. Launching Hystera main application

- The Hystera main application is where you can look up your patients and explore their records and where you can add a new patient. To run this application, open the console and click the first button:



- When you click the button, the following opening window will show for a few seconds:



- Next, a small window will appear where all your patients are listed:

Search your patient by writing the name here and clicking the “magnifying lens”

Switch to this tab if you want to add a new patient or a new pregnancy of the same patient

Choose the patient you want to look-up or add to her records and click (✓)

- To add a new patient (or new pregnancy), click the “create new profile” tab and file this information. For **clinic number**, if the patient has a previous clinic number from a previous pregnancy, add it manually to the box. If not, you can click the button next to the box to generate a random number of her. The number will be shown in all her records in the future:

Open file

Follow-up existing patient | **Create new profile**

Patient name

Gravidity

Parity

Clinic number

- Once you click (✓), the main window will show. It contains all the records of the patient throughout the pregnancy:

Amira Ahmed-G1P0-854576

PATIENT ASSESSMENT HUB

ANTENATAL VISITS

1	R T H	15	R T H	29	R T H
2	R T H	16	R T H	30	R T H
3	R T H	17	R T H	31	R T H
4	R T H	18	R T H	32	R T H
5	R T H	19	R T H	33	R T H
6	R T H	20	R T H	34	R T H
7	R T H	21	R T H	35	R T H
8	R T H	22	R T H	36	R T H
9	R T H	23	R T H	37	R T H
10	R T H	24	R T H	38	R T H
11	R T H	25	R T H	39	R T H
12	R T H	26	R T H	40	R T H
13	R T H	27	R T H	41	R T H
14	R T H	28	R T H	42	R T H

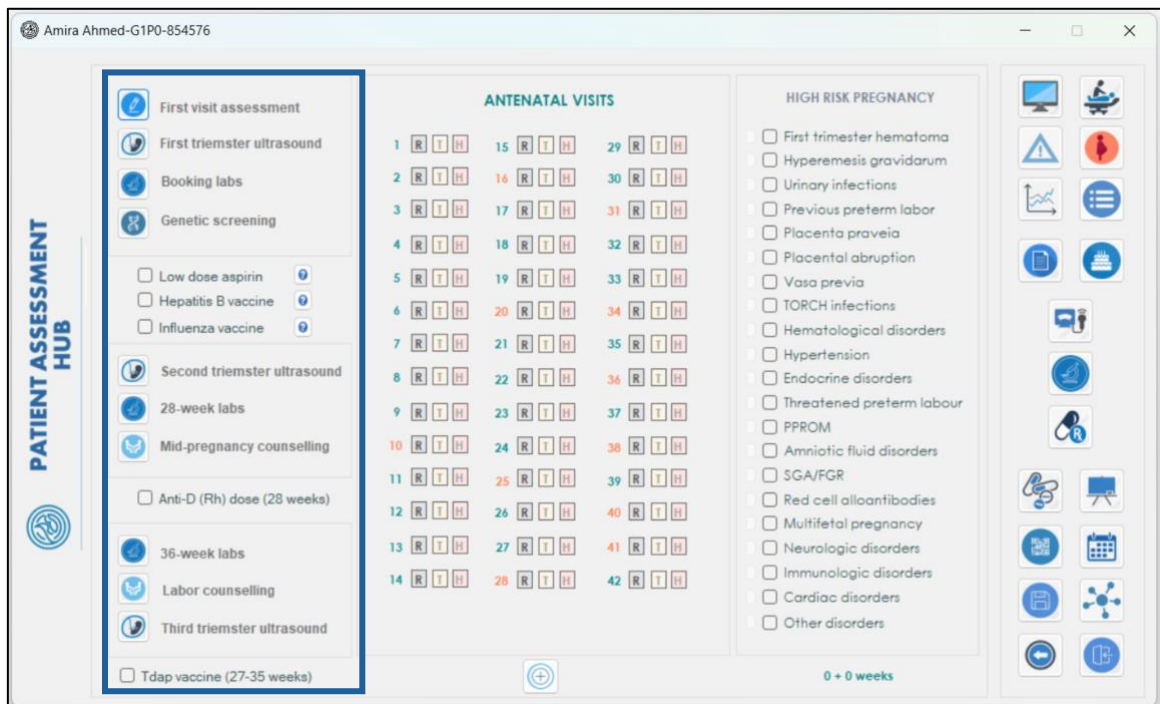
HIGH RISK PREGNANCY

- First trimester hematoma
- Hyperemesis gravidarum
- Urinary infections
- Previous preterm labor
- Placenta praevia
- Placental abruption
- Vasa previa
- TORCH infections
- Hematological disorders
- Hypertension
- Endocrine disorders
- Threatened preterm labour
- PPROM
- Amniotic fluid disorders
- SGA/FGR
- Red cell alloantibodies
- Multifetal pregnancy
- Neurologic disorders
- Immunologic disorders
- Cardiac disorders
- Other disorders

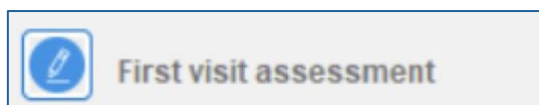
0 + 0 weeks

3. Adding routine antenatal information to patient records

- On the left side of the main window, you will find the routine elements that need to be completed throughout the pregnancy starting from the first trimester to the third trimester:



- At the first antenatal visit, please click the first visit assessment to fill baseline demographic and clinical information:



- When you click the “first visit assessment”, the window will open. When you change the date of LMP, the EDD will automatically change, and the gestational age will show in the main window.

Be sure that you go through all the tabs on the top: Demographic – Obstetric History – Medical and Surgical History – Baseline Physical Examination

The screenshot shows a web application window titled "First visit assessment". At the top left is a logo with a stylized 'U' and 'O' and the text "FIRST VISIT ASSESSMENT". Below the logo, there are input fields for "Patient name" (Amira Ahmed), "CN" (854576), "Age" (22), and "Gravida" (1). Below these are "Para" (0 0 0 0 ?), "LMP" (9/ 8/2024), "EDD" (6/15/2025), and "Reliable dates" (dropdown). A navigation bar contains four tabs: "Demographics", "Obstetric history", "Medical and surgical history", and "Baseline physical examination". The "Demographics" tab is active, showing fields for "DOB" (11/28/2024), "Race" (White), "Occupation" (Teacher), "Phone number" (012445566890), "Address" (Cairo, Egypt), "Email" (Amira.Ahmed@gmail.c), "Blood group" (+A), "Preferred contact method" (SMS), "Partner name" (Ali Hassan), "Race" (White), "Occupation" (Teacher), "Phone number" (015443366890), and a checked "Consanguinity" field with "Cousins". At the bottom, there is an "Additional notes" field (None) and an "Assessment complete" checkbox with a warning triangle and a checkmark icon.

- When you add obstetric history, you need to fill the spaces and then click “add delivery entry” to add the previous delivery to the list:

FIRST VISIT ASSESSMENT

Patient name: Amira Ahmed CN: 854576 Age: 22 Gravida: 1

Para: 0 0 0 0 ? LMP: 9/ 8/2024 EDD: 6/15/2025 Reliable dates: [v]

Demographics | **Obstetric history** | Medical and surgical history | Baseline physical examination

Add delivery entry

Date: [] Mode of delivery: [v] Gestational age at delivery: [] Hospital: []

Perineal tear: [v] Repair Anti-D given Maternal complications: []

Fetal/neonatal complications: [] PPH Transfusion

Date	MOD	Hospital	GA	Tear	Repair	Maternal complications	Fetal/neonatal complications	PPH	Transfusion	Anti-D
2024	SVD	Algalaa	41	2	Y	pre-eclampsia	NICU admission	Y	Y	N

Indication of previous CSs: []

Additional notes: None Assessment complete [] [] []

- In case you cannot see the full text in the table, double click the text and the full text content will pop-up in a new window:

First visit assessment

FIRST VISIT ASSESSMENT

Patient name Amira Ahmed CN 854576 Age 22 Gravida 1

Para 0 0 0 0 ? LMP 9/ 8/2024 EDD 6/15/2025 Reliable dates

Demographics | **Obstetric history** | Medical and surgical history | Baseline physical examination

Date Mode of delivery Gestational age at delivery Hospital

Perineal tear Repair Episiotomy Maternal complications

Fetal/neonatal complications PPH Transfusion

Maternal complications :pre-eclampsia

Date	MOD	Hospital	GA	Tear	Maternal complications	PPH	Transfusion	Anti-D
2024	SVD	Algalaa	41	2		Y	Y	N

Indication of previous CSs

Additional notes None Assessment complete

□ Add medical and surgical history (or click NONE):

First visit assessment

FIRST VISIT ASSESSMENT

Patient name Amira Ahmed CN 854576 Age 22 Gravida 1

Para 0 0 0 0 ? LMP 9/ 8/2024 EDD 6/15/2025 Reliable dates

Demographics | **Obstetric history** | **Medical and surgical history** | Baseline physical examination

Medical history None

System/organ Disorder Status

Details Medications

Add disorder

System/organ	Disorders	Status	Disease details	Medications
GI	Ulcerative colitis	Well controlled	UC not currently on treatment	None

Surgical history None

Gynecologic surgeries Hysteroscopy

Non-gynecologic surgeries Wisdom tooth extraction

Additional notes None Assessment complete

- Finally, add physical examination on first assessment. Us the “=” button to calculate BMI. All normal systems will show as **green** and all abnormal systems will show as **red** on the right image:

First visit assessment

FIRST VISIT ASSESSMENT

Patient name Amira Ahmed CN 854576 Age 22 Gravida 1

Para 0 0 0 0 ? LMP 9/ 8/2024 EDD 6/15/2025 Reliable dates

Demographics | Obstetric history | Medical and surgical history | **Baseline physical examination**

Baseline BP 125 85 Baseline HR 94 Baseline temp 37.2

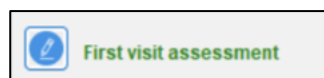
Baseline height 1.68 m Baseline weight 78 Kg Baseline BMI 27.6

Head/neck exam Normal
 Cardiac exam Normal
 Lung exam Normal
 Upper extremity exam Normal
 Abdominal exam Abnormal LLQ tenderness
 Back exam Abnormal Scoliosis
 Lower extremity exam Normal
 Additional information Anesthetic review needed because of scoliosis

Additional notes None

Assessment complete

- Once you finish This is when you check on "assessment complete". When you click this box, the “first visit assessment” will turn green on the main screen. Click “✓” to save and go back the main window.



- ❑ Click “First Trimester Ultrasound” to add information on dating scan and create a report:



- ❑ Once the window opens, fill the required spaces. Be sure to use the “?” buttons to read more evidence-based information about some of the entries. Do not forget to tick the box “scan report completed” when you finish and click “✓” to save.

Be aware that when there is discrepancy between the US and LMP EDD, the software will automatically suggest which EDD should be used according to evidence and gestational age will automatically change in the main window (click “?” for more details):

First trimester ultrasound

FIRST TRIMESTER ULTRASOUND
Normal first trimester ultrasound

Ultrasound report

Date: 11/28/2024

Transvaginal ultrasound Transabdominal ultrasound

Gestational sac: 23 mm CRL: 5, 5, 6 mm Visible yolk sac

Cardiac activity present: 155, 160, 140 Normal heart rate

Number of fetuses: Dichorionic diamniotic triplets

NT: 3.1, 0.1, 0.1 mm Risk is 1-7%

Placenta: Fundal Amniotic fluid: Diminished

Hematoma: Subamniotic hematoma Size: 2.1 cm

Uterus: Anteverted Normal anatomy

Right ovary: Ovarian cyst 5 cm ovarian cyst

Left ovary: Ovarian cyst 2 cm ovarian cyst

Additional information: Ovarian cyst for follow-up at anatomy scan


EDD by dates: 6/15/2025 GA by dates: 11 + 4 weeks

EDD by US: 6/ 1/2025 GA by US: 13 + 4 weeks

Date discrepancy: 14 days Final date: US date

Scan report completed

- ❑ Click the “printer” button on the bottom right side to create a printable report. You can edit and then click the printer button to print the report:

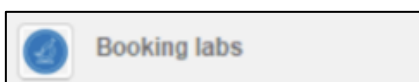


Early pregnancy ultrasound report

Name: Amira Ahmed	Date: 11/28/2024 5:45:53 PM
Clinic number: 854576	Method: Transabdominal

Pregnancy type: Dichorionic diamniotic triplets
Gestational sac: visible, gestational sac diameter is 23 mm
Fetal pole: visible, CRL is 5 mm for twin A, 5 mm for twin B
Yolk sac: visible
Cardiac activity: VISIBLE cardiac activity. Heart rate is 155 B/M for twin A,
Placenta: Fundal **Amniotic fluid:** Diminished
Hematoma: PRESENT - Subamniotic hematoma, 2.1 cm
NT: 3.1 mm - Risk is 1-7% for twin A, 0.1 mm for twin B
Uterus: Anteverted, Normal anatomy.
Right ovary: Ovarian cyst, 5 cm ovarian cyst
Left ovary: Ovarian cyst, 2 cm ovarian cyst
Comments: Ovarian cyst for follow-up at anatomy scan
GA by US: 13 + 4 weeks weeks **EDD by US:** 6/1/2025 5:45:53 PM

- ❑ Click “Baseline labs” to add early pregnancy test results:

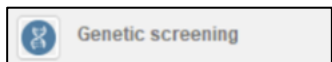


- In this window, you will find the “routine labs” which should be done in all pregnant women and the “specific labs” that are done in the presence of certain indications. Click the “?” and “...” buttons beside each field to learn more about the indications and reference ranges:

The screenshot shows a window titled "Baseline labs" with a sub-header "BASELINE LABS". A status indicator at the top right shows "Baseline labs completed" with a checkmark. The window is divided into several sections:

- Routine labs:**
 - Blood group: A+ (dropdown)
 - HB: 113 (input) g/dL (with a question mark icon)
 - Ferritin: 21 (input) (with a checkmark icon)
 - Rubella status: Unknown (dropdown)
 - Varicella status: Immune (IgG) (dropdown)
 - Syphilis: Negative (dropdown)
 - HSV2: Negative (dropdown)
 - Hepatitis B: Negative (dropdown)
 - HIV: Negative (dropdown)
 - HgB electrophoresis: Abnormal (dropdown)
 - High HbA1c: (input) (with question mark and warning icons)
 - ASB screen: Asymptomatic bacteriuria (dropdown)
 - E-coli: (input) (with a checkmark icon)
 - Proteinuria: Present (dropdown)
 - Cervical screening: Up to date (dropdown)
 - Other results: None (input) (with a checkmark icon)
- Specific labs:**
 - Risk of pregestational diabetes:**
 - HgbA1C: Not done (input) (with question mark icon)
 - Fructosamine: Not done (input) (with question mark icon)
 - High risk of infection:**
 - Gonorrhea: Negative (dropdown)
 - Chlamydia: Negative (dropdown) (with question mark icon)
 - Bacterial vaginosis: Negative (dropdown) (with question mark icon)
 - Hepatitis C: Not indicated (dropdown) (with question mark icon)
 - Tuberculosis: Not indicated (dropdown) (with question mark icon)
- Reference range:**
 - Normal fructosamine: 175-280 mmol/L
- Indications of testing:**
 - Fructosamine may be more accurate than HgbA1C in women with beta-thalassemia

- Click “Genetic screening” to add information on genetic-related history and genetic/trisomy screening tests:



- Go through the different tabs. The first tab: "genetic history" is used to add family history of genetic diseases. Please note there are 3 tabs on the left side (for maternal side history, paternal side history and counselling "to document the genetic counselling appointment"):

Genetic screening

GENETIC SCREENING

Genetic history | Aneuploidy screen | Carrier screen | Invasive testing | Counselling | Refs

Genetic screening completed

Indication of testing

mother

No genetic disease Mother has cystic fibrosis

Previous children

No genetic disease

	Total	Affected	
Females	2	1	Has cystic fibrosis
Males	1	1	Has cystic fibrosis

First degree relatives

Maternal father No genetic diseases Has cystic fibrosis

Maternal mother Affected Has cystic fibrosis

Maternal siblings

	Total	Affected	
Females	2	0	
Males	2	0	

Second degree relatives

	Total	Affected	
Aunts	Females 1	1	Has cystic fibrosis
Uncles	Males 2	2	Has cystic fibrosis
Nephews	Males 2	2	Has cystic fibrosis
Nieces	Females 2	2	Has cystic fibrosis

New partner

CVS consent form

Amniocentesis consent form

- Enter aneuploidy testing results (use "?" button for any further information):

Genetic screening

GENETIC SCREENING

Genetic history | Aneuploidy screen | Carrier screen | Invasive testing | Counselling | Refs

Genetic screening completed

Indication of testing

Aneuploidy screening options

It should be offered to all pregnant women

First trimester screening

PAPP-A 1.3 MoM

HCG 1.4 MoM

NT 1.5 MoM

Second trimester screening

AFP 1.1 MoM

HCG 1.2 MoM

uE3 1.2 MoM

Inhibin-A 1.1 MoM

Cell free fetal DNA

Trisomy 21 Low risk

Trisomy 18 Low risk

Trisomy 13 Low risk

Accepts invasive testing

Trisomy 21 risk 1: 50

Trisomy 18 risk 1: 91

Trisomy 13 risk 1: 81

Trisomy 21 risk 1: 81

Trisomy 18 risk 1: 61

Trisomy 13 risk 1: 61

Final diagnosis

Low risk

Aneuploidy screening declined

New partner

CVS consent form

Amniocentesis consent form

- Enter carrier screening status “maternal or paternal “of any of the inherited conditions. Click “?” to learn more:

Genetic screening

GENETIC SCREENING

Genetic history | Aneuploidy screen | **Carrier screen** | Invasive testing | Counselling | Refs

Carrier screening

- Cystic fibrosis**
 - Mother: Carrier
 - Father: Normal
- Spinal muscular atrophy**
 - Mother: Carrier
 - Father: Normal
- Thalassemia**
 - Mother: Normal
 - Father:
- Fragile X syndrome**
 - Mother: Premutation
- Other carrier conditions**
 - G6PD carrier

Indication of testing

creening for carrier status should be offered to any pregnant woman. Spinal muscular atrophy is an autosomal recessive disease. So, if the mother is a carrier, the father should be tested for carrier state as well. If both are carriers, invasive genetic testing should be offered.

New partner

CVS consent form

Amniocentesis consent form

- If invasive testing is indicated, enter results under “invasive testing” tab. To sign a consent form prior to the procedure, you can print the consent form from the files on the right bottom corner:

Genetic screening

GENETIC SCREENING

Genetic history | Aneuploidy screen | Carrier screen | **Invasive testing** | Counselling | Refs

Chronic villus sampling

Indication High risk for trisomy 18

Consent form signed Procedure completed

Results Normal results

Complications None

Amniocentesis

Indication High MCA PSV

Consent form signed Procedure completed

Results Normal fetal hemoglobin

Complications None

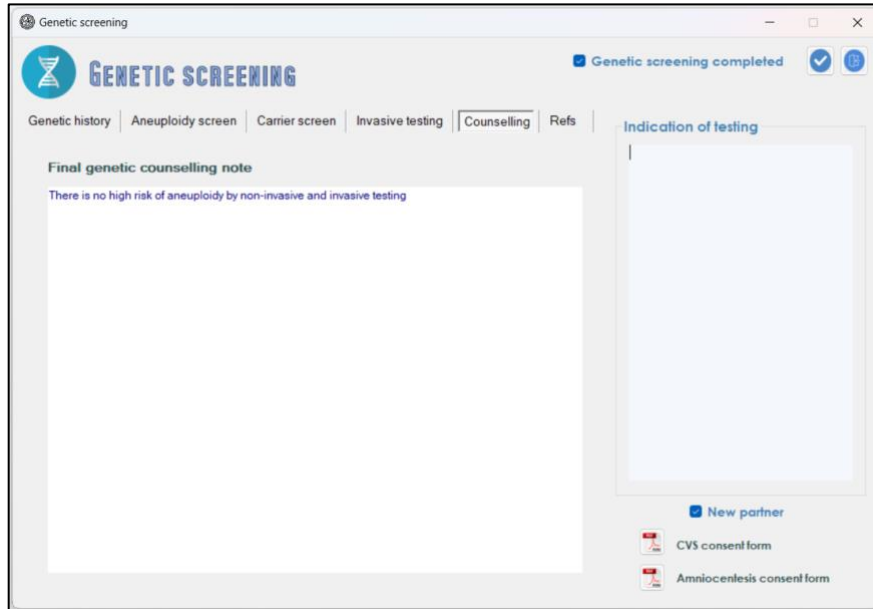
Indication of testing

New partner

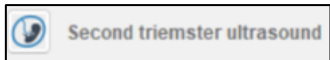
CVS consent form

Amniocentesis consent form

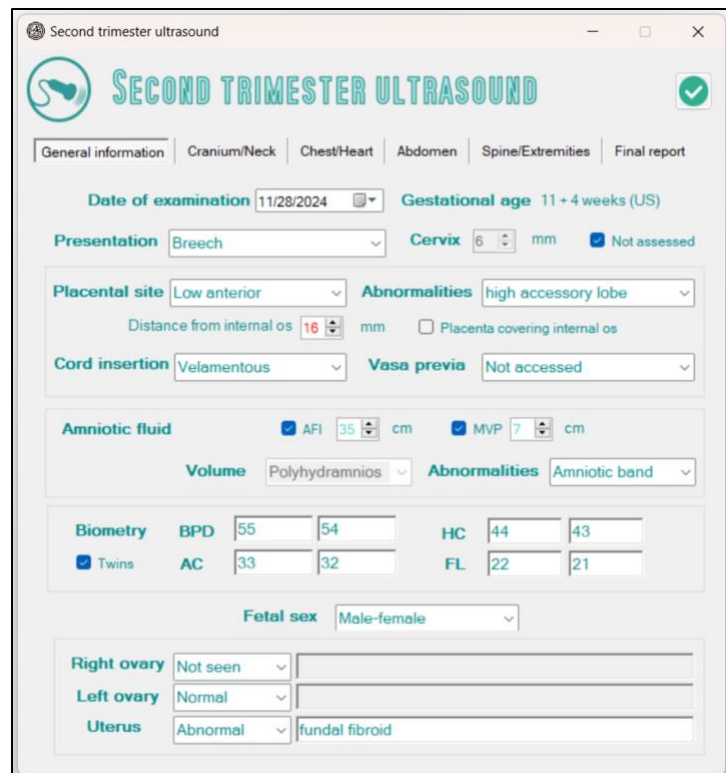
- The conclusion of the counselling and testing can be added under “counselling” tab:



- To document the anatomy scan, click the “second trimester ultrasound” button:



- When the window opens, you can add sonographic findings under “general information” and then under each system separately and finally add the final diagnosis:



- There is tab for each system. You need to comment whether it is normal, abnormal or not assessed. If abnormal, specify abnormality. Use the “?” button for further information:

- Now, use the “final report” to document final diagnosis and then click the button to edit and finalise the report:

- Edit the report and click the printer button to print:

Ultrasound report
Mid-trimester ultrasound report

Name: Amira Ahmed
Date: 11/28/2024 11:34:36 PM
Clinic number: 854576
Gestational age: 1 + 4 weeks

General information

BPD: 55 - 54 HC: 44 - 43
AC: 33 - 32 FL: 22 - 21

Fetal presentation: Breech
Placenta: Low anterior - 16 mm from internal os
Placental abnormality: High accessory lobe
Cord insertion: Velamentous, vasa previa Not accessed

Amniotic fluid: AFI = 35 cm MVP = 7 cm Polyhydramnios Amniot
Fetal gender: Male-female
Cervical assessment: Not assessed
Uterus: fundal fibroid
Right ovary: Not seen
Left ovary: Normal

Anatomy scan

Ventricles: Normal
Choroid plexus: Not assessed
Cerebellum: Normal
Posterior fossa: cisterna magna 15mm
CSP: Normal
Orbits: Normal
Nasal bone: Absent
Lips and palate: Left cleft lip
Neck: Goitre

Final diagnosis Major anomalies Major anomalies suggestive of trisomy 18
A second opinion is required

Heart position: Normal
The 4 chambers: Normal
LVOT: Normal
RVOT: Abnormal: specify
Ductal arch: Normal (Twin A)
Aortic arch: Normal

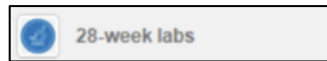
Lungs: Normal
Diaphragm: CDH

Stomach: Normal
Umbilical vessels: Normal (Twin B)
Left kidney: Absent
Right kidney: Not assessed
Bladder: Absent (Twin A)

Spine: Normal

Upper limbs: Normal
Hands: Not assessed
Lower limbs: Not assessed
Feet: Normal

- Next, click the “28-week labs” Add second trimester routine test results:



28-week test results
Tests completed

28-WEEK LABS

Routine 28 week labs

Date: 11/29/2024

Hemoglobin: 11.2 Platelet count: 180

Antibody screen: Negative for anti-D Additional antibodies: 0

Anti-E antibodies

Glucose challenge test not done

1 hour glucose challenge test 125

2-hour glucose tolerance test

Fasting glucose: 90
2-hour glucose: 140

3-hour glucose tolerance test

Fasting glucose: 81
1-hour glucose: 119
2-hour glucose: 119
3-hour glucose: 119

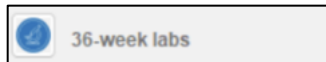
Normal glucose tolerance test

- Enter any counselling related to the mid-trimester:



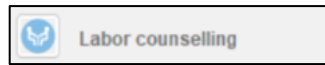
The screenshot shows a web application window titled "Mid-trimester counselling". At the top left is a profile icon and the text "MATERNAL COUNSELLING". On the top right, there is a status indicator "Counseling completed" with a green checkmark icon. The main content area has two sections, each with a checked checkbox: "Trial of vaginal delivery after Cesarean (TOLAC)" and "Screening for group B streptococci". The TOLAC section includes a dropdown menu set to "Discussed and accepted", a "VBAC score" input field with the value "84" and a percentage sign, a "Score calculator" button, and the text "Benefit of TOLAC outweighs risk". The GBS screening section includes a dropdown menu set to "Screening is accepted - self collection" and three radio buttons for "Positive", "Negative", and "Pending". Below these sections is a text area labeled "Counselling details/additional information" containing the text: "Discussed VBAC versus ELCS. Explained risks and benefits and the patient would like VBAC this time".

- Click "36-week labs" to add results of routine third trimester tests:



The screenshot shows a web application window titled "Third trimester labs". At the top left is a profile icon and the text "36-WEEK LABS". On the top right, there is a status indicator "Testing completed" with a green checkmark icon. The main content area has a "GBS screening" section with a date dropdown set to "11/26/2024". There are two radio buttons: "GBS screening not indicated" and "GBS screening indicated" (which is selected). To the right of the "GBS screening indicated" radio button is a dropdown menu set to "Negative". Below these are three radio buttons for allergy status: "No history of penicillin allergy", "Mild penicillin allergy", and "Severe penicillin allergy" (which is selected). To the right of these are the labels "GBS negative status" and "Antibiotic susceptibility", with a dropdown menu set to "Not indicated". Below the GBS screening section is an "Additional tests" section with a text area containing the text "No additional tests required".

- ❑ Click “Labor counselling” at 34-36 weeks when you discuss delivery plan with the patient. Details of the agreed plan can be added and saved in this window:

A screenshot of a software window titled "Third trimester counselling". The window has a light blue header bar with a close button (X) on the right. Below the header, there is a circular profile picture of a woman and the text "LABOR COUNSELLING" in large, blue, outlined letters. A section titled "Birth plan" is checked with a blue square. Below this, there are several rows of form fields, each with a label on the left and a dropdown menu on the right:

- Anticipated mode of delivery: Vaginal delivery
- Place of birth: Algalaa Hospital
- Timing of delivery: 39+3 days
- Pain control plan in labor: Epidural analgesia
- GBS antibiotic prophylaxis in labor: Not discussed
- Neonatal antibiotics and vaccines: Accepted

Below these fields is a section titled "Specific requests and recommendation on admission" with a text area containing the text: "Discussed birth plan. Patient prefers quiet environment, background music in the room, would prefer waterbirth if possible, she would like to avoid continuous fetal monitoring". At the bottom of the window, there are three more rows of form fields, each with a checked checkbox on the left and a dropdown menu on the right:

- Discuss induction of labor: Discussed and accept
- Discuss membrane sweeping: Accepted
- Counseling completed: (checked with a green checkmark icon)

- ❑ Click “third trimester ultrasound” to add third trimester ultrasound information and external cephalic version notes if indicated for non-cephalic presentation (for singleton pregnancies):



Third trimester ultrasound scan

THIRD TRIMESTER ULTRASOUND

Ultrasound report | External cephalic version

Fetal presentation:

Amniotic fluid: AFI 13 cm MVP 7 cm
 Volume:

Additional information
Normal UA and MCA Doppler

ECV consent form Counseling completed

Third trimester ultrasound scan

THIRD TRIMESTER ULTRASOUND

Ultrasound report | External cephalic version

ECV: Consent signed

Procedure date: ,

Procedure note

Procedure was done in outpatient setting
No analgesia
Examination confirming breech presentation
Gentle version with intermittent auscultation
Cephalic presentation confirmed with ultrasound

ECV outcome:

ECV consent form Counseling completed

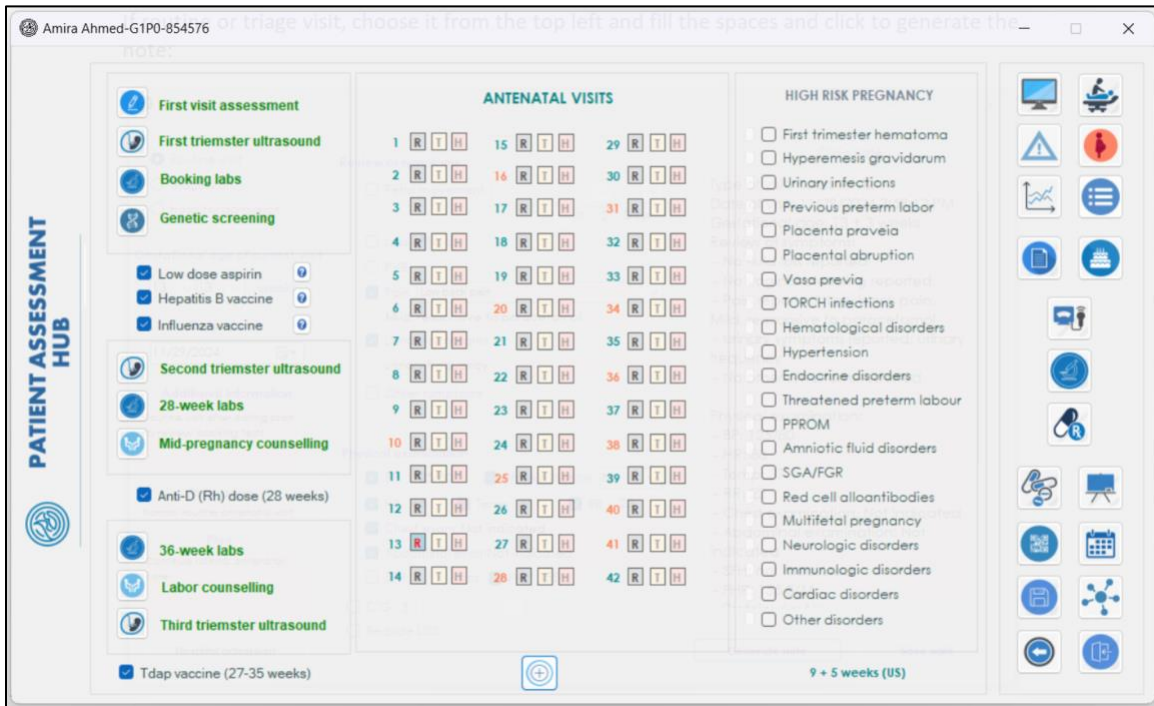
Note: Ultrasound scans of multifetal pregnancy is added through the growth pattern on the right side of the main window (see later)

4. Adding a new visit to patient records

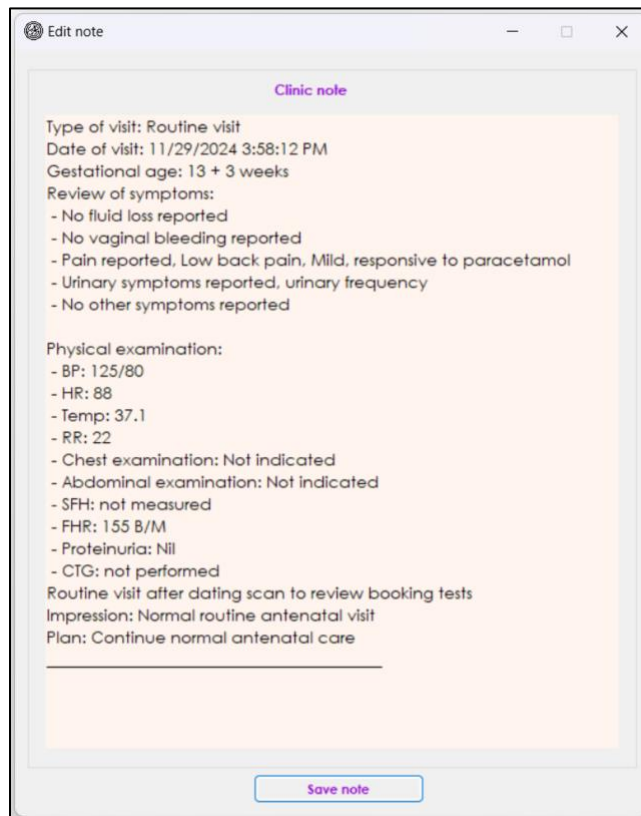
- Click the “+” button to add a new patient visit (either a clinic visit, a triage/hospital visit, or hospital admission):

- Choose a routine or triage visit from the top left corner and fill the spaces. Click “generate note” to create an automatic clinic note. You can edit as needed and then click “save note”:

- On saving the note, the **R** box next to the week of visit will be highlighted in red:



- When you click the highlighted R box later, it will open the saved visit note for you:



- If hospital admission is indicated, you can admit the patient by choosing and clicking “hospital admission”:

The screenshot shows the 'Add note' window with the following details:

- Radio buttons:** Routine visit, Triage visit, **Hospital admission** (selected).
- Gestational age of this visit:** [] [] weeks.
- Date of visit:** 11/29/2024.
- Review of symptoms:**
 - Fetal movement [] [] Days
 - Loss of fluid
 - PVB
 - Pain []
 - Urinary symptoms
 - Other symptoms
- Physical examination:**
 - BP Protein in urine []
 - HR Temp RR
 - Chest exam
 - Abdominal exam
 - SFH cm FHR
 - CTG ? []
 - Bedside USS
- Impression:** Normal routine antenatal visit.
- Plan:** []
- Buttons:** Hospital admission (highlighted), Generate note, Save note.

- When clicked, a small window will open to add admission information and confirm admission:

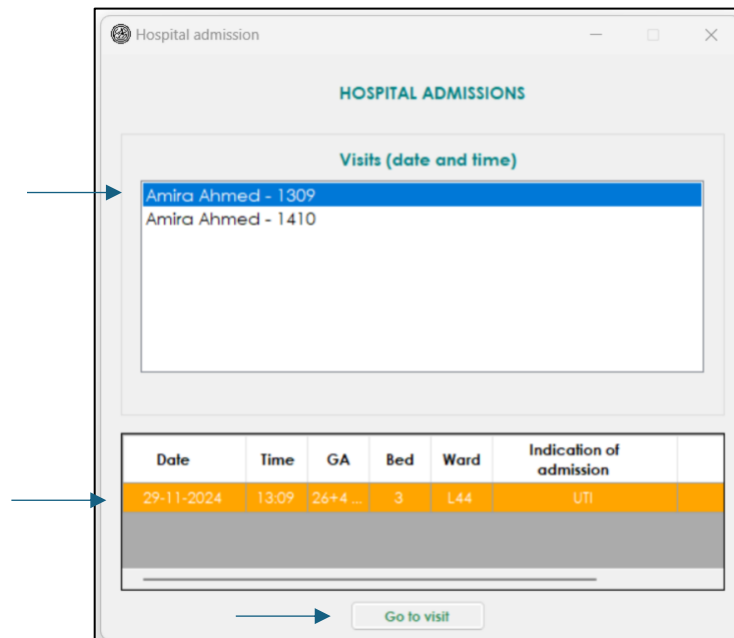
The 'Hospital admission' dialog box contains the following information:

- Date of admission:** 11/29/2024
- Time of admission:** 09 : 22
- Gestational age:** 15 weeks 3 days
- Bed:** 3 **Ward:** L45
- Indication of admission:** Hyperemesis gravidarum
- Physician name:** S. Shazly
- Button:** Admit

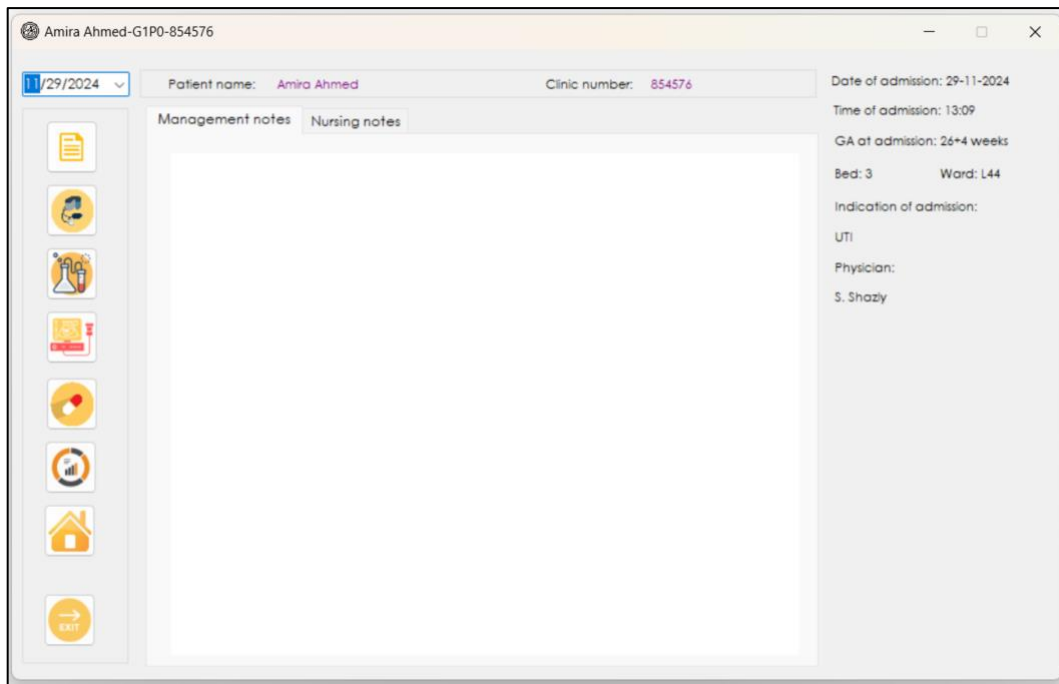
- Once admitted, the admission will be added to patient visits. The “H” corresponding to the week of admission will be highlighted in red:



- When you click "H", a window will open to show the admission(s) during this week of gestation. You can double click the admission, and the details of this admission will show in the table. Choose the details of this admission from the table and click "Go to visit" to view and add to admission records:



- When you click "Go to visit", the hospital admission window of this admission will open (will be discussed later):



5. Adding high-risk wizard to patient follow-up

- In the right side of the main window, a list of obstetric and medical risk factors is shown. Tick the risk factor(s) or diagnosis associated with this pregnancy and go to the specific wizard by clicking the small button to the left of each box:

The screenshot shows the 'Patient Assessment Hub' software interface. The window title is 'Amira Ahmed-G1P0-854576'. The interface is divided into several sections:

- PATIENT ASSESSMENT HUB:** Contains various assessment options and checkboxes for interventions like 'Low dose aspirin', 'Hepatitis B vaccine', 'Influenza vaccine', 'Anti-D (Rh) dose (28 weeks)', 'Tdap vaccine (27-35 weeks)', '36-week labs', 'Labor counselling', and 'Third trimester ultrasound'.
- ANTENATAL VISITS:** A grid of 42 visits, each with a small button. The grid is organized by week, with weeks 1-14 in the first column, 15-28 in the second, and 29-42 in the third.
- HIGH RISK PREGNANCY:** A list of risk factors with checkboxes. The list includes: First trimester hematoma (checked), Hyperemesis gravidarum, Urinary infections, Previous preterm labor, Placenta praevia, Placental abruption, Vasa previa, TORCH infections, Hematological disorders, Hypertension, Endocrine disorders, Threatened preterm labour, PPROM, Amniotic fluid disorders, SGA/FGR, Red cell alloantibodies, Multifetal pregnancy, Neurologic disorders, Immunologic disorders, Cardiac disorders, and Other disorders.

The 'HIGH RISK PREGNANCY' section is highlighted with a red box. The text '9 + 4 weeks' is visible at the bottom right of the interface.

- By clicking the small button, you will open the wizard of this risk factor, which you should use to follow-up and manage this risk factor. Each of these wizards should be used to document the follow-up and management plan of each of these risk factors.

- This is the wizard of the first trimester hematoma. Choose the tab for either clinical assessment or management. Use the “?” button to show you relevant evidence-based recommendations:

Amira Ahmed-G1P0-854576

OBSTETRIC COMPLICATIONS

First trimester hematoma

Clinical assessment | Management

GA at diagnosis Type

Initial size cm 11/29/2024 Current size cm 11/29/2024

Initial hemoglobin g/dl 11/29/2024

Current hemoglobin g/dl 11/29/2024

Additional notes

Resolved

Anti-D given
Date 11/29/2024
GA

Oral iron
Date 11/29/2024

IV iron
Date 11/29/2024

Blood transfusion
Date 11/29/2024

Amira Ahmed-G1P0-854576

OBSTETRIC COMPLICATIONS

First trimester hematoma

Clinical assessment | Management

Counselling on risks completed ?
Risks of excessive vaginal bleeding, miscarriage, placental abruption and preterm labour explained.

Recommendations provided ?
Recommendations on reduction in activities, bed rest, avoiding sex and monitoring of symptoms that suggest early labor like contractions and cramping. Follow-up ultrasounds to assess the size of the hematoma was recommended.

Course and prognosis discussed ?
I explained that hematomas sometimes shrink in size on their own. However, sometimes they may increase in size and become problematic. Small hematomas typically do not cause problems. Overall, in most situations, hematomas do not affect the baby and is born healthy.

Resolved

Anti-D given
Date 11/29/2024
GA

Oral iron
Date 11/29/2024

IV iron
Date 11/29/2024

Blood transfusion
Date 11/29/2024

- This is the hyperemesis wizard. You will add the summary of each inpatient and outpatient visit in this table. Full text of each cell shows at the bottom when you click any cell of the table:

Amira Ahmed-G1P0-854576

OBSTETRIC COMPLICATIONS

Hyperemesis gravidarum

Clinical assessment | Management | Counseling

	TFT	US scan	Treatment on admission	Treatment during visit	Treatment at discharge
gh	Normal	Normal	Oral cyclizine	IV fluids and IM metoclopramide	Oral metoclopramide

IV fluids and cyclizine

Resolved

Amira Ahmed-G1P0-854576

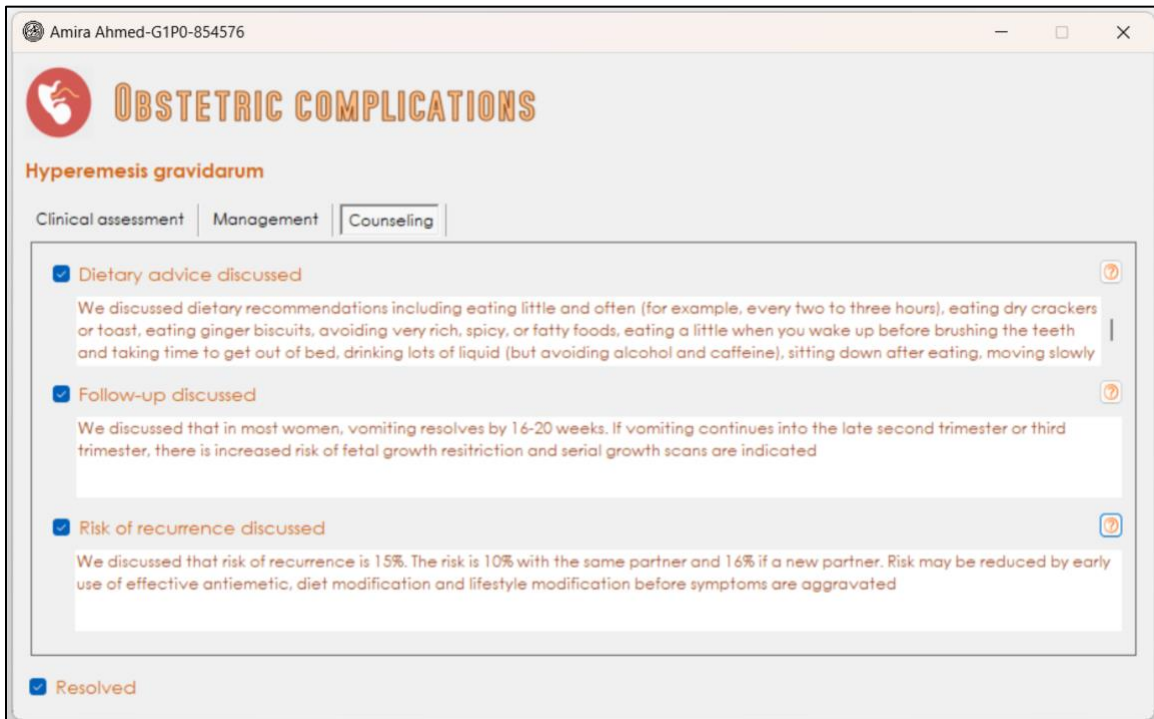
OBSTETRIC COMPLICATIONS

Hyperemesis gravidarum

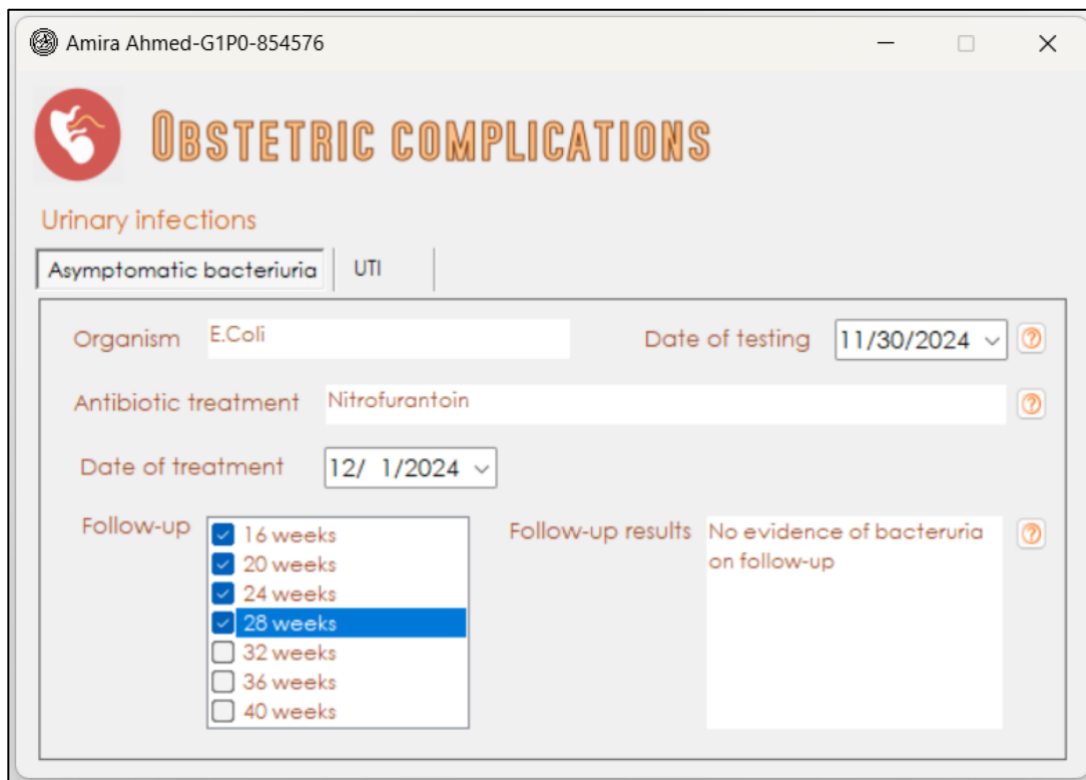
Clinical assessment | Management | Counseling

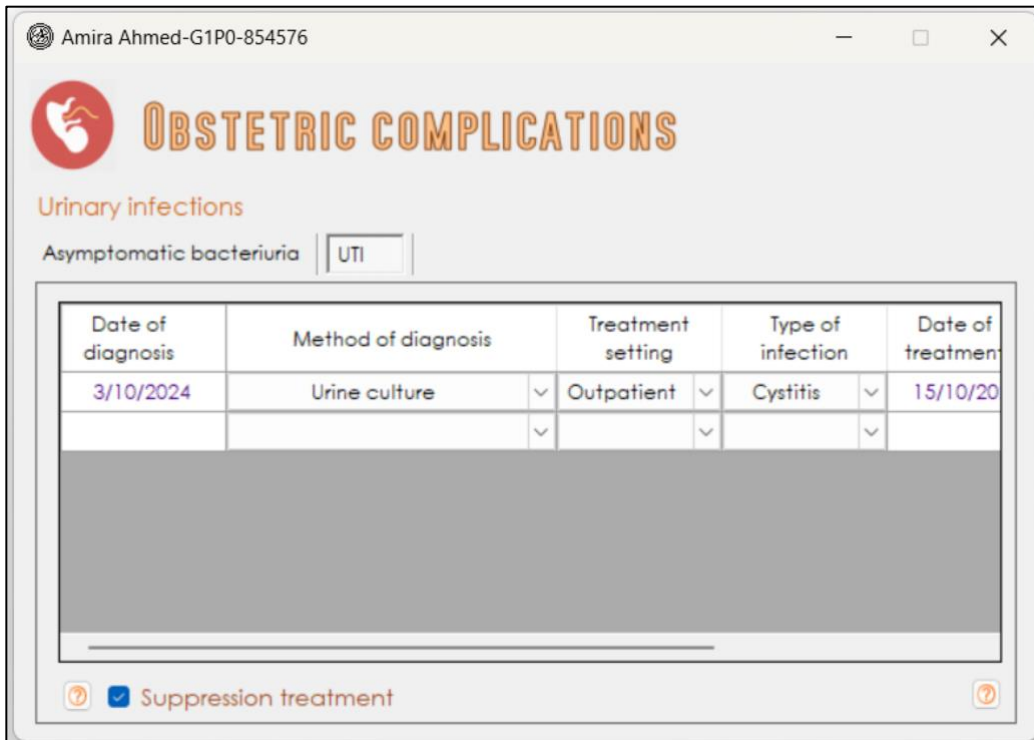
Medication	Start date	Current regimen	Stop date	Reason of discontinuation
Cyclizine	05/11/2024	50 mg three times a day	11/11/2024	No response
Metoclopramide	11/11/2024	10 mg three times a day	11/15/2024	Improvement

Resolved

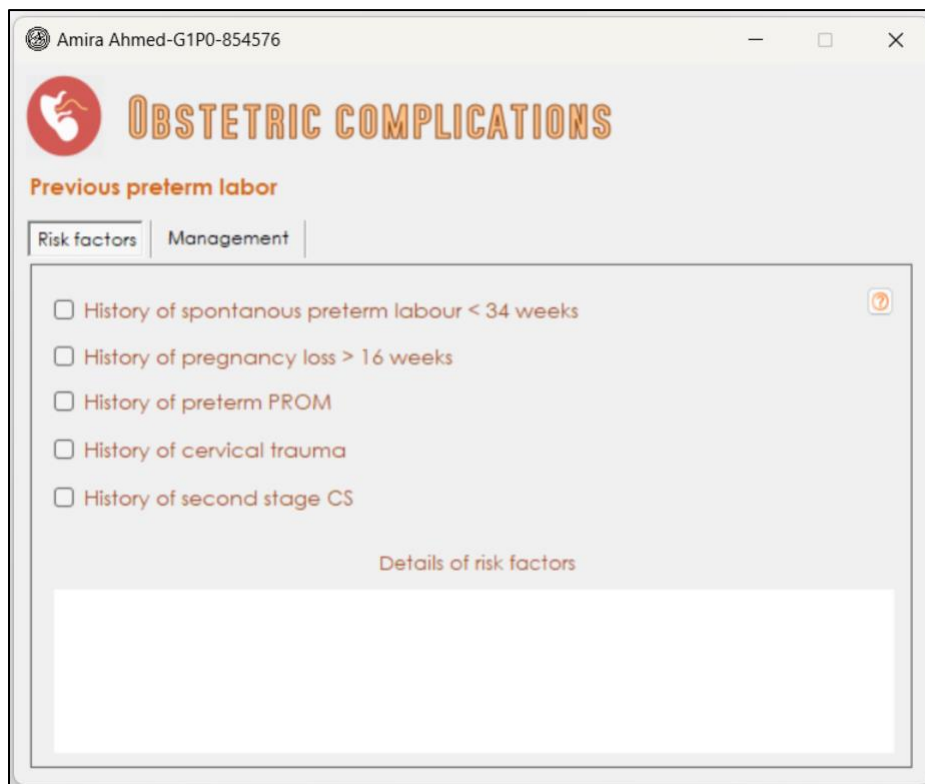


- Click the wizard of urinary infections to add information related to UTI or asymptomatic bacteriuria:





- ❑ This is the wizard of “previous preterm labor” in women with previous history of preterm labour:



Amira Ahmed-G1P0-854576

OBSTETRIC COMPLICATIONS

Previous preterm labor

Risk factors | Management

- IM Progesterone
- Vaginal progesterone
- Cervical length:

16 wks	<input type="text" value="3.7"/>	cm
18 wks	<input type="text" value="4.3"/>	cm
20 wks	<input type="text" value="4.5"/>	cm
22 wks	<input type="text" value="3.4"/>	cm
24 wks	<input type="text" value="3.5"/>	cm

Cerclage:

Notes

Follow-up completed till 24 weeks

□ This is the wizard of low-lying placenta and placenta previa:

Amira Ahmed-G1P0-854576

OBSTETRIC COMPLICATIONS

Low lying placenta and placenta previa

Assessment | Counseling and plan

GA at diagnosis: Type: Distance from internal os: mm TVUS

GA on repeat: Type: Distance from internal os: mm TVUS

GA on repeat: Type: Distance from internal os: mm TVUS

Date	Indication of admission	Total EBL	Hemoglobin	Anti-D	Transfusion
3/11/2024	Antepartum bleeding	100	110 - 98	No	No

Suspected accreta possible accreta on U/S scan

Additional notes

Plan of delivery discussed, for CS next week on

Resolved

Amira Ahmed-G1P0-854576

OBSTETRIC COMPLICATIONS

Low lying placenta and placenta previa

Assessment | Counseling and plan

Diagnosis discussed

I Explained the diagnosis of placenta previa and explain that as the lower segment starts to develop, the chance of the lower edge of the placenta to be pulled up is up to 90% by 32 weeks. Therefore, repeating a transvaginal scan at 32 weeks is recommended.
If the condition persists by 32 weeks, the diagnosis is confirmed and CS would be indicated between 36-37 weeks if uncomplicated or 34-37 weeks if symptomatic or associated with high risk of preterm labour (risk of bleeding by

Safety netting discussed

We discussed avoiding digital vaginal examination, penetrative intercourse, moderate to strenuous exercise, heavy lifting and prolonged standing > 4 hours and I encouraged her to contact/ present to hospital in case of bleeding or contraction

First dose of steroids 11/ 4/2024 Time 13:23

Second dose of steroids 11/ 5/2024 Time 13:45

Rescue course of steroids 11/27/2024 Time 08:40

Planned GA of delivery 37+5

Resolved

□ This is the wizard of the placental abruption:

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OBSTETRIC COMPLICATIONS

Placental abruption and unexplained APH

Diagnosis Placental abruption Clinical diagnosis

Date	Indication of admission	Total EBL	Hemoglobin	Anti-D
3/11/2024	Anlepartum bleeding	300	12.0	No

Risk counseling complete

I discussed that unexplained APH is associated with increased risk of oligohydramnios, PROM, preterm labor, FGR, stillbirth, IOL and CS, NICU admission and neonatal hyperbilirubinemia. Accordingly, women should be referred to high risk clinic for follow-up and serial growth

Additional notes

No additional notes

Resolved

- This is the wizard of vasa previa:

Amira Ahmed-G1P0-854576

OBSTETRIC COMPLICATIONS

Vasa previa

Ultrasound diagnosis: At 20 weeks | Type: Type I | TVUS

Diagnosis confirmed at 32 weeks

First dose of steroids: 12/ 1/2024 | Time: 1200

Second dose of steroids: 12/ 2/2024 | Time: 1230

Plan of delivery: CS at 35 weeks

Additional note: Admit to the ward at 32 weeks

Resolved

- This is the wizard of the TORCH infections:

Amira Ahmed-G1P0-854576

OBSTETRIC COMPLICATIONS

Viral infections

CMV | Rubella
 Chickenpox | Fetal anomalies
 Toxoplasma
 Parvo virus

CMV | Chickenpox | Toxoplasma | Parvo virus | Rubella | Fetal anomalies

Diagnosis: Clinically suspected | GA at diagnosis: 33+1 | Plan of care: Repeat scan in 2 weeks

Details of diagnosis:

- CMV-specific Igs: Positive
- Amniocentesis: Positive
- Cordocentesis: Not performed
- Serial US findings

Date	GA	Ultrasound findings
3/11/2024	34+1	Normal sonographic findings

Resolved

☐ This is the wizard of different hematological disorders:

Amira Ahmed-G1P0-854576

OBSTETRIC COMPLICATIONS

Hematological disorders

Anemia
 Thrombocytopenia
 Venous thrombosis
 Bleeding disorders

Anemia | Thrombocytopenia | Venous thrombosis | Bleeding disorders | Others

GA at diagnosis: 18+0 Type of anemia: Iron deficiency Plan of care: No further treatment required. Continue oral iron for 3 months postpartum

HB at diagnosis: 9.8 Other tests: Ferritin is 9

Inheritance risk: None

Oral ferrous sulfate Dose: 200 GA at treatment: 20+1

IV iron infusion Dose: 1000mg GA at treatment: 32+0

Post-treatment HB: 11.3 GA at testing: 34+0

Blood transfusion

Date	GA	Pre-HB	Indication of transfusion	Blo prod
1/11/2024	38+2	8.7	Symptoms	pF

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OBSTETRIC COMPLICATIONS

Hematological disorders

Anemia
 Thrombocytopenia
 Venous thrombosis
 Bleeding disorders

Anemia | **Thrombocytopenia** | Venous thrombosis | Bleeding disorders | Others

GA at diagnosis: 28+0 Type of thrombocytopenia: Gestational Plan of care: Follow-up with FBCs, discuss delivery plan at 38 weeks

Baseline count: 143000 Baseline symptoms: No symptoms

Further tests: Repeat FBC in 4 weeks

Follow-up: Every 4 wks

Date	GA	Platelet count	Symptoms	Treatment given	Next follow-
12/11/2024	31+4	102	None	None	4 we

Resolved

Amira Ahmed-G1P0-854576

OBSTETRIC COMPLICATIONS

Hematological disorders

Anemia
 Thrombocytopenia
 Venous thrombosis
 Bleeding disorders

Anemia | Thrombocytopenia | Venous thrombosis | Bleeding disorders | Others

GA at assessment: 12+0 Type of risk: High risk for VTE
 Recommendations: LMWH at 28 weeks
 Baseline weight: 89 Treatment and dose: LMWH 40 mg once daily

Follow-up

Date	GA	Current treatment	Anti-Xa level	Other investigations	Next follow-up
20/11/2024	32+0	LMWH	Not indicated	None	36 weeks

Date and time of discontinuation: 24 hours before CS

Antenatal plan of care: Continue till 24 hours before CS

Postnatal plan of care: Continue 4 hours postpartum and for days

Amira Ahmed-G1P0-854576

OBSTETRIC COMPLICATIONS

Hematological disorders

Anemia
 Thrombocytopenia
 Venous thrombosis
 Bleeding disorders

Anemia | Thrombocytopenia | Venous thrombosis | Bleeding disorders | Others

GA at assessment: 20+1 Type of disorder: Factor IX carrier
 Recommendations: follow-up factor IX every 4 weeks

Follow-up

Date	GA	Level assessment	Other investigations	Treatment given	Next follow-up
20/11/2024	32+0	0.6	none	none	4 weeks

Antenatal plan of care: Continue follow-up every 4 weeks

Postnatal plan of care: Check level 4 hours after delivery

Amira Ahmed-G1P0-854576

OBSTETRIC COMPLICATIONS

Hematological disorders

Anemia
 Thrombocytopenia
 Venous thrombosis
 Bleeding disorders

Anemia | Thrombocytopenia | Venous thrombosis | Bleeding disorders | **Others**

Diagnosis: Current treatment:

Follow-up visits

Date	GA	Setting	Disease status	Symptoms	Investigations	Current treatment
Date	34+0	Clinic visit	Well controlled	Add symptoms	Add invests	None

Obstetric review:
 Hematology review:

This is the wizard of hypertension disorders:

Amira Ahmed-G1P0-854576

OBSTETRIC COMPLICATIONS

Hypertension

Chronic hypertension
 Gestational hypertension
 Preeclampsia (mild, without SF)
 Preeclampsia (severe, with SF)

GA at baseline assessment: 12+0 Baseline BP: 120/84 Baseline proteinuria: Neg
 GA at first diagnosis: 28+2 BP at diagnosis: 145/98 Proteinuria at diagnosis: +

Plan of care

Follow-up in 1 week

Check:

- BP
- Proteinuria
- Symptoms
- NST

Follow-up visits

Date	GA	Visit setting	BP	Proteinuria	Sy
01/12/2024	31+0	Day unit visit	130/80	18	

Current treatment:

- Add endocrine disorders here:

The screenshot shows the 'OBSTETRIC COMPLICATIONS' software interface. The main title is 'OBSTETRIC COMPLICATIONS' with a logo of a hand holding a heart. Below it, the section is 'Endocrine disorders with pregnancy'. There are four tabs: 'Thyroid disorders', 'Pregestational diabetes', 'Gestational diabetes', and 'Other disorders'. On the right, there are four checked checkboxes: 'Thyroid disorders', 'Pregestational diabetes', 'Gestational diabetes', and 'Other disorders'. The main content area has four sub-tabs: 'Preconception/Booking', 'Antenatal visits', 'Delivery plan', and 'Postnatal plan'. The 'Preconception/Booking' tab is active. It contains several sections:

- Diagnosis confirmation:** 'Overt hypothyroidism' (dropdown)
- Preconception disease control:** 'Well controlled' (dropdown)
- Preconception assessment:** Includes TSH 1.3, Free T3 12, Free T4 14.
- Antibodies:** Checked for 'Anti-TPO antibodies', 'Thyroglobulin antibodies (TgAb)', and 'Thyrotropin receptor antibodies (TRAb)'.
- Medication review:** 'Medication status' is 'On medications - Well controlled' (dropdown). Below are 'Preconception medications' with columns for Drug, Dose, and a 'Stop' checkbox. Two entries are shown: Drug 1 (Dose 100) and Drug 2 (Dose 200), both with 'Stop' checked. Below that are 'Recommended alternatives' with 'No change' selected and two alternative drug/dose entries.
- Notes:** 'Patient counseling' and 'Clinical note' are checked. There are text areas for 'Obstetric note' (with placeholder 'Add obstetric care plan here') and 'Endocrinology note' (with placeholder 'Add endocrine plan here').

- This is the wizard of the “threatened preterm labor”:

The screenshot shows the 'OBSTETRIC COMPLICATIONS' software interface for 'Threatened preterm labor'. The main title is 'OBSTETRIC COMPLICATIONS'. Below it, the section is 'Threatened preterm labor'. There are three tabs: 'Clinic visits', 'Obstetric review', and 'Neonatology review'. The 'Clinic visits' tab is active. It contains a table with the following data:

Date	GA	Setting	diagnosis	symptoms and duration	Contractions/10 min
11/12/2024	23+0	Hospital admission	Suspected preterm labor	Cramps	1/10

 Below the table is a large greyed-out area. At the bottom right, there is a checked checkbox labeled 'Resolved'.

- ❑ This is the wizard of the PPROM:

Amira Ahmed-G1P0-854576

OBSTETRIC COMPLICATIONS

Preterm prelabor rupture of membranes (PPROM)

Clinic visits | Obstetric review | Neonatology review

Gestational age at diagnosis 28+3 Latency antibiotics erythromycin Start date 1/12/2024 Completed

Baseline WBC count 12 Baseline CRP 5 Baseline contractions 0/10 Baseline CTG Normal

Clinic visits

Date	GA	Setting	diagnosis	symptoms and duration	Contractions/10 min
4/12/2024	29+0	Day care visit	Confirmed by speculum - pool...	Leakage	1/10

- ❑ This is the wizard of the amniotic fluid abnormalities:

Amira Ahmed-G1P0-854576

OBSTETRIC COMPLICATIONS

Amniotic fluid abnormalities

Oligohydramnios Polyhydramnios

Oligohydramnios Polyhydramnios

Oligohydramnios | Polyhydramnios

GA at diagnosis Assessment of PPROM at baseline

Assessment of growth at baseline EDD confirmed

Gross anomalies Amniocentesis

Follow-up

Date	GA	MVP
------	----	-----

Clinical note/plan of care

Resolved

- The is the wizard of the fetal growth abnormalities and their further investigations:

Amira Ahmed-G1P0-854576

OBSTETRIC COMPLICATIONS

Abnormal fetal growth

SGA/FGR | Macrosomia

GA at diagnosis: 30+0 | Early onset | PIH at baseline: No PIH | EDD confirmed:

Chronic disease: No | Fetal medicine review completed:

Gross anomalies: Anomalies present | Omphalocele

Paracentesis: Abnormal karyotype | X-45

Follow-up				Clinical note/plan of care	
Date	GA	FFW percentile		Fetal medicine referral is required	
11/12/2024	33+0	42nd			

GA at delivery: 36+0 | MOD: VD | Resolved:

- This is the wizard of patients at risk of or with history of red cell allo-immunisation:

Amira Ahmed-G1P0-854576

OBSTETRIC COMPLICATIONS

Red cell alloimmunization

Follow-up | Management

Current status: Positive antibodies | Antibody type: Others | anti-e | Titer: 1:8

anti-D at 28 wks | MCA PSV Doppler indicated

Follow-up						
Date	GA	Antibody titre	MCA PSV indicated	MCA PSV value	US signs of hydrops	Recommendation
11/11/2024	33+2	1:4	Yes	1.1 MoM	No	F/U in 1 week

Amira Ahmed-G1P0-854576

OBSTETRIC COMPLICATIONS

Red cell alloimmunization

Follow-up | Management

Clinical note/plan of care

Cordocentesis and possibly intrauterine transfusion

Procedures indicated

Date	GA	Procedure	Details of the procedure
11/11/2024	33+2	Cordocent...	Fetal hemoglobin checked

GA at delivery ³⁶⁺⁰ MOD CS

- This is the wizard of “multifetal pregnancy” where you should add all follow-up visits:

Amira Ahmed-G1P0-854576

OBSTETRIC COMPLICATIONS

Multifetal pregnancy

Follow-up | Management

Type Dichorionic diamniotic twins

Follow-up

Date	GA	Twin 1 growth	Twin 1 AF	Twin 1 Doppler	Twin 2 growth	Twin 2 AF
12/11/2024	24+0	23rd: 567	12	Normal	18th: 498	15

- Remember to click “?” to get more information on management guidelines:

INFORMATION BOX: Multifetal pregnancy

TWIN PREGNANCY

Booking visit

First trimester ultrasound should be offered to women with multiple pregnancy for:

- Assessment of viability
- Assessment of gestational age (gestational age is determined by the largest foetus)
- Assessment of chorionicity and amnionicity
- Assignment of nomenclature (assign foetuses as left and right, or upper and lower for consistency)

Methods of determination of chorionicity and amnionicity

- The number of placental masses
- The presence of amniotic membrane(s) and membrane thickness
- Lambda or T-sign
- Discordant fetal sex (if gestational age is beyond 14 weeks)

Dichorionic diamniotic (DCDA) pregnancy	<ul style="list-style-type: none"> • There are 2 chorionic and 2 amniotic layers • There is a thick inter-twin membrane (> 2 mm) • Lambda sign
Monochorionic diamniotic (MDCA) pregnancy	<ul style="list-style-type: none"> • There are 2 amniotic layers only • There is a thin inter-twin membrane (< 2 mm) • T-sign
Monochorionic monoamniotic (MCMA) pregnancy	There is no intertwin membrane

If chorionicity cannot be determined, a second opinion by a senior sonographer or a referral should be considered. If chorionicity remains undetermined, pregnancy should be managed as monochorionic pregnancy

Transvaginal ultrasound may be used as an alternative to transabdominal ultrasound in women with high body mass index and uterine retroversion. 3D ultrasound should not be used

- This is the wizard for neurological disorders. Add information on neurological disorders throughout the management plan and add your follow-up. Use “?” button to learn more about standard management:

The screenshot shows a web application window titled "Amira Ahmed-G1P0-854576" with the main heading "OBSTETRIC COMPLICATIONS". Underneath, it is categorized as "Neurological disorders" with sub-tabs for "Epilepsy", "Multiple sclerosis", and "Other disorders". The "Epilepsy" sub-tab is active, and checkboxes for "Epilepsy" (checked) and "Multiple sclerosis" (unchecked) are visible in the top right.

The main content area is divided into four stages: "Preconception/Booking", "Antenatal visits", "Delivery plan", and "Postnatal plan". The "Preconception/Booking" stage is currently selected and contains the following form elements:

- Diagnosis verification**
 - Time since last episode Childhood only
 - Diagnosis made by a neurologist: [dropdown menu]
 - Type of epilepsy: [dropdown menu]
- Risk stratification**
 - Risk: [dropdown menu] ?
- Medication review** ?

Preconception medications			Stop
Drug	Dose		<input type="checkbox"/>
Drug	Dose		<input type="checkbox"/>
Drug	Dose		<input type="checkbox"/>

 - Medication status: [dropdown menu]
- Recommended alternatives**
 - No change
 - Drug Dose
 - Drug Dose
- Patient counseling** ?
 - Recommendations
 - Folic acid 5 mg
 - Safe environment discussed
 - Mental health screened (mood and cognition)
- Clinical note**
 - Obstetric note
 - Neurology note

- This is the wizard of the rheumatic/immunological disorders: It contains all the required investigations and follow-up required antenatally and postnatally. Management plan should be documented here.

Amira Ahmed-G1P0-854576

OBSTETRIC COMPLICATIONS

Immunological/rheumatology disorders

SLE | Rheumatoid arthritis | Other disorders

Preconception/Booking | Antenatal visits | Delivery plan | Postnatal plan

Confirmed diagnosis
 Disease control Well controlled
 Patient counseling
 Recommendations

Preconception assessment

C3 level Normal C3
 C4 level Not tested
 Folic acid 5 mg
 Mental health screened (mood and cognition)

Anti-dsDNA Normal anti-dsDNA
 Echocardiography Normal
 Hydroxchloroquine

CXR/CT Normal
 PFT Normal
 Clinical note

Urine dip Negative
 PCR Negative
 Obstetric note

RFT Normal
 CBC Normal
 Rheumatology note

Anti-Ro/La Low
 APA Negative
 Rheumatology

Medication review

Medication status On medications - Well controlled

Preconception medications	Stop
Drug Drug 1 Dose 20	<input type="checkbox"/>
Drug Drug 2 Dose 40	<input type="checkbox"/>
Drug Drug 3 Dose 60	<input type="checkbox"/>

Recommended alternatives

<input type="checkbox"/> No change
Drug Drug 3 Dose 100
Drug Drug 4 Dose 200

- This is the wizard of the cardiac disorders:

Amira Ahmed-G1P0-854576

OBSTETRIC COMPLICATIONS

Cardiac disease with pregnancy

Preconception/Booking | Antenatal visits | Delivery plan | Postnatal plan

Details of diagnosis

Disease status

Baseline investigations

Echocardiography

Date

Findings

ECG

Date

Findings

Preconception medications

Drug Dose Stop

Drug Dose

Drug Dose

Recommended alternatives

No change

Drug Dose

Drug Dose

Baseline murmurs

Patient counseling

Clinical notes

Obstetric note

Cardiology note

- This is the wizard for any other risk factors not listed in the main window. Add any additional risks in this pregnancy to this wizard:

Amira Ahmed-G1P0-854576

OBSTETRIC COMPLICATIONS

Other risks with pregnancy

Risk factor	Details of risk	Pregpregnancy/booking assessment	Pregpregnancy/booking counselling	Pregpregnancy/booking recommendations

6. Viewing summary

- You can use additional functions on the right panel to facilitate patient care:

Amira Ahmed-G1P0-854576

PATIENT ASSESSMENT HUB

- First visit assessment
- First triemster ultrasound
- Booking labs
- Genetic screening
- Low dose aspirin
- Hepatitis B vaccine
- Influenza vaccine
- Second triemster ultrasound
- 28-week labs
- Mid-pregnancy counselling
- Anti-D (Rh) dose (28 weeks)
- 36-week labs
- Labor counselling
- Third triemster ultrasound
- Tdap vaccine (27-35 weeks)

ANTENATAL VISITS

1	R T H	15	R T H	29	R T H
2	R T H	16	R T H	30	R T H
3	R T H	17	R T H	31	R T H
4	R T H	18	R T H	32	R T H
5	R T H	19	R T H	33	R T H
6	R T H	20	R T H	34	R T H
7	R T H	21	R T H	35	R T H
8	R T H	22	R T H	36	R T H
9	R T H	23	R T H	37	R T H
10	R T H	24	R T H	38	R T H
11	R T H	25	R T H	39	R T H
12	R T H	26	R T H	40	R T H
13	R T H	27	R T H	41	R T H
14	R T H	28	R T H	42	R T H

HIGH RISK PREGNANCY

- First trimester hematoma
- Hyperemesis gravidarum
- Urinary infections
- Previous preterm labor
- Placenta praevia
- Placental abruption
- Vasa previa
- TORCH infections
- Hematological disorders
- Hypertension
- Endocrine disorders
- Threatened preterm labour
- PPROM
- Amniotic fluid disorders
- SGA/FGR
- Red cell alloantibodies
- Multifetal pregnancy
- Neurologic disorders
- Immunologic disorders
- Cardiac disorders
- Other disorders

10 + 6 weeks (US)

monitor

- You can click the “monitor” button to view a quick brief of your patient pregnancy so far:



- By clicking the button, a window will open to show you the basic information and risks associated with this pregnancy:

Clinical summary

NAME: Amira Ahmed | CLINIC NUMBER: 854576 | GESTATIONAL AGE: 10 + 6 weeks (US)

ULTRASOUND

FIRST TRIMESTER: Dichorionic diamniotic triplets - Viable - Hematoma 2.1 cm - NT: 3.1 mm
 SECOND TRIMESTER: Major anomalies - Major anomalies suggestive of trisomy 18

LABORATORY

BASELINE LABS: HgB (11.3) - Ferritin (21) - ASB (Asymptomatic bacteriuria) - Protein in urine (Present)
 SECOND TRIMESTER LABS: HgB (11.2) - platelets (180) - Antibody screen (Negative for anti-D) - Normal glucose tolerance test
 GBS negative status

RISK ASSESSMENT

RISK ASSESSMENT: not reported

MEDICATIONS

MEDICATIONS: none reported

CONDITIONS

CONDITIONS: none reported

DELIVERY PLAN

Vaginal delivery | 39+3 days

- You can click the “hospital” button. This will show you all the hospital admissions linked to this pregnancy. The visits are stratified by gestational age. You can click the week and choose the visit. The details of this visit will show in the table. Choose the details and then click “Go to visit”:



HOSPITAL ADMISSIONS

Weeks	Visits (date and time)
20 weeks 26 weeks	Amira Ahmed - 1007

Date	Time	GA	Bed	Ward	Indication of admission
29-11-2024	10:07	20+2 weeks	3	L44	Pyelonephrit

Go to visit

7. Hospital admissions

- When you open hospital admission, you can add records to the hospital admission including daily rounds notes, nurse notes, vital signs and other observations, you can request investigations and order medications during inpatient stay. You can also track the record of the medications given, cancel the medications, and the nurses can document the doses that were given or held
- This the window of hospital admission:

The screenshot shows a software window for a patient named Amira Ahmed (G1P0-854576). The window has a title bar with the patient's name and ID. Below the title bar, there is a date selector set to 12/7/2024, a patient name field showing 'Amira Ahmed', and a clinic number field showing '854576'. To the right of these fields is a summary of admission details including the date of admission (29-11-2024), time of admission (10:07), gestational age at admission (20+2 weeks), bed number (3), ward (L44), indication of admission (Pyelonephritis), and the physician (S. Shazy). On the left side, there is a vertical toolbar with icons for various functions like adding notes, viewing charts, and exiting. The main area of the window is divided into two tabs: 'Management notes' and 'Nursing notes'. The 'Management notes' tab is currently selected and is empty.

Change date to show notes of the date you choose

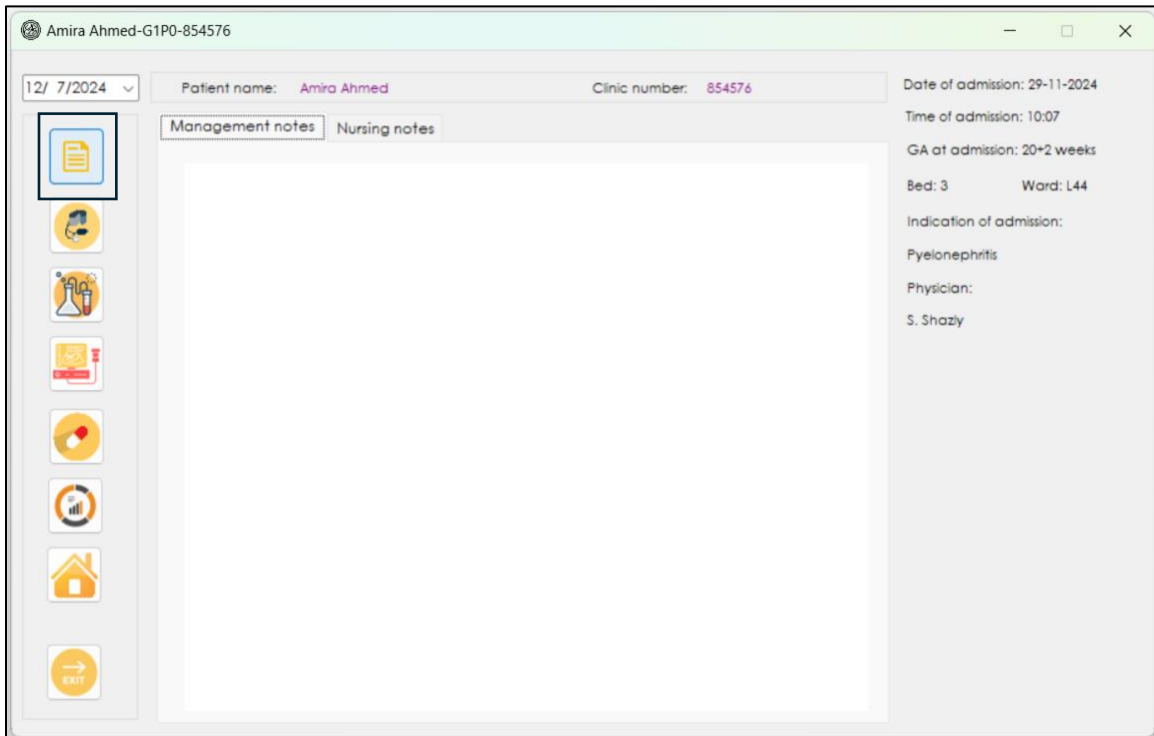
Name and clinic number

These are the functions available

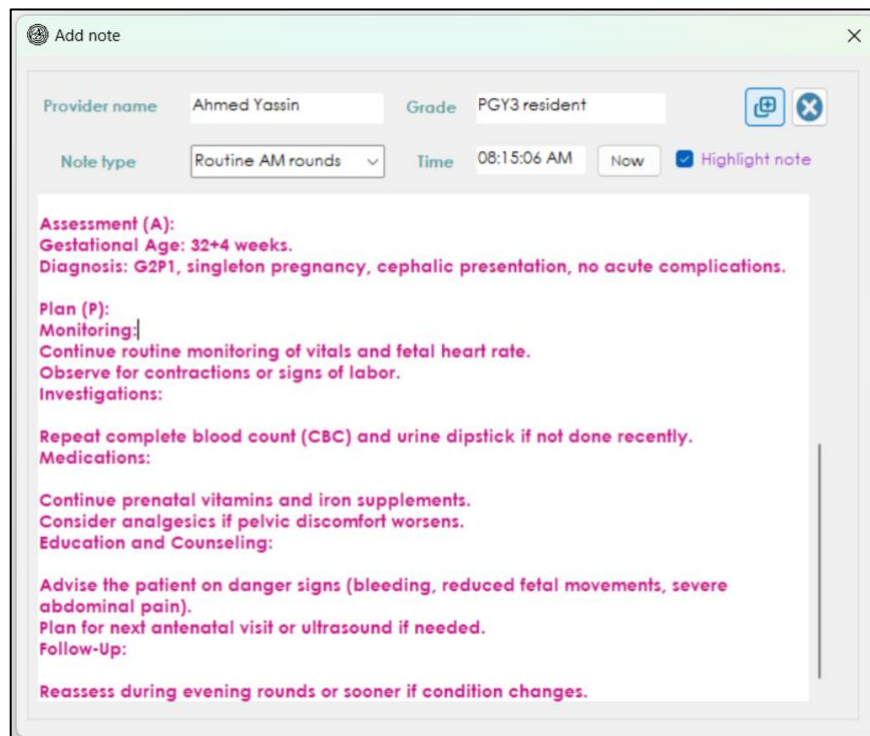
Clinical notes are shown here. You can switch between doctors' management notes and nurses notes

Summary of admission details

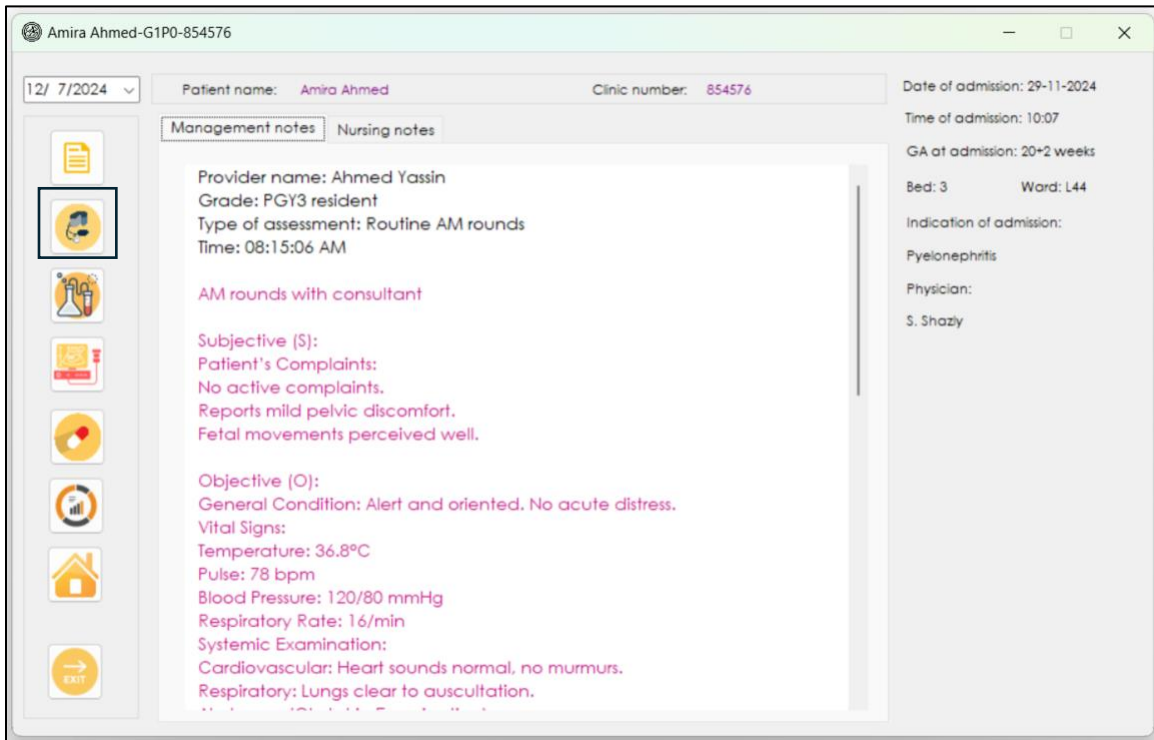
- Click the first button if you want to add a clinical note including rounds note (doctor or nurse):



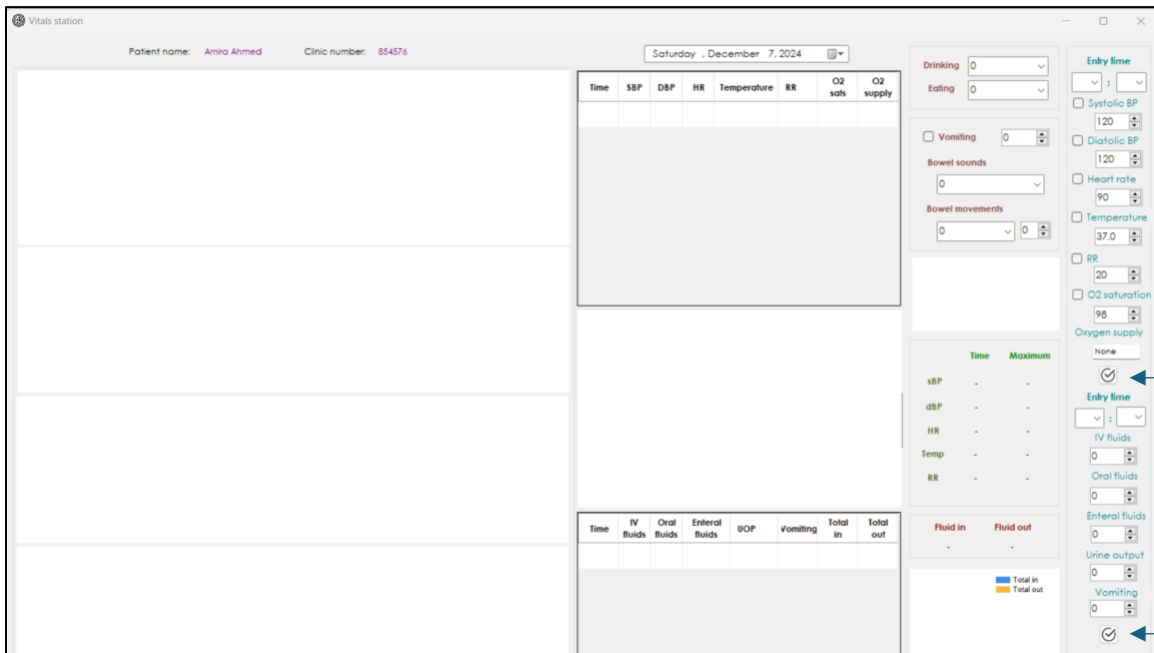
- By clicking the button, a window will open for you to add a note. Add the required information. You can choose to highlight important notes by ticking the box, so they appear in a prominent colour:

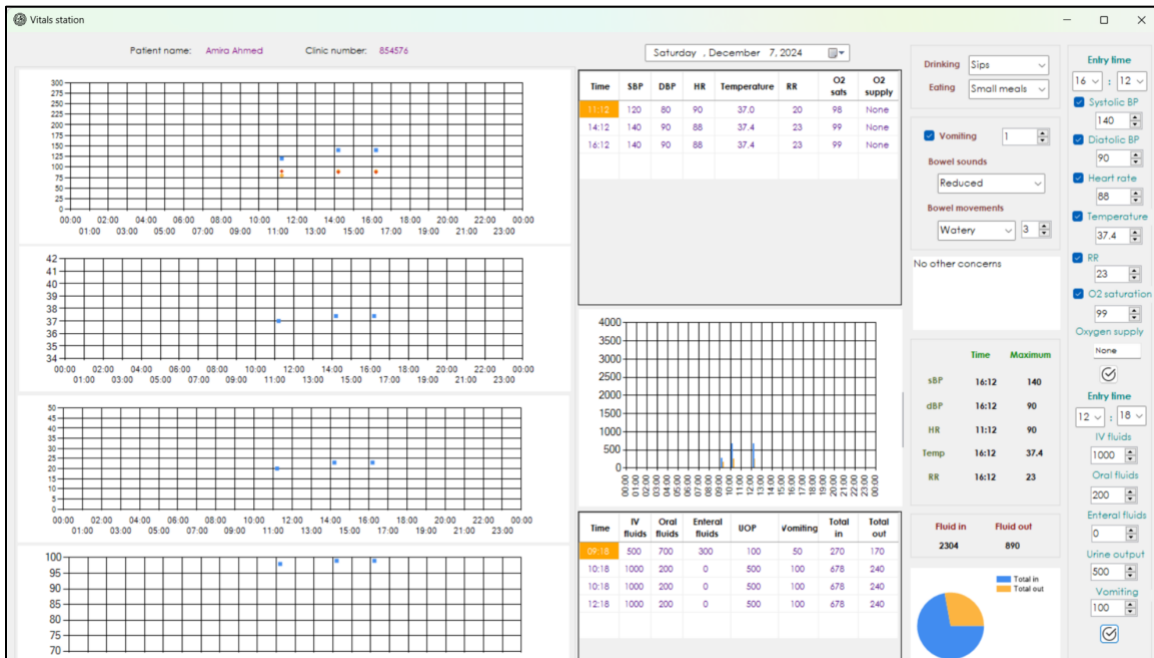


- ❑ Click the second button to review and add vital signs and observations:



- ❑ Add observations and vital signs per day. You can change the date to see observations from the date you selected. The chart shows vital signs and fluid chart:





□ Click the third button to request lab tests (discussed later):

Amira Ahmed-G1P0-854576

12/ 7/2024 Patient name: Amira Ahmed Clinic number: 854576 Date of admission: 29-11-2024

Time of admission: 10:07 GA at admission: 20+2 weeks Bed: 3 Ward: L44

Indication of admission: Pyelonephritis Physician: S. Shazly

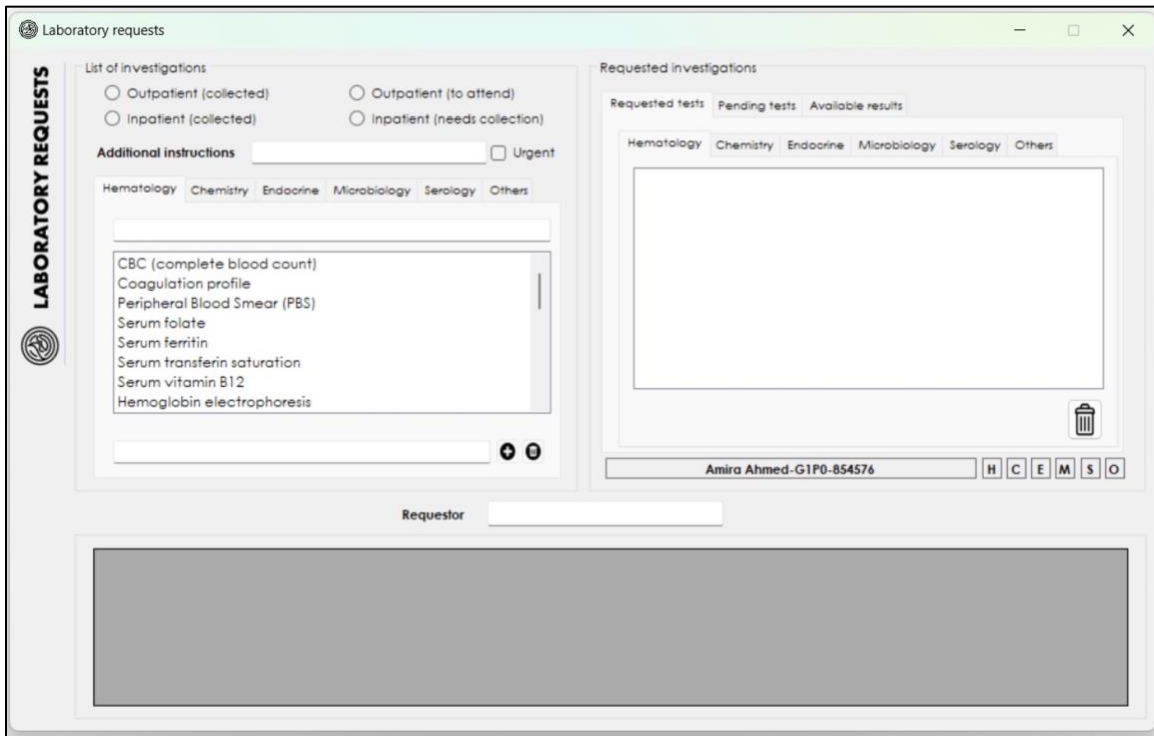
Management notes Nursing notes

Provider name: Ahmed Yassin
 Grade: PGY3 resident
 Type of assessment: Routine AM rounds
 Time: 08:15:06 AM

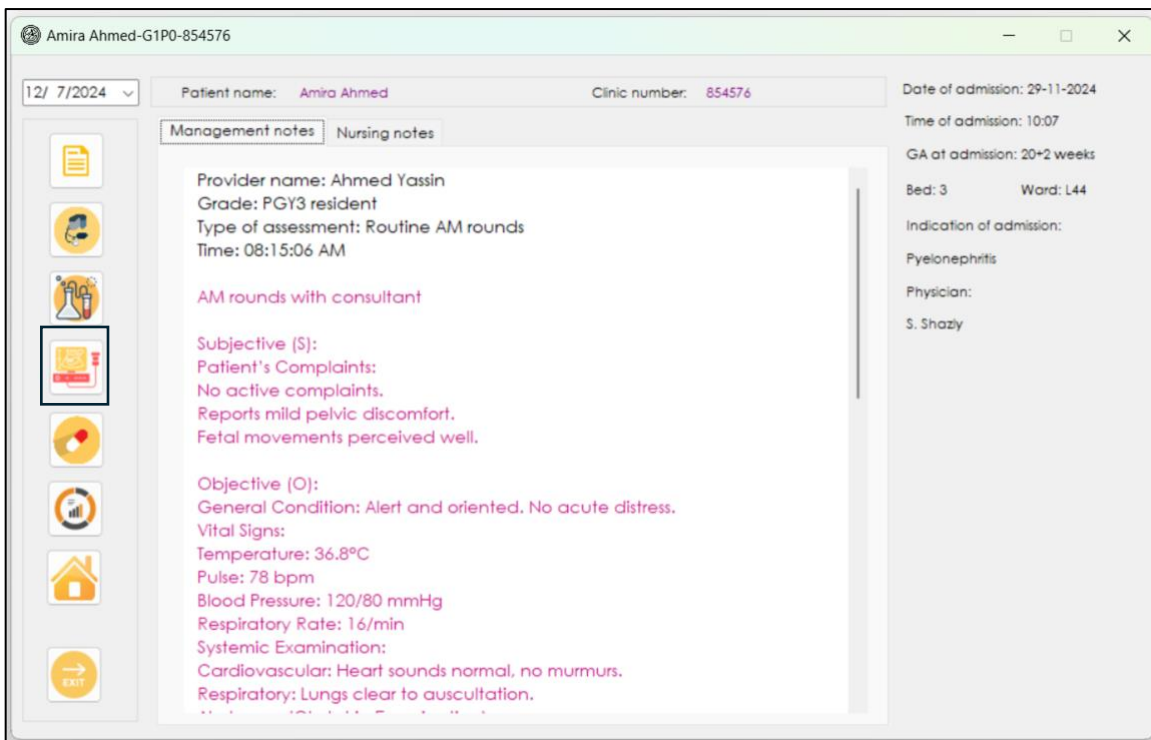
AM rounds with consultant

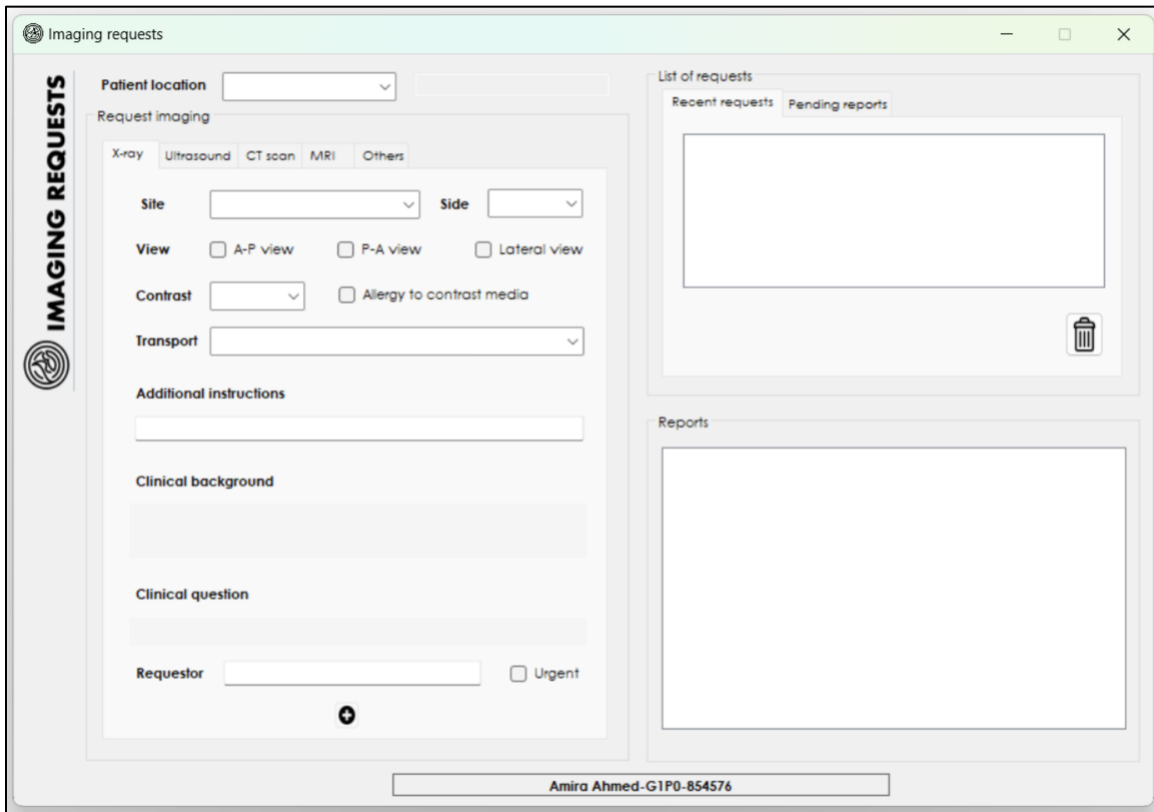
Subjective (S):
 Patient's Complaints:
 No active complaints.
 Reports mild pelvic discomfort.
 Fetal movements perceived well.

Objective (O):
 General Condition: Alert and oriented. No acute distress.
 Vital Signs:
 Temperature: 36.8°C
 Pulse: 78 bpm
 Blood Pressure: 120/80 mmHg
 Respiratory Rate: 16/min
 Systemic Examination:
 Cardiovascular: Heart sounds normal, no murmurs.
 Respiratory: Lungs clear to auscultation.

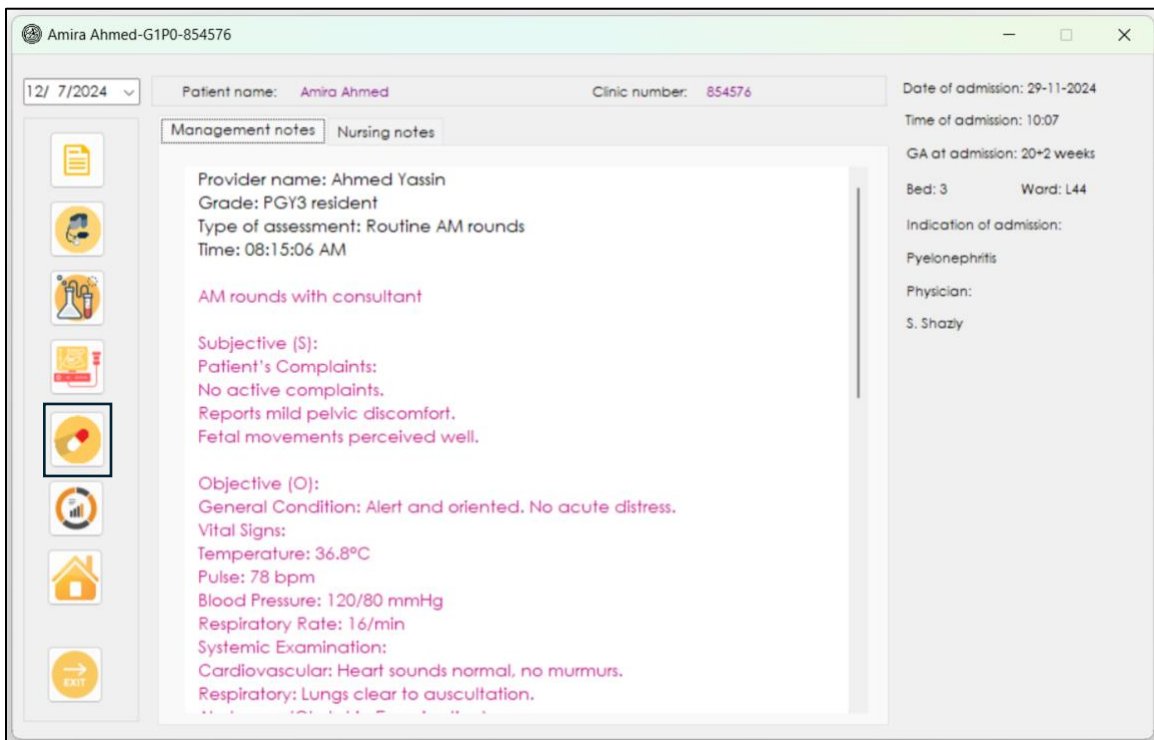


□ Click the third button to request imaging (discussed later):

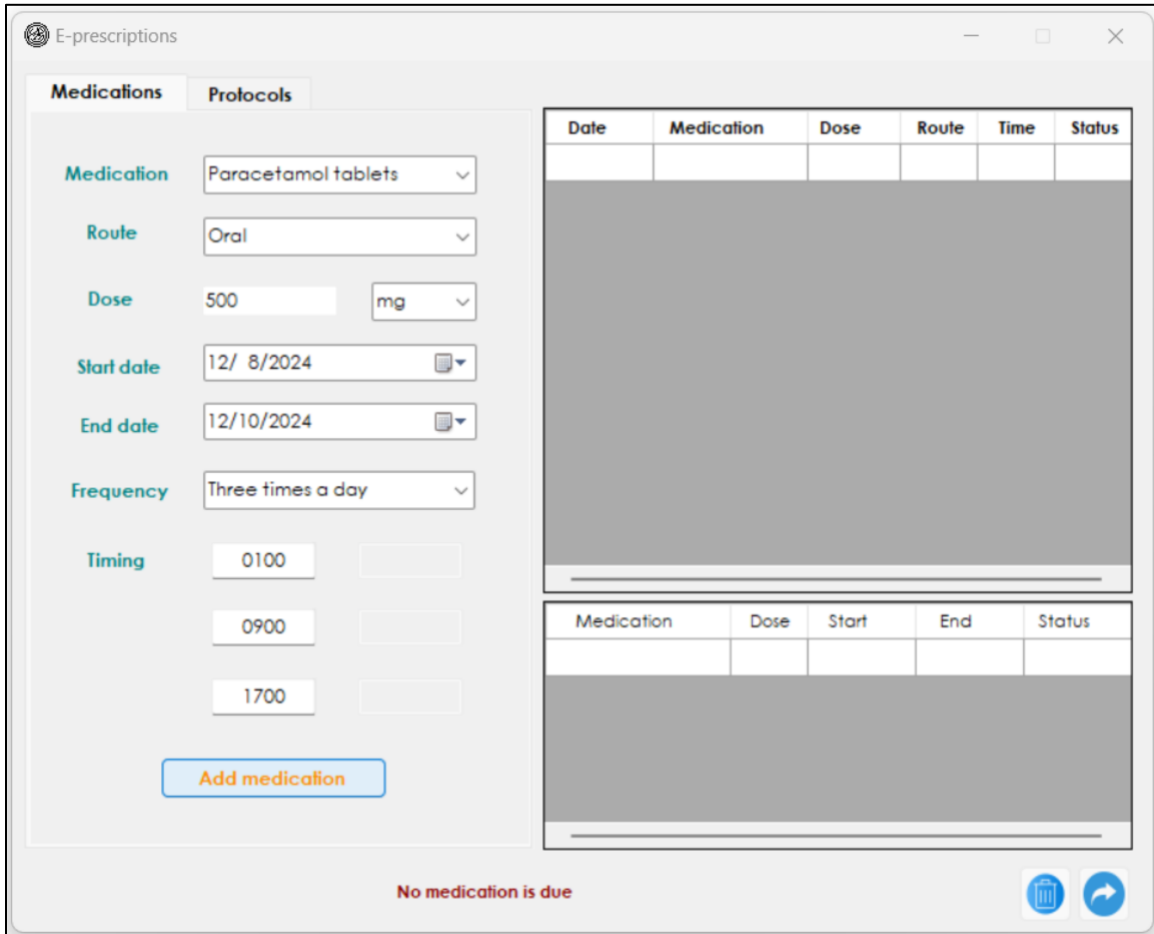




- ❑ Click the fifth button to review and prescribe inpatient medications:



- The prescription window will open. You will choose or write the name of the medications and its details and then click “Add medication”:



- By clicking “add medications”, the prescription will be added to the below table and all the doses of the medication as prescribed will be added to the above table. The next due medication will be shown at the bottom of the window.

E-prescriptions

Medications Protocols

Medication

Route

Dose

Start date 12/ 8/2024

End date 12/ 8/2024

Frequency

Timing 0000

Date	Medication	Dose	Route	Time	Status
08/12/2024	Paracetamol f...	500	Oral	0100	
08/12/2024	Paracetamol f...	500	Oral	0900	
08/12/2024	Paracetamol f...	500	Oral	1700	
09/12/2024	Paracetamol f...	500	Oral	0100	
09/12/2024	Paracetamol f...	500	Oral	0900	
09/12/2024	Paracetamol f...	500	Oral	1700	
10/12/2024	Paracetamol f...	500	Oral	0100	
10/12/2024	Paracetamol f...	500	Oral	0900	
10/12/2024	Paracetamol f...	500	Oral	1700	

Medication	Dose	Start	End	Status
Paracetamol tablets	500	08/12/2024	10/12/2024	Added

Next medications: Paracetamol tablets - 500 - Oral - Time: 0100

- ❑ On the above table, under the column “status”, double click the box. Double clicking will turn it into green “Given” or red “held”. This function can be used to indicate whether the dose was given or held.
- ❑ If you choose a medication from the below table and click “cycle bin”, this will cancel the medication and all the entries on the above table will be indicated as “cancelled”

E-prescriptions

Medications Protocols

Medication

Route

Dose

Start date 12/ 8/2024

End date 12/ 8/2024

Frequency

Timing 0000

Date	Medication	Dose	Route	Time	Status
08/12/2024	Paracetamol t...	500	Oral	0100	Giver
08/12/2024	Ibuprofen tabl...	400	Oral	0100	Giver
08/12/2024	Ibuprofen tabl...	400	Oral	0700	Held
08/12/2024	Paracetamol t...	500	Oral	0900	Giver
08/12/2024	Ibuprofen tabl...	400	Oral	1300	Held
08/12/2024	Paracetamol t...	500	Oral	1700	
08/12/2024	Ibuprofen tabl...	400	Oral	1900	
09/12/2024	Paracetamol t...	500	Oral	0100	
09/12/2024	Ibuprofen tabl...	400	Oral	0100	
09/12/2024	Ibuprofen tabl...	400	Oral	0700	
09/12/2024	Paracetamol t...	500	Oral	0900	

Medication	Dose	Start	End	Status
Paracetamol tablets	500	08/12/2024	10/12/2024	Added
Ibuprofen tablets	400	08/12/2024	09/12/2024	Added

Next medications: Paracetamol tablets - 500 - Oral - Time: 1700

E-prescriptions

Medications Protocols

Medication

Route

Dose

Start date 12/ 8/2024

End date 12/ 8/2024

Frequency

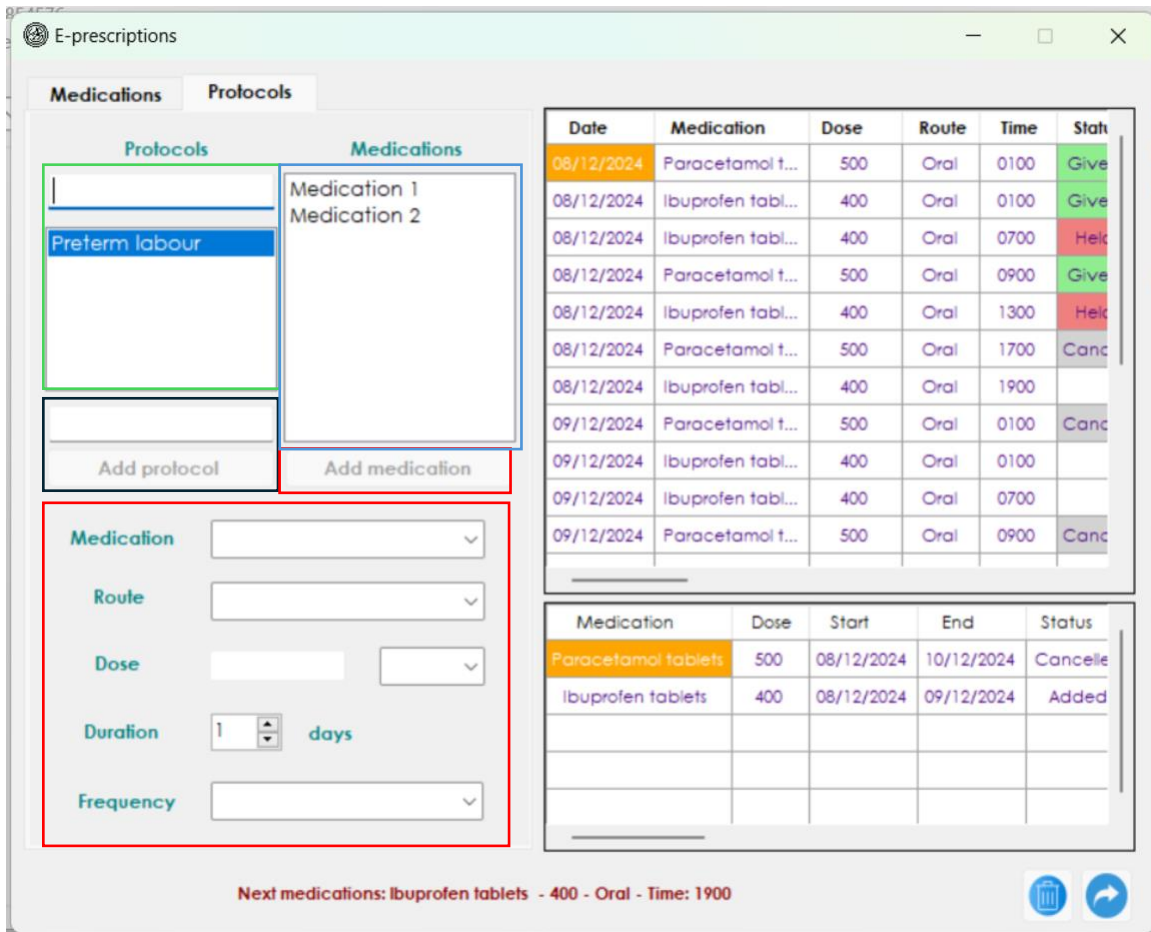
Timing 0000

Date	Medication	Dose	Route	Time	Status
08/12/2024	Paracetamol t...	500	Oral	0100	Giver
08/12/2024	Ibuprofen tabl...	400	Oral	0100	Giver
08/12/2024	Ibuprofen tabl...	400	Oral	0700	Held
08/12/2024	Paracetamol t...	500	Oral	0900	Giver
08/12/2024	Ibuprofen tabl...	400	Oral	1300	Held
08/12/2024	Paracetamol t...	500	Oral	1700	Canc.
08/12/2024	Ibuprofen tabl...	400	Oral	1900	
09/12/2024	Paracetamol t...	500	Oral	0100	Canc.
09/12/2024	Ibuprofen tabl...	400	Oral	0100	
09/12/2024	Ibuprofen tabl...	400	Oral	0700	
09/12/2024	Paracetamol t...	500	Oral	0900	Canc.

Medication	Dose	Start	End	Status
Paracetamol tablets	500	08/12/2024	10/12/2024	Cancelled
Ibuprofen tablets	400	08/12/2024	09/12/2024	Added

Next medications: Ibuprofen tablets - 400 - Oral - Time: 1900

- Another function is to create medication protocols. This means to create a list of medications and its doses under a certain condition (for example: preterm labour). Write the name of the protocol and then click “add protocol” (black box). After that, you can add the details of each medication and then click “add medication” to be added to this protocol (red box). Additionally, you can search the protocols you saved by searching their name in the green box and then double click on the protocol:



- When you click the protocol name, the medications under that protocol will show in the blue box. Double click on each medication to add it. After that, you can click “add medication”

E-prescriptions

Medications **Protocols**

Medication: Medication 1

Route: Oral

Dose: 200 mg

Start date: 12/ 8/2024

End date: 12/10/2024

Frequency: Twice daily

Timing: 0000

Add medication

Date	Medication	Dose	Route	Time	Status
08/12/2024	Paracetamol t...	500	Oral	0100	Give
08/12/2024	Ibuprofen tabl...	400	Oral	0100	Give
08/12/2024	Ibuprofen tabl...	400	Oral	0700	Hel
08/12/2024	Paracetamol t...	500	Oral	0900	Give
08/12/2024	Ibuprofen tabl...	400	Oral	1300	Hel
08/12/2024	Paracetamol t...	500	Oral	1700	Canc
08/12/2024	Ibuprofen tabl...	400	Oral	1900	
09/12/2024	Paracetamol t...	500	Oral	0100	Canc
09/12/2024	Ibuprofen tabl...	400	Oral	0100	
09/12/2024	Ibuprofen tabl...	400	Oral	0700	
09/12/2024	Paracetamol t...	500	Oral	0900	Canc

Medication	Dose	Start	End	Status
Paracetamol tablets	500	08/12/2024	10/12/2024	Cancelle
Ibuprofen tablets	400	08/12/2024	09/12/2024	Added

Next medications: Ibuprofen tablets - 400 - Oral - Time: 1900

□ Now, click the sixth button to create, edit, and print discharge summary:

Amira Ahmed-G1P0-854576

12/ 7/2024 Patient name: Amira Ahmed Clinic number: 854576 Date of admission: 29-11-2024

Time of admission: 10:07

GA at admission: 20+2 weeks

Bed: 3 Ward: L44

Indication of admission: Pyelonephritis

Physician: S. Shazy

Management notes Nursing notes

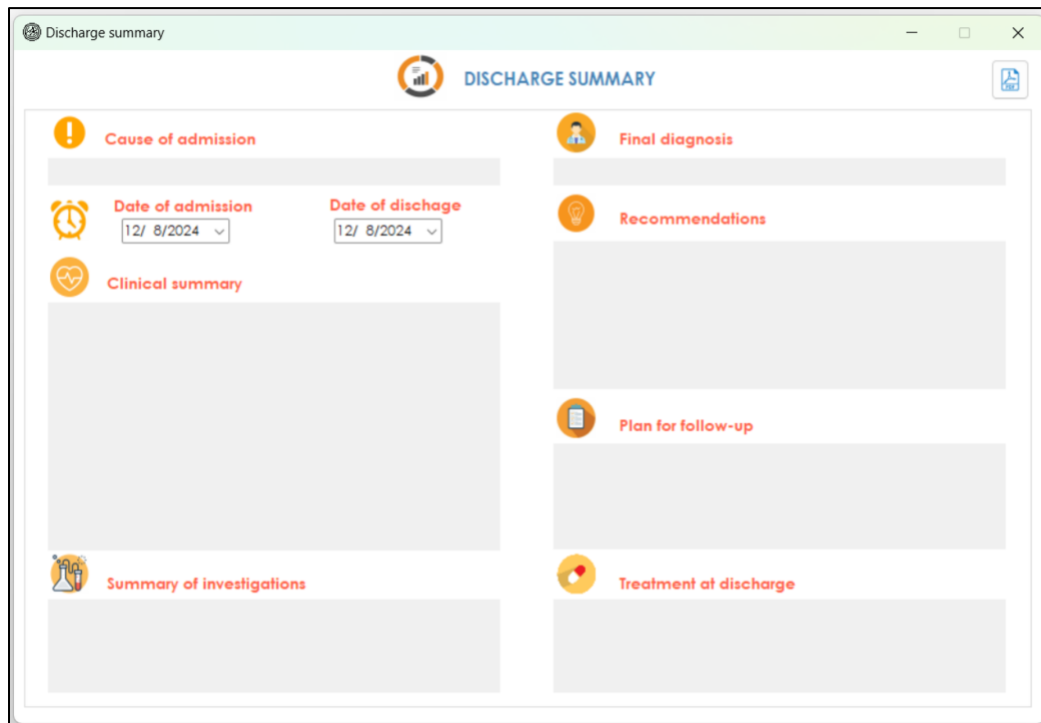
Provider name: Ahmed Yassin
Grade: PGY3 resident
Type of assessment: Routine AM rounds
Time: 08:15:06 AM

AM rounds with consultant

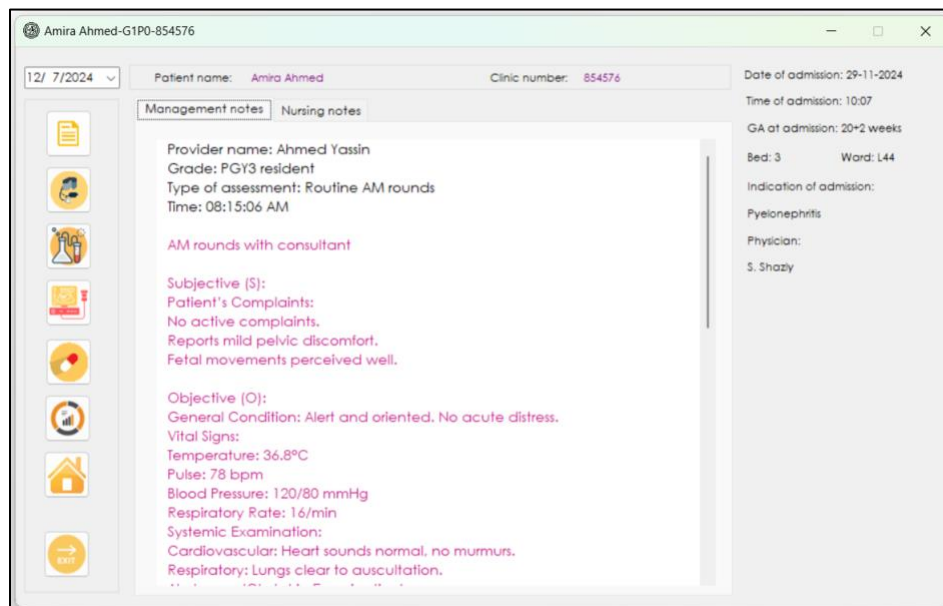
Subjective (S):
Patient's Complaints:
No active complaints.
Reports mild pelvic discomfort.
Fetal movements perceived well.

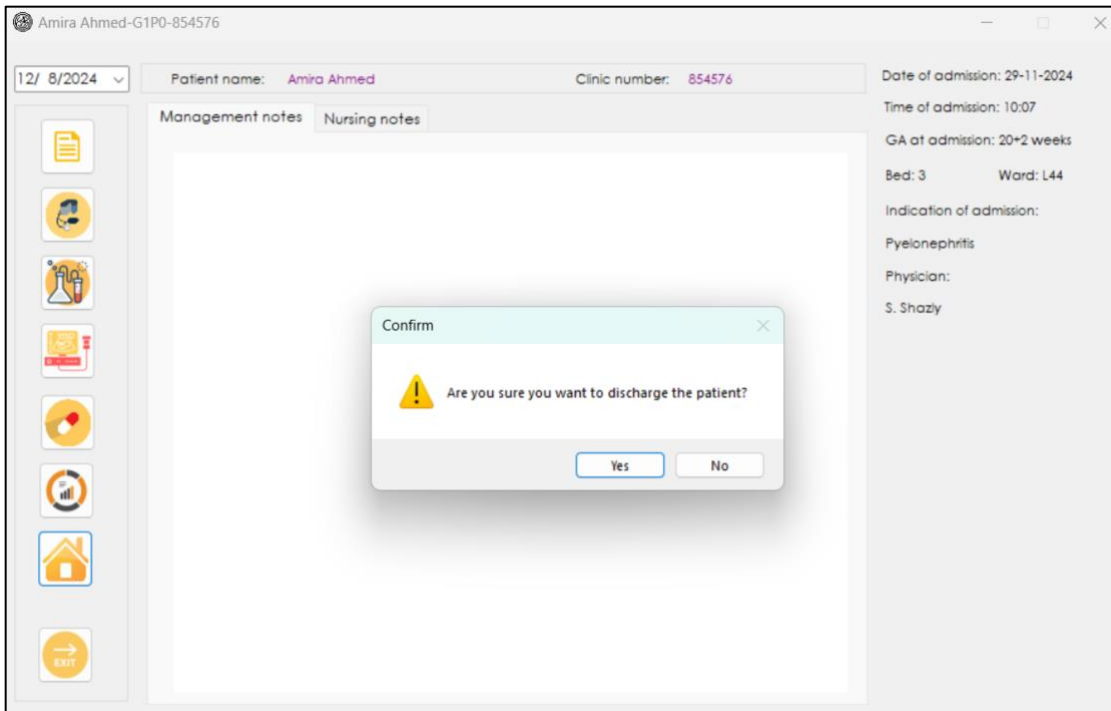
Objective (O):
General Condition: Alert and oriented. No acute distress.
Vital Signs:
Temperature: 36.8°C
Pulse: 78 bpm
Blood Pressure: 120/80 mmHg
Respiratory Rate: 16/min
Systemic Examination:
Cardiovascular: Heart sounds normal, no murmurs.
Respiratory: Lungs clear to auscultation.

- ❑ Clicking the button will show the discharge summary. Fill the fields and click the pdf button to finalise and print the summary:



- ❑ If the patient will be discharged home, be sure to click the discharge button. This will remove the H sign from the main window and will remove the patient name from the whiteboard (discussed later):



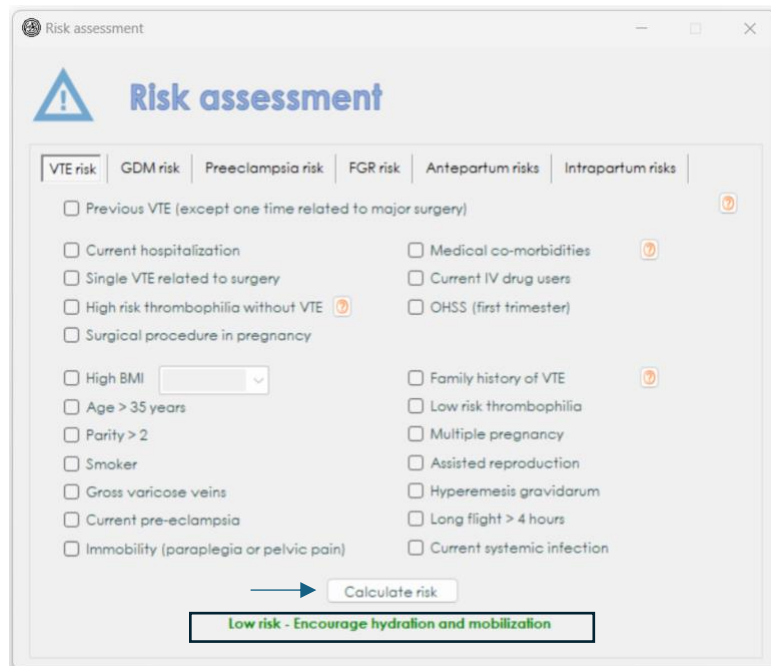


8. Completing risk assessment

- By clicking “risk assessment” at the booking appointment, you will review risk factors and identify risks that has to be highlighted in pregnancy:



- When you click the button, a window will open for you to check the risk factors. At the bottom of each tab, the risk will be calculated on clicking “calculate the risk” after ticking the relevant boxes



Risk assessment

Risk assessment

VTE risk | GDM risk | Preeclampsia risk | FGR risk | Antepartum risks | Intrapartum risks

- Previous VTE (except one time related to major surgery) ⓘ
- Current hospitalization
- Single VTE related to surgery
- High risk thrombophilia without VTE ⓘ
- Surgical procedure in pregnancy
- High BMI ▾
- Age > 35 years
- Parity > 2
- Smoker
- Gross varicose veins
- Current pre-eclampsia
- Immobility (paraplegia or pelvic pain)
- Medical co-morbidities ⓘ
- Current IV drug users
- OHSS (first trimester)
- Family history of VTE ⓘ
- Low risk thrombophilia
- Multiple pregnancy
- Assisted reproduction
- Hyperemesis gravidarum
- Long flight > 4 hours
- Current systemic infection

[Calculate risk](#)

Intermediate risk - consider antenatal LMWH (may start at 28 weeks if previous VTE)

9. Reviewing high risk records

- To review and edit high-risk records of the patient, you may do it through 2 ways:

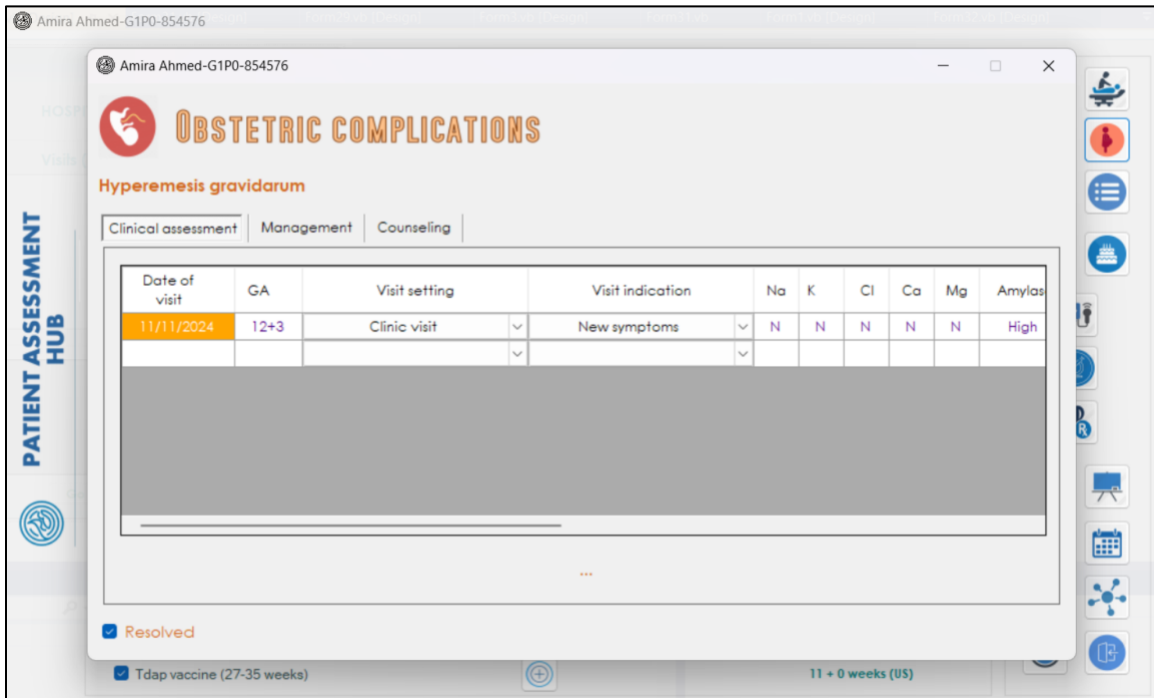
First: to click the button to the left of each ticked box to review details



Second: Click The high-risk pattern. This will allow you to review all the risks at once by opening the list of risks in a separate window:



- Click the button beside the risk to explore records as mentioned above:



Amira Ahmed-G1P0-854576

OBSTETRIC COMPLICATIONS

Hyperemesis gravidarum

Clinical assessment | Management | Counseling

Date of visit	GA	Visit setting	Visit indication	Na	K	Cl	Ca	Mg	Amylas
11/11/2024	12+3	Clinic visit	New symptoms	N	N	N	N	N	High

Resolved

Tdap vaccine (27-35 weeks)

11 + 0 weeks (US)

10. Adding serial ultrasound growth information (singleton or twins)

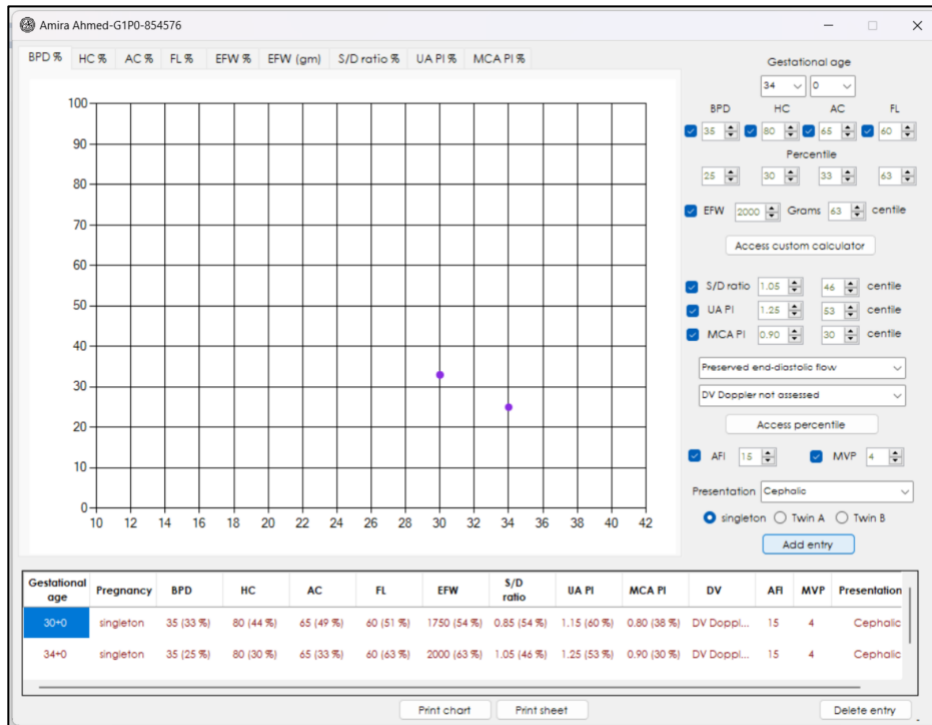
- Click the “growth” button to add an ultrasound report. This is used for fetal growth scan to track fetal growth and Dopplers for singletons and twins:



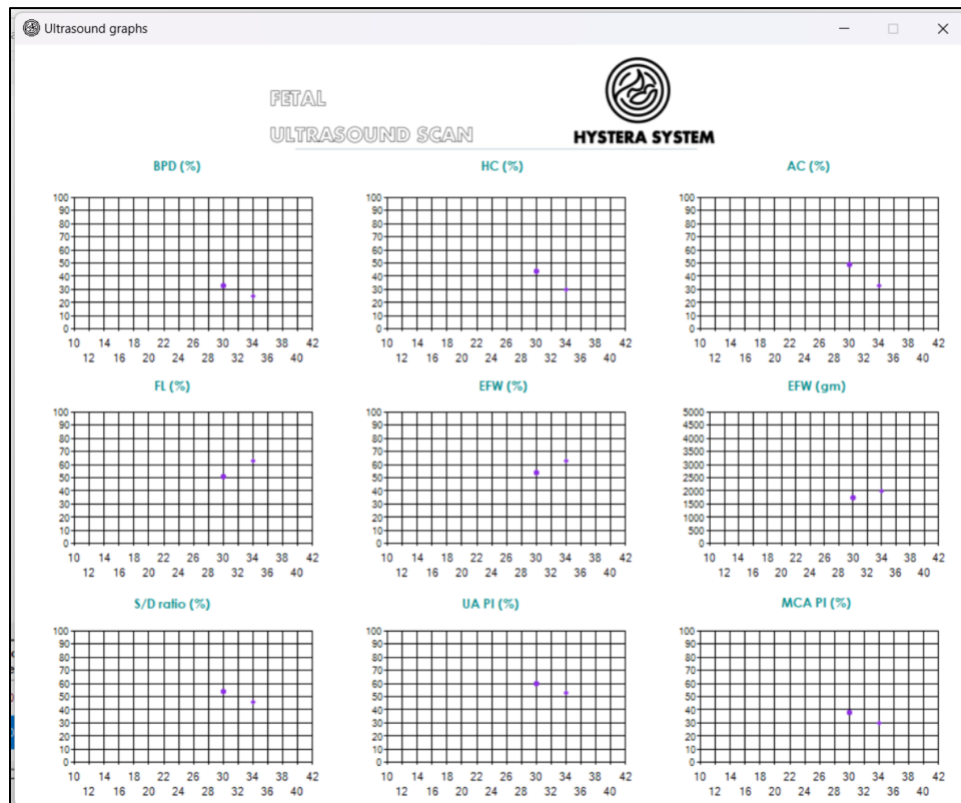
- This will open the following window:

The screenshot shows the data entry window for ultrasound growth information. It includes a header with various measurement abbreviations (BPD, HC, AC, FL, EFW, S/D ratio, UA PI, MCA PI) and a 'Gestational age' dropdown. The main area contains input fields for BPD, HC, AC, FL, EFW (in grams), S/D ratio, UA PI, and MCA PI, each with a percentile selector. There are also fields for AFI and MVP. A 'Presentation' dropdown and radio buttons for 'singleton', 'Twin A', and 'Twin B' are present. At the bottom, there is a table with columns for Gestational age, Pregnancy, BPD, HC, AC, FL, EFW, S/D ratio, UA PI, MCA PI, DV, AFI, MVP, and Presentation. The table is currently empty. Annotations with arrows point to various elements: 'Review the plot of the biometry, EFW and Dopplers' points to the header; 'To calculate the biometry centile, click link' points to the 'Access custom calculator' button; 'To calculate the Doppler centile, click link' points to the 'Access percentile' button; 'Add gestational age' points to the 'Gestational age' dropdown; 'Add biometry in mm' points to the BPD, HC, AC, and FL input fields; 'Add centiles of each biometry' points to the percentile dropdowns; 'Add Doppler values and percentile' points to the S/D ratio, UA PI, and MCA PI input fields; 'Add entry to the table' points to the 'Add entry' button; 'Print these charts' points to the 'Print chart' and 'Print sheet' buttons; and 'Print the table of entries' points to the 'Delete entry' button.

- The entries will be plotted in the curve (GA vs percentile):




- By clicking “Print chart”, all the plots will show in the window. Click the logo to print the sheet:



- By clicking “Print sheet”, the sheet will show in a separate window. Click the logo to convert the sheet to a pdf file and print it:

Ultrasound data chart

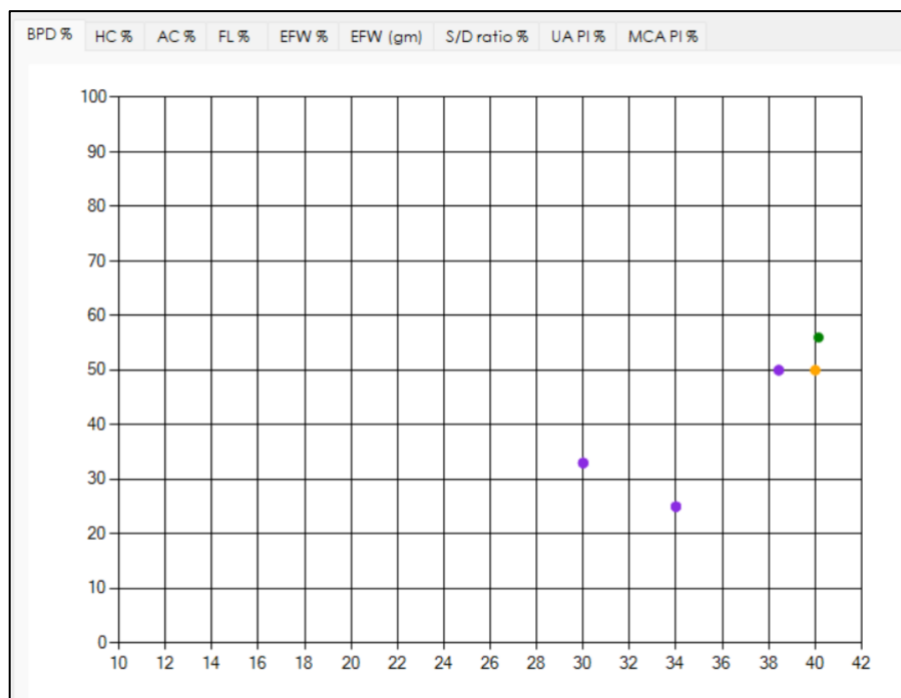
FETAL
ULTRASOUND SCAN



HYSTERA SYSTEM

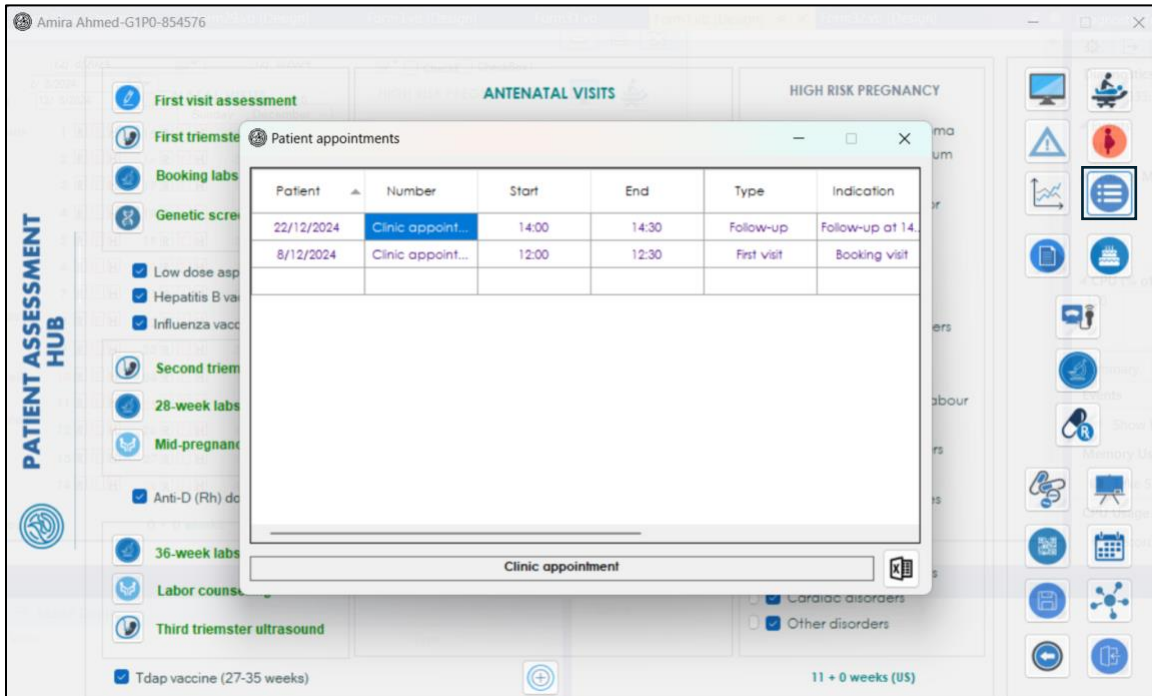
Gestational age	Pregnancy	BPD	HC	AC	FL	EFW	S/D ratio	UA PI	MCA PI	DV	ARI	MVP	Presentation
30+0	singleton	35 (33 %)	80 (44 %)	65 (49 %)	60 (51 %)	1750 (54 %)	0.85 (54 %)	1.15 (60 %)	0.80 (38 %)	DV Doppl...	15	4	Cephalic
34+0	singleton	35 (25 %)	80 (30 %)	65 (33 %)	60 (63 %)	2000 (63 %)	1.05 (46 %)	1.25 (53 %)	0.90 (30 %)	DV Doppl...	15	4	Cephalic

- Of note, if you choose “Twins”, you will enter each fetus separately. Each twin will be plotted in a different color (green vs. orange):



11. Reviewing patient appointments

- ❑ To review all booked appointments of this patient, click the “appointments” button.
- ❑ A table of appointments will show in a separate window. This includes clinic appointments, planned hospital admissions, and surgical procedures:



The screenshot displays a software interface for patient assessment. A central window titled "Patient appointments" is open, showing a table of appointments. The table has columns for Patient, Number, Start, End, Type, and Indication. Two appointments are listed:

Patient	Number	Start	End	Type	Indication
22/12/2024	Clinic appoint...	14:00	14:30	Follow-up	Follow-up at 14.
8/12/2024	Clinic appoint...	12:00	12:30	First visit	Booking visit

The background interface includes a sidebar with "PATIENT ASSESSMENT HUB" and various assessment categories like "First visit assessment", "ANTENATAL VISITS", and "HIGH RISK PREGNANCY". A search bar at the bottom of the appointments window contains the text "Clinic appointment".

12. Reviewing outpatient clinical notes

- You can review all notes records during routine or triage visits either:
Individually, by clicking each highlighted visit (red) and read it:

The screenshot displays the 'Patient Assessment Hub' interface for patient Amira Ahmed-G1P0-854576. The central 'ANTENATAL VISITS' calendar shows 14 visits, with the 10th visit (on 24th) highlighted in red. The left sidebar lists various assessment tasks such as 'First visit assessment', 'First triemster ultrasound', 'Booking labs', 'Genetic screening', 'Second triemster ultrasound', '28-week labs', 'Mid-pregnancy counselling', '36-week labs', 'Labor counselling', and 'Third triemster ultrasound'. The right sidebar lists 'HIGH RISK PREGNANCY' conditions, including 'First trimester hematoma', 'Hyperemesis gravidarum', 'Urinary infections', 'Previous preterm labor', 'Placenta praveia', 'Placental abruption', 'Vasa previa', 'TORCH infections', 'Hematological disorders', 'Hypertension', 'Endocrine disorders', 'Threatened preterm labour', 'PPROM', 'Amniotic fluid disorders', 'SGA/FGR', 'Red cell alloantibodies', 'Multifetal pregnancy', 'Neurologic disorders', 'Immunologic disorders', 'Cardiac disorders', and 'Other disorders'. A '10 + 6 weeks (US)' button is visible at the bottom right.

OR by clicking the “notes” button to open all notes in one window:

This screenshot is identical to the one above, but with the 'notes' button (represented by a document icon) in the right sidebar highlighted with a red box, indicating the action to open all notes in one window.

Note viewer

Type of visit: Triage visit
Date of visit: 11/29/2024 5:17:30 PM
Gestational age: 10 + 2 weeks
Review of symptoms:
- No fluid loss reported
- No vaginal bleeding reported
- No abdominal or pelvic pain reported
- Urinary symptoms reported, Urinary frequency
- No other symptoms reported

Physical examination:
- BP: 120/70
- HR: not recorded
- Temp: not recorded
- RR: not recorded
- Chest examination: not performed
- Abdominal examination: not performed
- SFH: not measured
- FHR: not assessed
- Proteinuria: trace
- CTG: not performed
Impression: Normal routine antenatal visit

Type of visit: Routine visit
Date of visit: 11/29/2024 3:58:12 PM
Gestational age: 13 + 3 weeks
Review of symptoms:
- No fluid loss reported
- No vaginal bleeding reported
- Pain reported, Low back pain, Mild, responsive to paracetamol
- Urinary symptoms reported, urinary frequency
- No other symptoms reported

13. Admitting a patient for delivery and labor follow-up

- When patient presents in labour, click this button to admit for labour and start recording patient progress in labour:



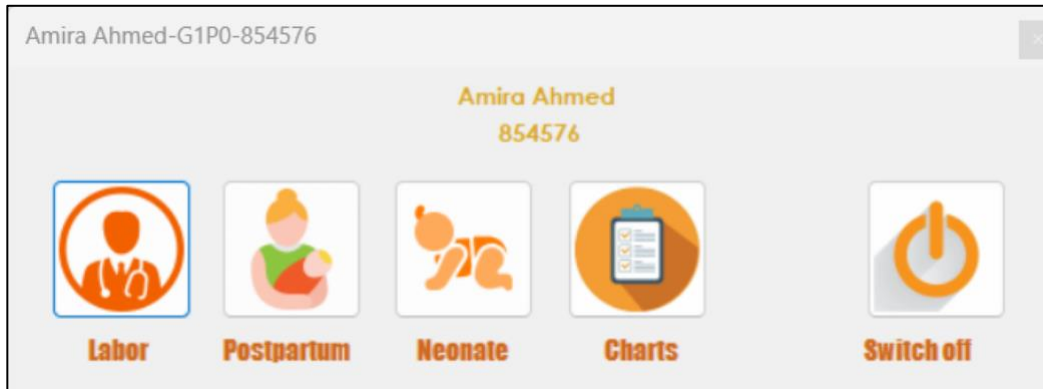
- This will open a small window. You need to fill this information and then click “admit”. This will open labour record and add the patient to labour ward in the whiteboard:

The screenshot displays the 'PATIENT ASSESSMENT HUB' interface for patient Amira Ahmed-G1P0-854576. The main window shows 'ANTENATAL VISITS' and 'HIGH RISK PREGNANCY' sections. A dialog box titled 'Admission for labour' is open, containing the following fields:

- Date of admission: 12/ 8/2024
- Time of admission: 06 : 00
- Gestational age: 39 0
- Bed: 3, Ward: L45
- Current diagnosis: Established labour
- Physician name: S. Shazly

The 'Admit' button at the bottom of the dialog box is highlighted with a red box. The background interface includes a 'PATIENT ASSESSMENT HUB' sidebar with various assessment tasks and a 'HIGH RISK PREGNANCY' list of conditions.

- Now, the “the labour console” will open. You can choose "Labor" to record labour progress, or you can admit to postpartum after delivery (by clicking postpartum) and also add neonate information (by clicking neonate). You may switch back to patient antenatal records by clicking "charts".



- By clicking "labor", you will go to labour chart:

Add vital signs | **Add clinical note** | **Discharge after delivery**

Choose latent or active phase

Fill exam data and click "add"

Last fetal position will show here

Station

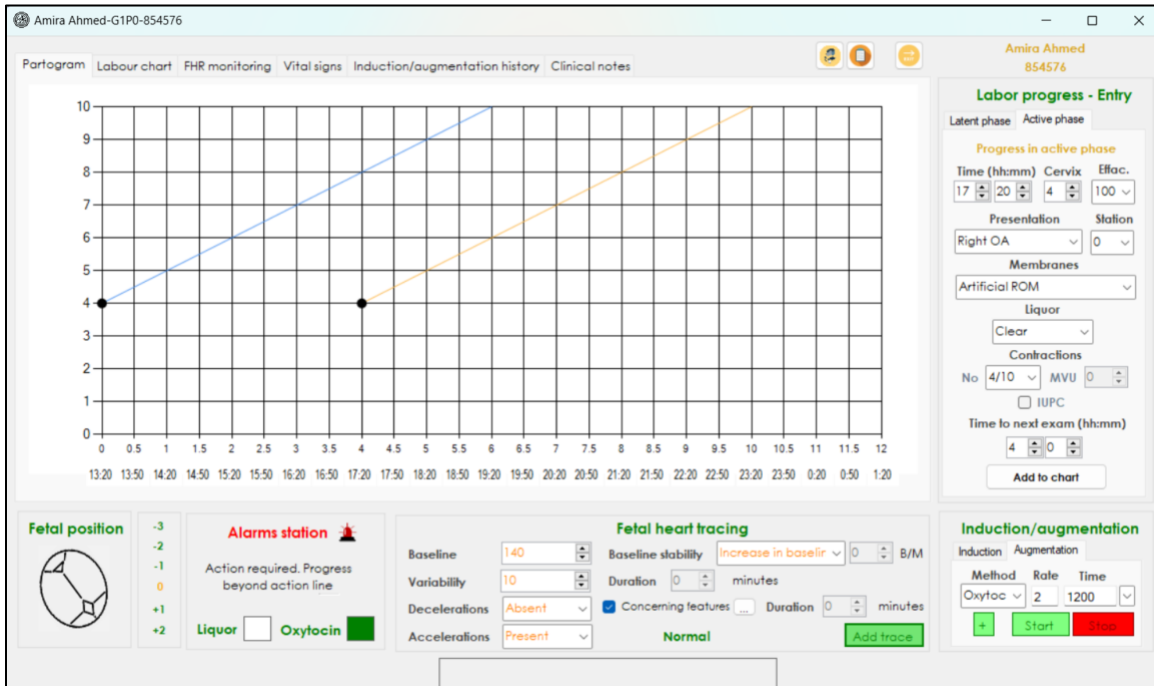
Liquor and oxytocin status show here

Alarm on abnormal progress automatically shows here

CTG review: add findings and click "add trace". It will be automatically categorised according to NICE guidelines

Add information under "induction" or "augmentation" and click "+"

- As you enter serial exams, they will be recorded. Check different tabs. The first tab is for the partogram, second is for labour entries, third is for CTG reviews, fourth for vital signs, fifth for induction and augmentation actions, and the sixth is for recorded clinical notes:



Time	Phase	Dilation	Effacement	Presentation	Station	Membranes	Liquor	Contractions	Next exam
9:20	Latent	4	50%	Cannot be de...	-1	Intact		3/10	4:0 hours
13:20	Active	4	75%	Right OA	0	Intact		3/10	4:0 hours
4:20	Active	4	100%	Right OA	0	Artificial ROM	Clear	4/10	4:0 hours

Labor progress - Entry

Latent phase Active phase

Progress in active phase

Time (h:mm) Cervix Effac. 17:20 4 100

Presentation Station Right OA 0

Membranes Artificial ROM

Liquor Clear

Contractions No 4/10 MVU 0

IUPC

Time to next exam (h:mm) 4:0

Add to chart

Fetal heart tracing

Baseline 140 Baseline stability Increase in baseline 0 B/M

Variability 10 Duration 0 minutes

Decelerations Absent Concerning features Duration 0 minutes

Accelerations Present Normal Add trace

Amira Ahmed-G1P0-854576

Partogram Labour chart FHR monitoring Vital signs Induction/augmentation history Clinical notes

Date	Time	Phase	Action	Method
8/12/2024	08:00	Induction	-	Misoprostol 50
8/12/2024	10:00	Augmentation	-	ARM
8/12/2024	12:00	Augmentation	Started	Oxytocin - 2
8/12/2024	12:00	Augmentation	Stopped	Oxytocin - 2

Labor progress - Entry

Latent phase Active phase

Progress in active phase

Time (h:mm) Cervix Effac.
 19 20 7 100

Presentation Station
 Right OA 0

Membranes
 Artificial ROM

Liquor
 Clear

Contractions
 No 4/10 MVU 0
 IUPC

Time to next exam (h:mm)
 4 0 0

Add to chart

Fetal position

-3
-2
-1
0
+1
+2

Alarms station 🚨

Attention required. Progress beyond alert line

Liquor Oxytocin

Fetal heart tracing

Baseline 140 Baseline stability Increase in baseline 0 B/M

Variability 10 Duration 0 minutes

Decelerations Absent Concerning features Duration 0 minutes

Accelerations Present

Normal Add trace

Induction/augmentation

Induction Augmentation

Method Rate Time
 Oxytocin 2 1200

+ Start

□ Click this button to add observations:

Amira Ahmed-G1P0-854576

Partogram Labour chart FHR monitoring Vital signs Induction/augmentation history Clinical notes

Date	Time	Pulse	BP	Temp	UOP	Fluids out
8/12/2024	18:54	120/80	80	37	0.5	0.5

Labor progress - Entry

Latent phase Active phase

Progress in latent phase

Time (h:mm) Cervix Effac.
 9 20 4 4

Presentation Station

Membranes

Liquor

Contractions
 No MVU 0
 IUPC

Time to next exam (h:mm)
 2 0 0

Add to chart

VITAL SIGNS

Heart rate 80

Systolic BP 120

Diastolic BP 80

Temperature 37.0

Respiratory rate 18

O2 saturation 100

Fluids in 1.0 L/hour

Urine output 0.5 L/hour

Fluids out 0.5 L/hour

IV fluids

Add

Fetal position

-3
-2
-1
0
+1
+2

Alarms station 🚨

Attention required. Progress beyond alert line

Liquor Oxytocin

FHR category

Decelerations Absent Concerning features Duration 0 minutes

Accelerations Present

Add trace

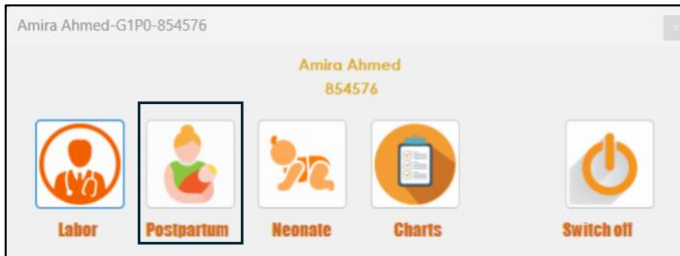
- Click this button to add “clinical note”:

The screenshot shows the software interface for labor progress monitoring. A central dialog box titled "CLINICAL NOTES" is open, with a text area for "Add clinic note here" and an "Add note" button. The background interface includes a table with columns for Time, Phase, Dilation, Effacement, Presentation, Station, Membranes, Liquor, Contractions, and Next exam. The table shows data for 9:20 (Latent), 13:20 (Active), and two 4:20 (Active) entries. On the right, there are panels for "Labor progress - Entry" and "Induction/augmentation". At the bottom, there are controls for fetal position, fetal heart tracing, and medication (Liquor and Oxytocin).

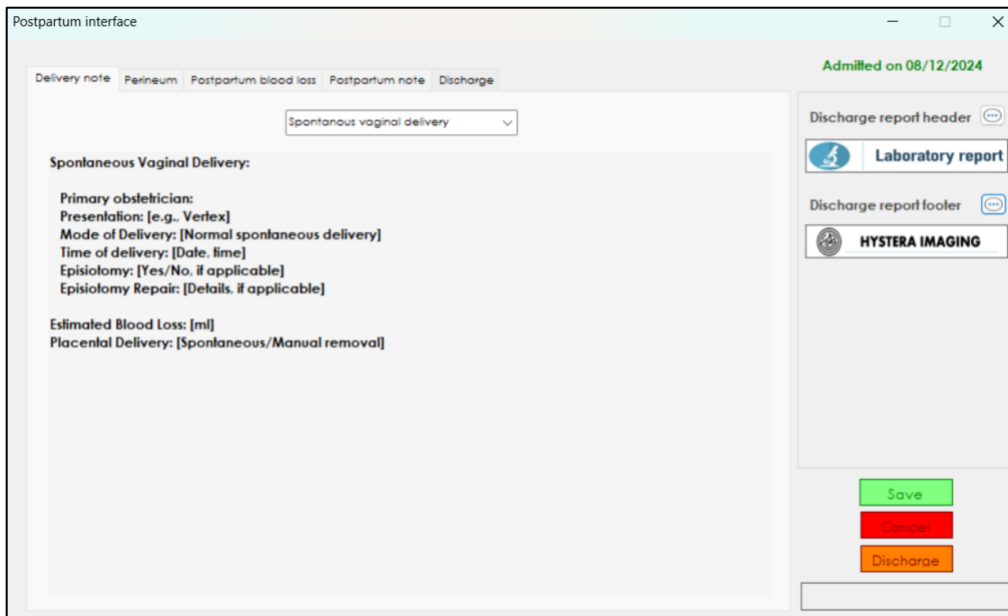
- Discharge the patient to remove her from the whiteboard after she delivers:

The screenshot shows the software interface with a "Confirm" dialog box overlaid on the labor progress chart. The dialog box asks, "Are you sure you want to discharge the patient from labor ward?" with "Yes" and "No" buttons. The background interface shows a graph of labor progress with a blue line for the latent phase and an orange line for the active phase. The right side of the interface has the "Labor progress - Entry" and "Induction/augmentation" panels. At the bottom, there are controls for fetal position, fetal heart tracing, and medication.

- ❑ You can go to postpartum wizard and admit the patient in the postpartum ward.

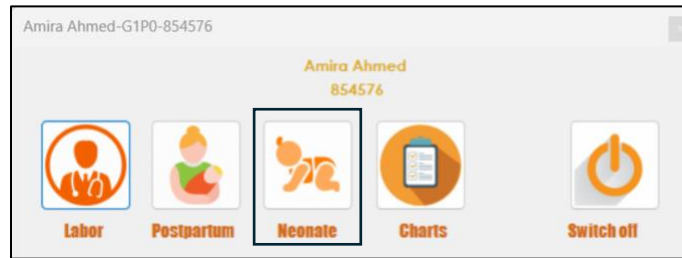


- ❑ You will have templates to complete delivery and postpartum notes. Remember to save your note. You can change the header and footer of your discharge report from the right side of the window:



Remember to discharge when she leaves the hospital

- You can add neonatal information after admitting the baby:



Neonate interface

Neonatal information | Baseline clinical assessment | Clinical notes | Discharge summary

Baby 1 name	<input type="text"/>	Baby 2 name	<input type="text"/>
Baby 1 gender	<input type="text"/>	Baby 2 gender	<input type="text"/>
APGAR score at 1 minute	<input type="text"/>	APGAR score at 1 minute	<input type="text"/>
APGAR score at 5 minutes	<input type="text"/>	APGAR score at 5 minutes	<input type="text"/>
APGAR score at 10 minutes	<input type="text"/>	APGAR score at 10 minutes	<input type="text"/>
Admission date	<input type="text"/>	Admission date	<input type="text"/>
Admission ward	<input type="text"/>	Admission ward	<input type="text"/>
Initial diagnosis	<input type="text"/>	Initial diagnosis	<input type="text"/>

Admitted on 08/12/2024

Save Cancel Discharge

Neonate interface

Neonatal information | **Baseline clinical assessment** | Clinical notes | Discharge summary

Height Weight HC

Vital signs

Head

Eyes

Mouth

Chest

Heart

Abdomen

Genitalia

Back/spine

Limbs

Skin

Admitted on 08/12/2024

Neonate interface

Neonatal information | **Baseline clinical assessment** | Clinical notes | Discharge summary

Admitted on 08/12/2024

Neonate interface

Neonatal information | Baseline clinical assessment | Clinical notes | Discharge summary

Admitted on 08/12/2024

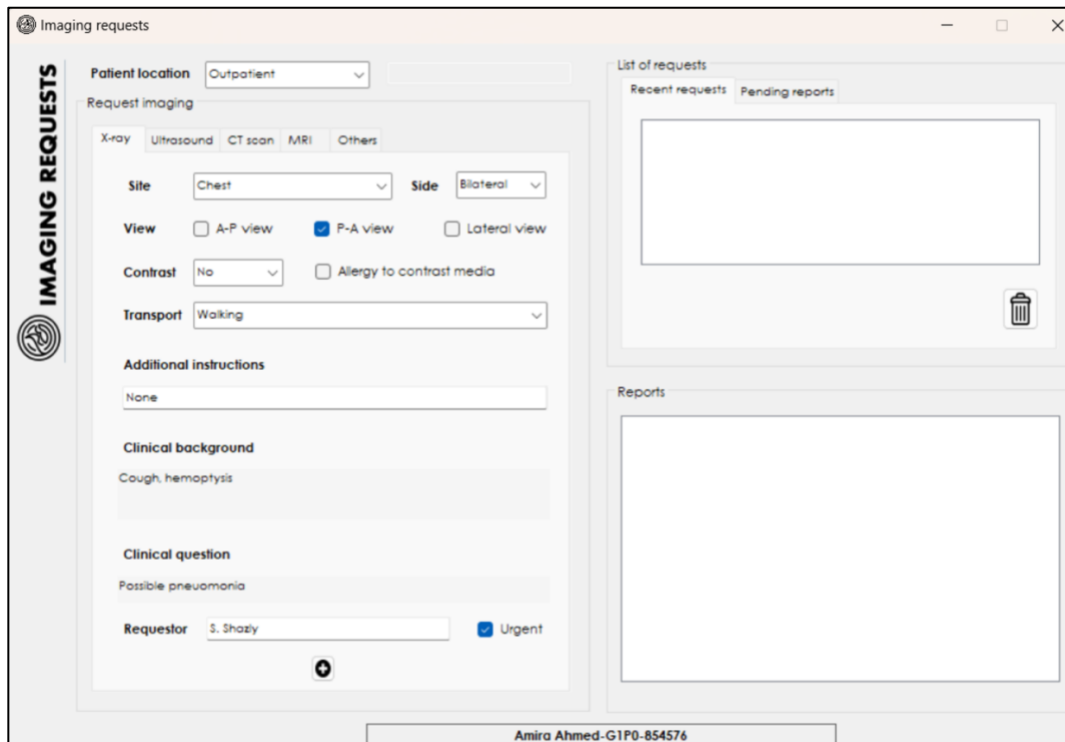
Save Cancel Discharge

14. Requesting imaging

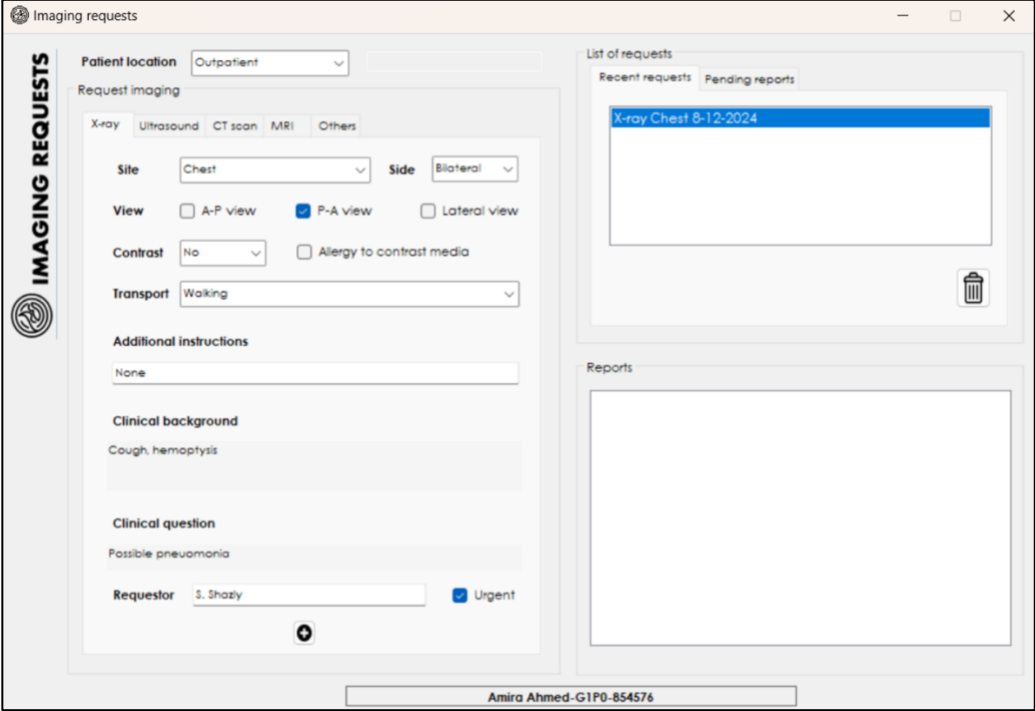
- You can request an ultrasound or radiological examination from here:



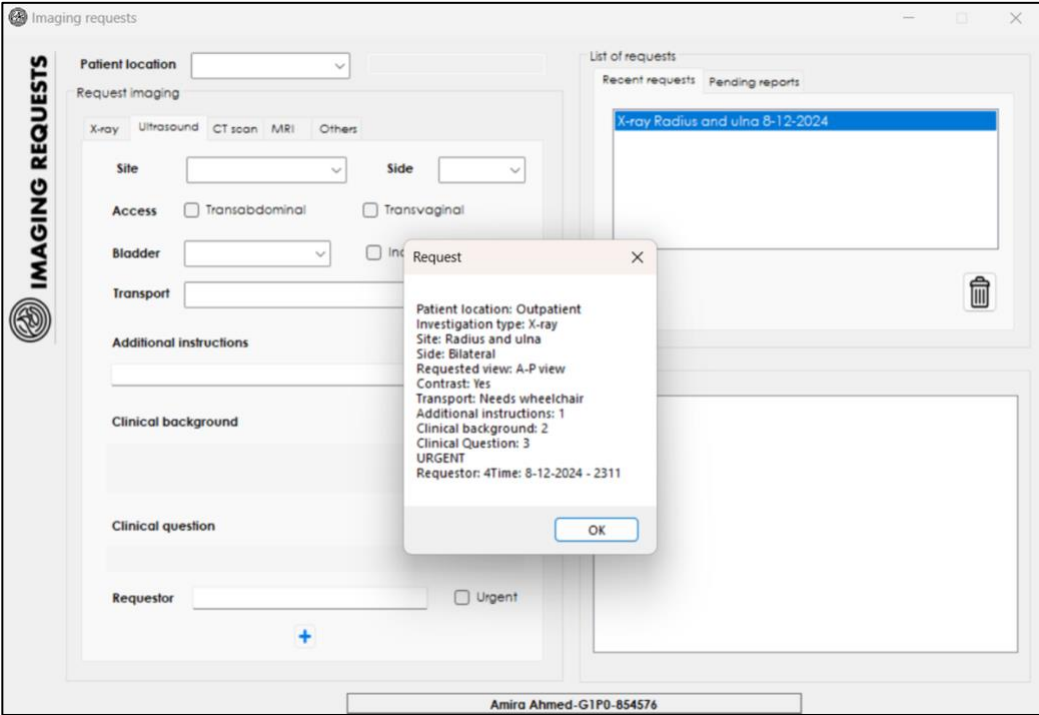
- Add the details of your request here and then click (+). The request will show when the requests' hub is opened from the hystera console.



- You can see the recent requests, requests that are pending and reports that have been finalised on the right side of the window. You can delete your recent requests by choosing any request and click the cycle pin:



- When you double click any request, the details of the request will show in a small window:



15. Responding to imaging requests (radiologists and sonographers)

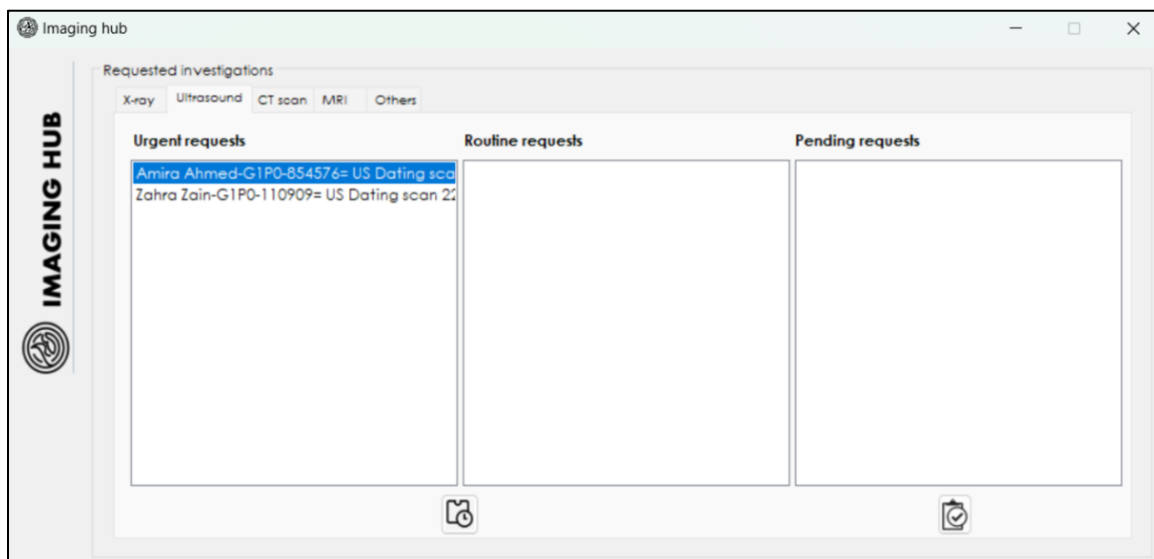
- ❑ Radiologists and lab staff can access all requests through the console:

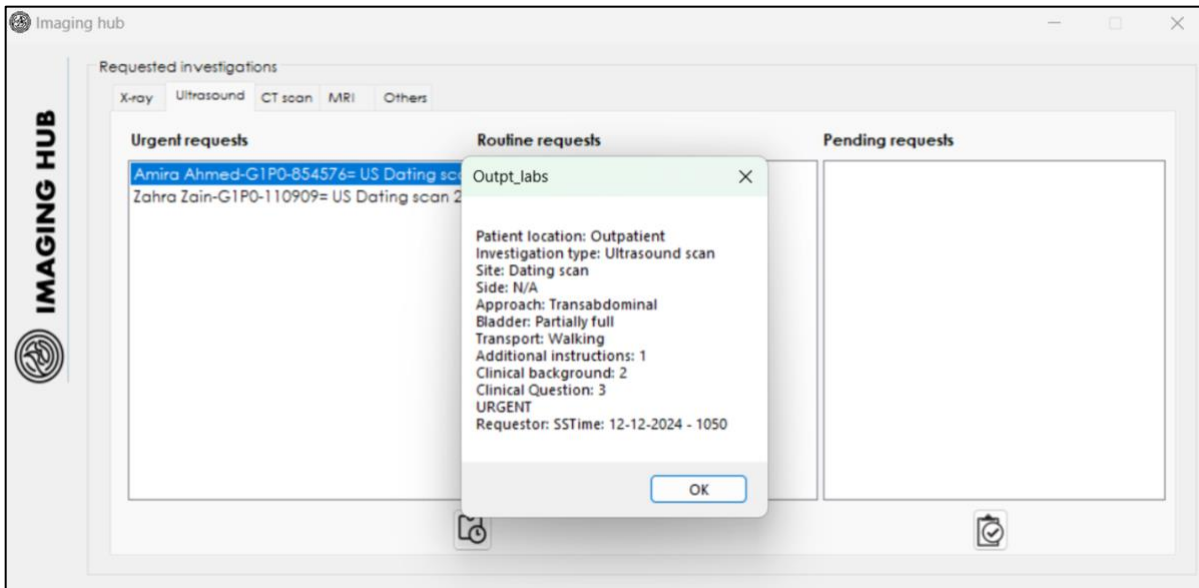


- ❑ When you click the hub button, this window will open. You will be allowed to choose between laboratory requests and imaging requests:

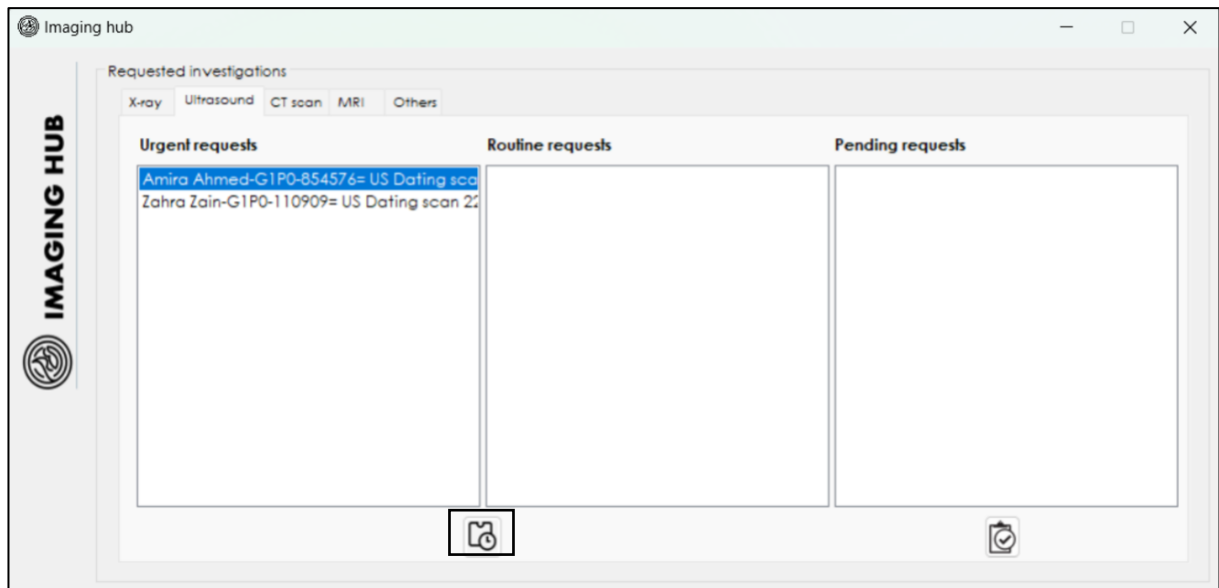


- ❑ You will find the requests under each tab (e.g., US, X-ray, etc). Under each tab, requests are classified to either “Urgent” or “Routine”. Double click the request to show request details:

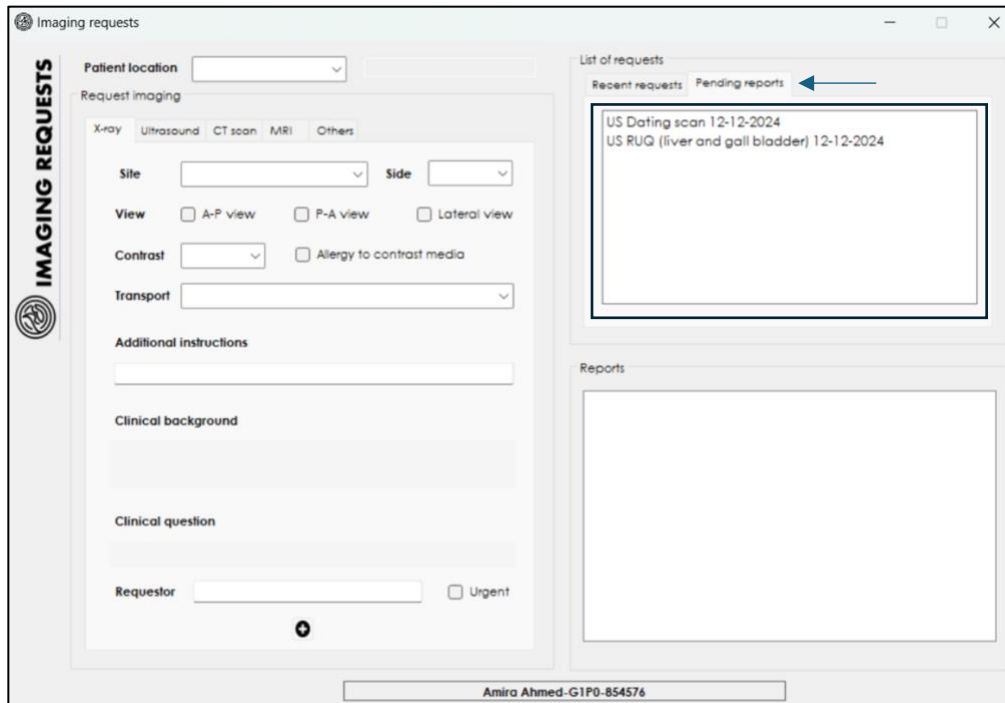




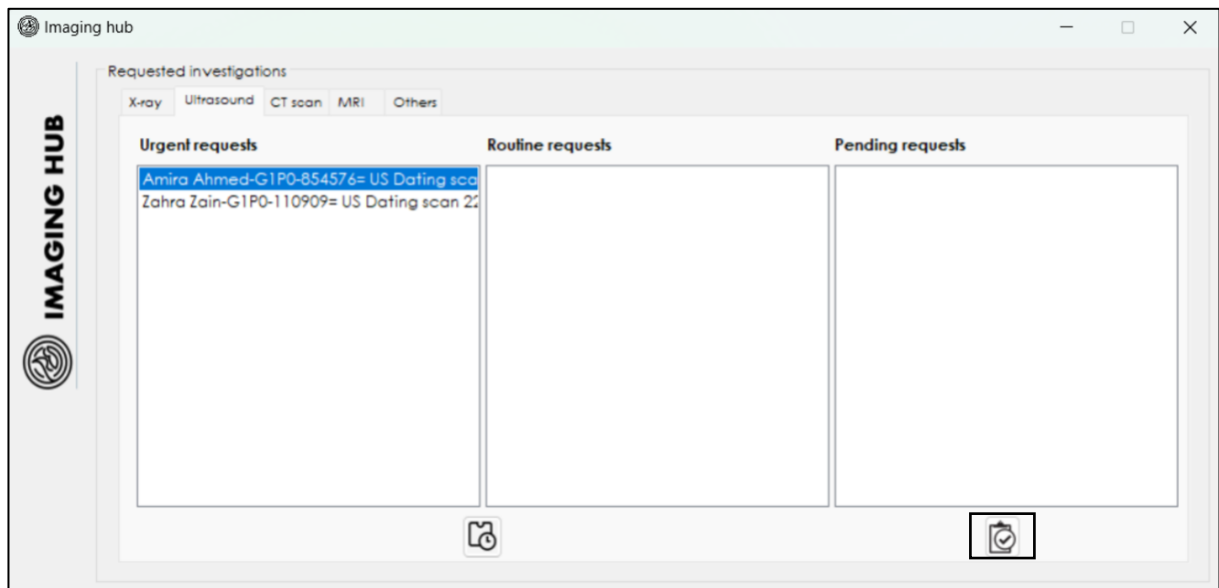
- Click the first button if the examination is complete and the report is pending:



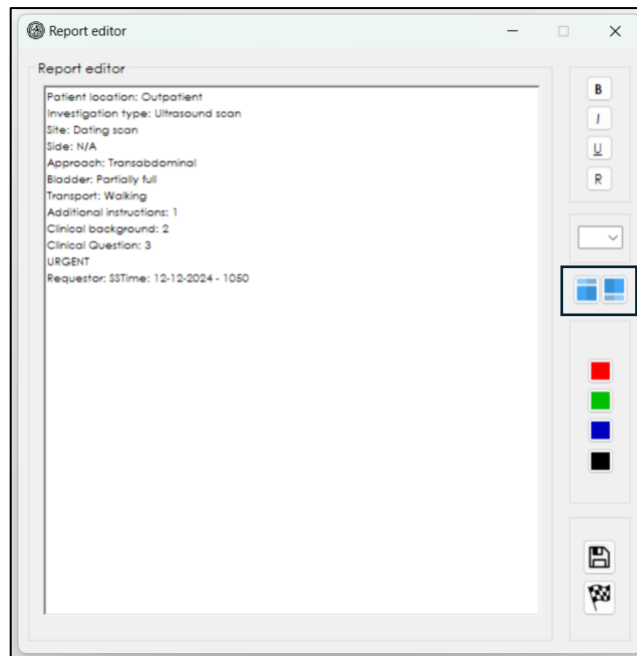
- If you click “pending”, it will show under “pending reports” with the doctor checks requests on the main Hystera system:



- If you are ready to finalise the report, please click the second button:



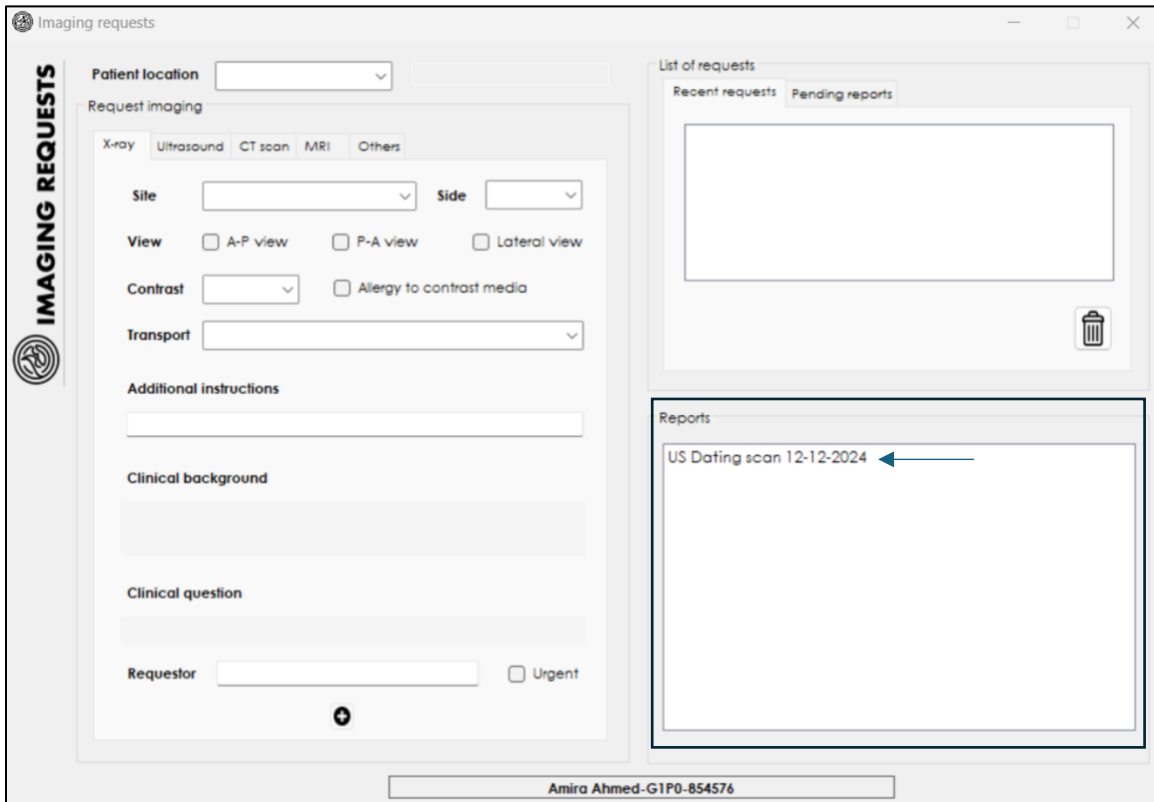
- By clicking the button, you can edit, save and finalise the report. Use the window buttons to change the heading and footing of your report:



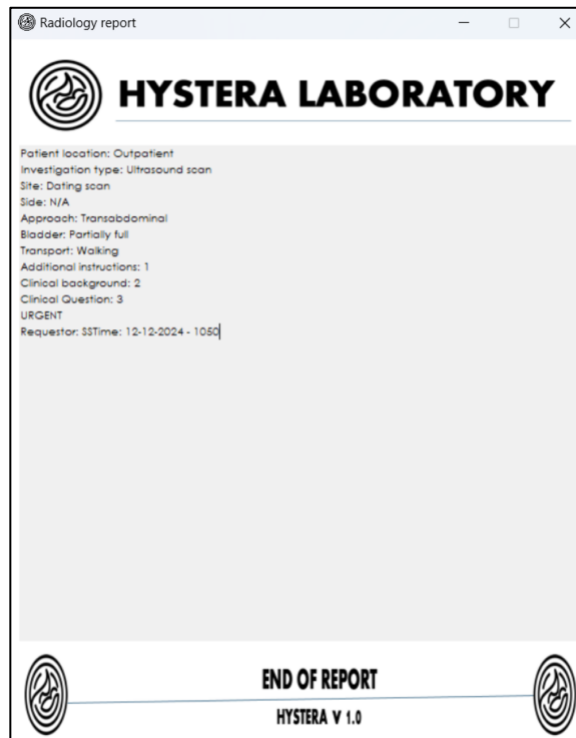
- After finalizing the report, you can save it or print it:



- Once finalised, the report will show under “reports” in the hystera system:



- Double click on the report to open it:

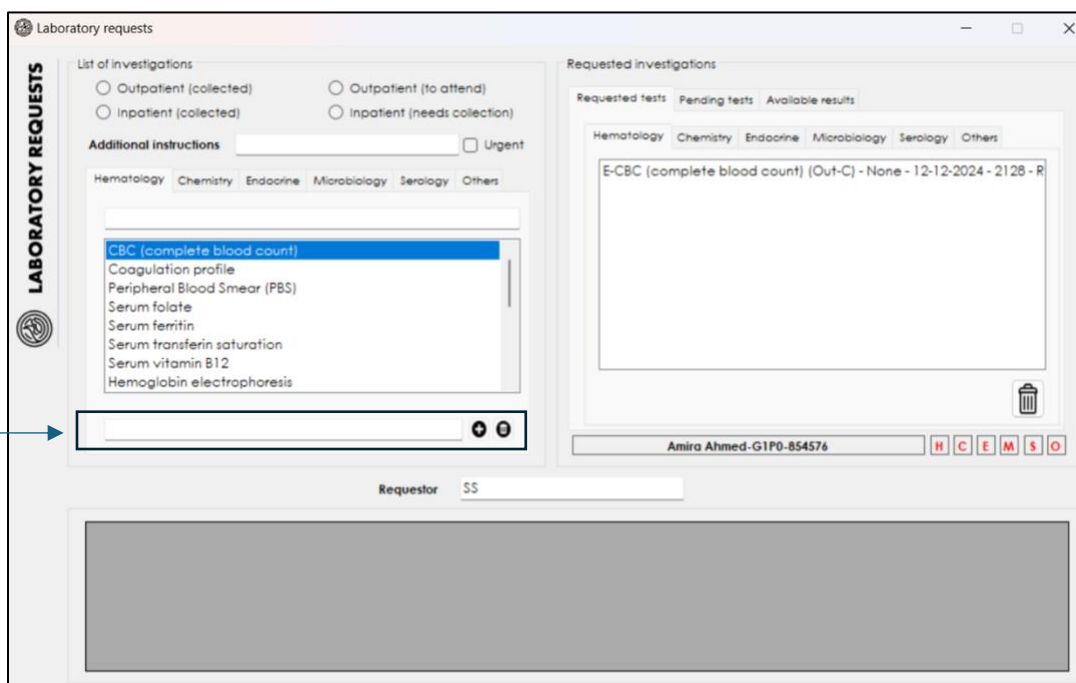


16. Requesting laboratory tests

- From the main window, click the “labs” button to request laboratory tests:



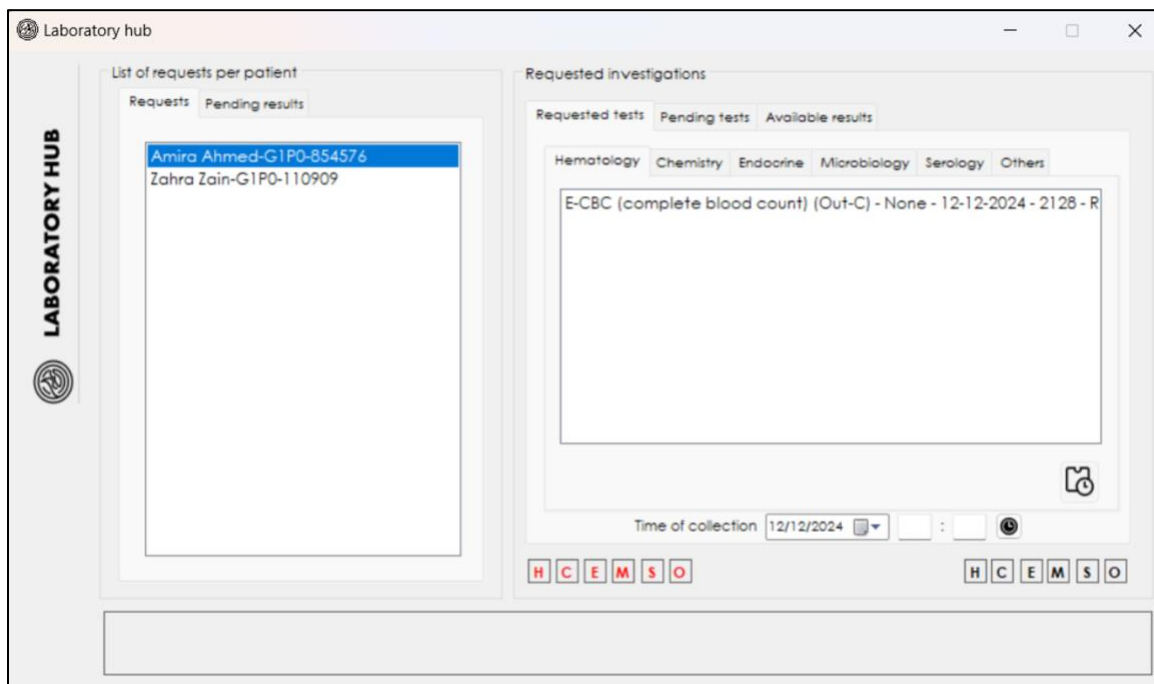
- This will open the requests window. You can choose from the available tests or add a new test and save it to the list. When you want to add a test, choose it from the list, fill the required fields and double click on the test. It will be added to the requested lists on the right side:



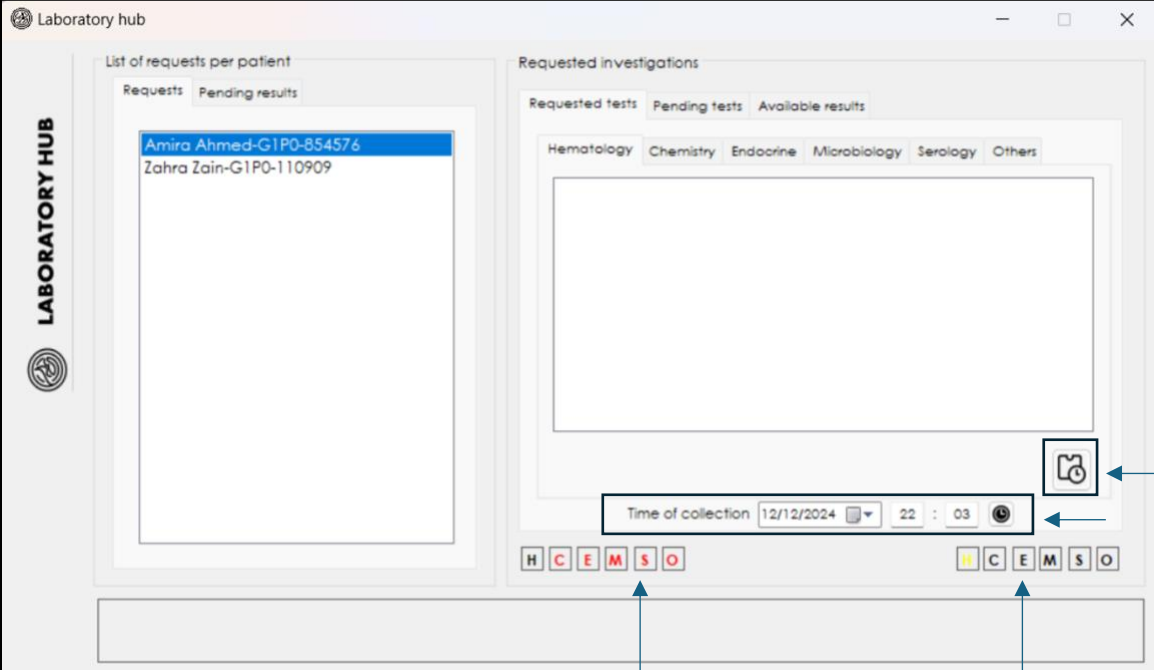
- You can check on the requested bloods by opening the hub from the console:



- This will open the laboratory hub. On the left side, you will find the list of patients who have recent or pending requests. Double click the name of the patient to see the requests linked to her on the right-sided lists:

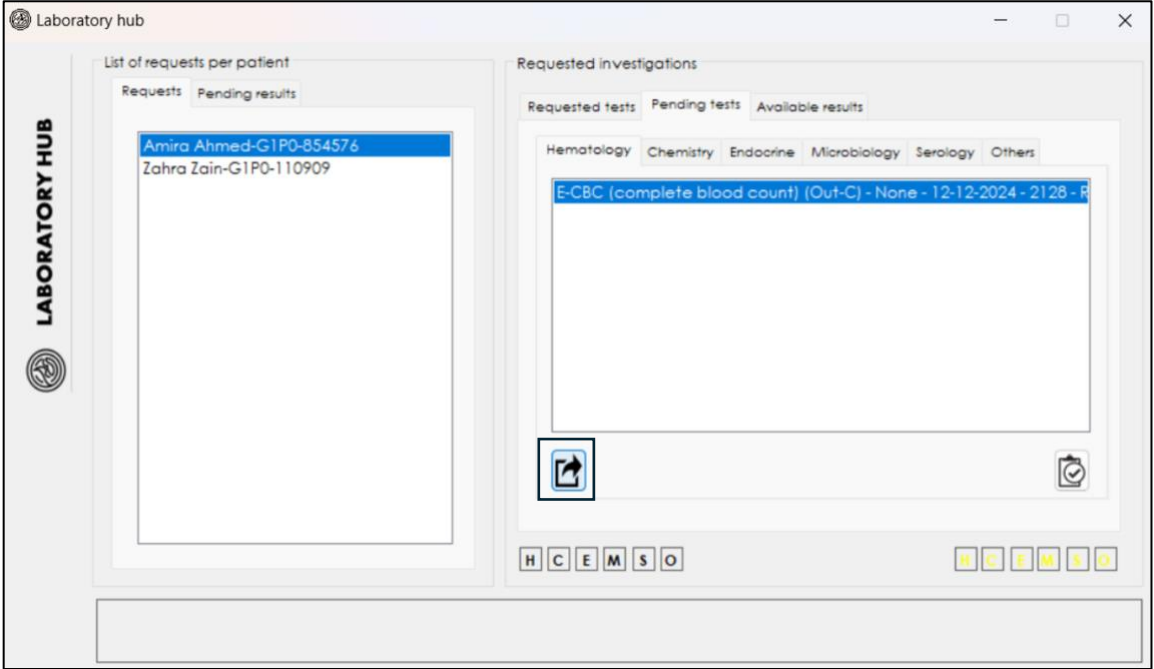


- If the test sample was collected and the test results are pending, add the time of test collection (or click the clock to add time now) and then click the “pending” button to move this request from “requested tests” to “pending tests”:

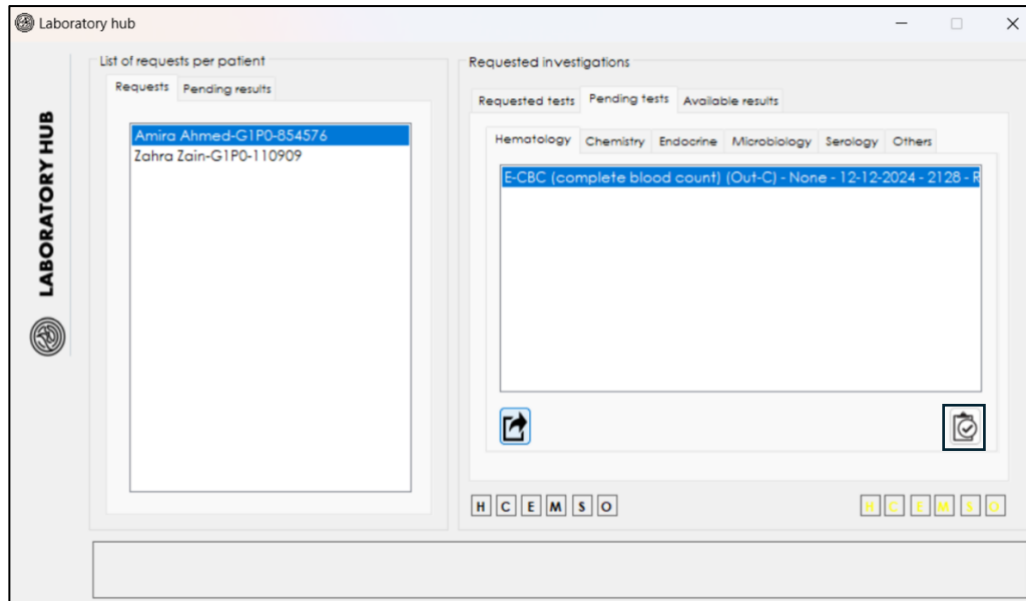


Note that when you double click a patient, red letters indicate requests linked to this patient, and yellow letters indicate pending results

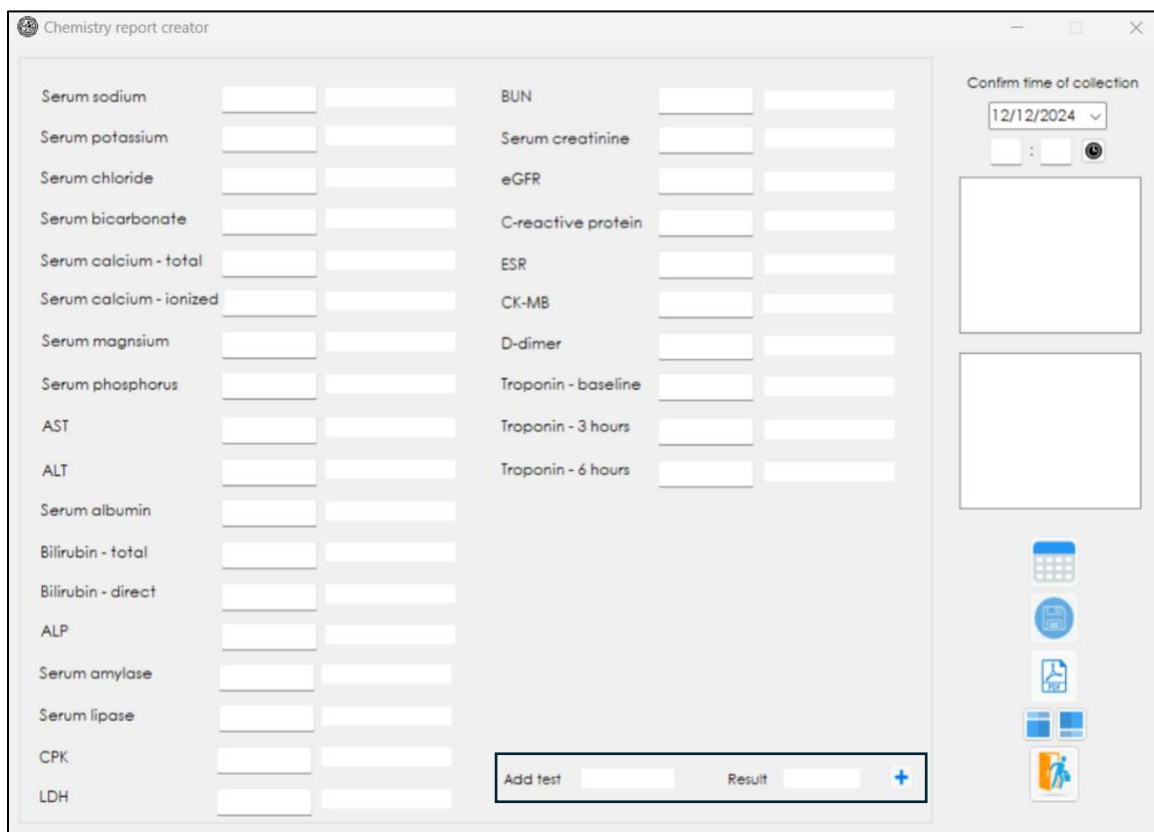
- You can undo this action by clicking undo button:



- After moving the requested test to pending tests, you can finalize the report by clicking the report button:



- This will open a window to enter results. Be sure to fill the reference ranges of your lab (will be permanently saved) and you can add a new test to the final report if not in the list provided:

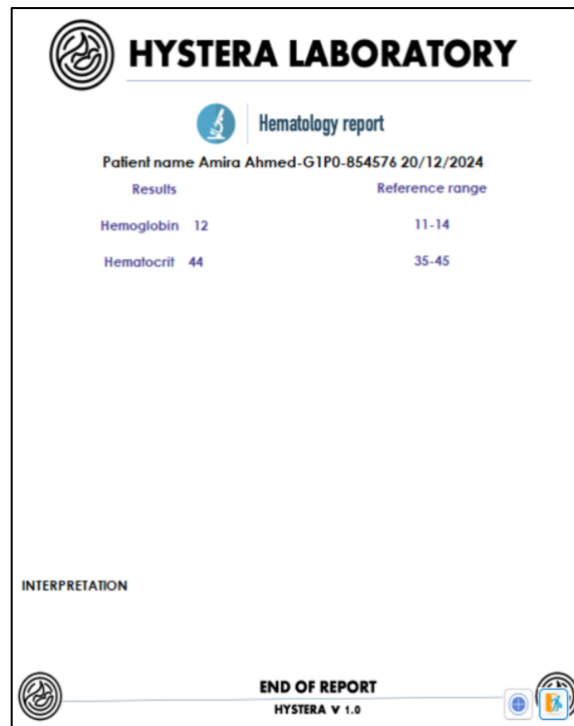


- To be able to save and finalize the report, you need to click the table icon, review the table format and ensure you are happy with how the results will show in the table and save it, and then click the pdf to finalize the pdf report. After that, you are good to go. Click the save icon and this will complete the process (please note you can change the footer and header of your report):

- Review the table form, edit as needed and then click the save button:

Date	Sodium	Potassium	Chloride	Bicarbonate	Total calcium	Ionized calcium	Magnesium	Phosphorus
12/12/2024 - 09:22	140	1	3	5	7	9	11	

- By clicking the pdf icon, you are ready to finalize the pdf report. The header and footer are chosen from the twin icons. To edit the text, click on the text. To save pdf, click the (+) icon:



- Once results are finalized, they will show under “available results” for the doctors. The results will show like this:

LABORATORY REQUESTS

List of investigations

Outpatient (collected) Outpatient (to attend)
 Inpatient (collected) Inpatient (needs collection)

Additional instructions Urgent

Hematology Chemistry Endocrine Microbiology Serology Others

CBC (complete blood count)
 Coagulation profile
 Peripheral Blood Smear (PBS)
 Serum folate
 Serum ferritin
 Serum transferrin saturation
 Serum vitamin B12
 Hemoglobin electrophoresis

Requested investigations

Requested tests Pending tests Available results

Hematology Chemistry Endocrine Microbiology Serology Others

E-CBC (complete blood count) (Out-C) - None - 12-12-2024 - 2128 - 8

Amira Ahmed-G1P0-854576 H C E M S O

Date	HB	Hct	RBC count	WBC count	Platelets	MCV	MCH	MCHC
13/12/2024 - ...	13							

- You can double click on the name of the report, and this will open the pdf of the report. Also, you can click the “table” button and it will show all category results in a table form. If you double click on the table, it will open in a separate window:

Lab results' reviewer

Hematology Chemistry Endocrine Microbiology Serology Others

Date	HB	Hct	RBC count	WBC count	Platelets	MCV	MCH	MCHC
13/12/2024 - ...	13							
[Redacted content]								

17. Creating outpatient prescription

- By clicking the “medications” button, you can create an outpatient prescription:




- This button will open a window where you can add medications to the prescription:

The screenshot shows the 'Outpatient prescription portal' interface with several instructional callouts:

- Search or write the name of the medication:** Points to the search bar containing 'nifed'.
- Double-click to add to “edit” box:** Points to the 'Nifedipine 10mg capsules' item in the search results list.
- Edit and then click (+) to add to the prescription:** Points to the '+' button next to the 'Edit medication' field.
- Click (*) to save to the favorite list:** Points to the '*' button next to the 'Favorite list' section.
- Choose from favorite list and click (+) to add to prescription:** Points to the '+' button next to 'Labetalol 100mg tablets' in the favorite list.
- Edit the final prescription:** Points to the 'Final prescription' box containing 'Labetalol 100mg tablets' and 'Nifedipine 10mg capsules'.
- Save the final prescription to your favorite list by naming it and clicking (*):** Points to the '*' button next to the 'Favorite prescriptions' section.
- Choose from favorite prescription and click (+) to add to prescription:** Points to the '+' button next to 'Headache Hypertension' in the favorite prescriptions list.
- Change header and footer:** Points to the '+' buttons next to 'Default header' and 'Default footer' at the bottom of the interface.

- ❑ Create the pdf button to create and print your prescription. Click the “printer” button to print:



HYSTERA LABORATORY




Outpatient prescription

Rx

Labetalol 100mg tablets

Nifedipine 10mg capsules

Allergies: Allergic to pencillin



HYSTERA HUB

18. Creating outpatient prescription

- ❑ Click "medication list" button to review and add the medications that the patient is using:

- ❑ You can see and edit the details of the medications that the patient uses:

Medication	Indication	Dose	Frequency	Route	Start date	Stop date	Status	Other comments
Labetalol	Hypertension	200	BD	PO	3/12/2024		Active	Review on 15/12/24

19. Exploring the whiteboard

- You can check the whiteboard to see the list of admitted patients in different wards:

The screenshot shows a software interface titled "Amira Ahmed-G1PO-854576". On the left is a vertical sidebar labeled "PATIENT ASSESSMENT HUB" with a red 'H' icon at the bottom. The main area is divided into three columns:

- Left Column:** Lists various assessment tasks with checkboxes:
 - First visit assessment
 - First trimester ultrasound
 - Booking labs
 - Genetic screening
 - Low dose aspirin
 - Hepatitis B vaccine
 - Influenza vaccine
 - Second trimester ultrasound
 - 28-week labs
 - Mid-pregnancy counselling
 - Anti-D (Rh) dose (28 weeks)
 - 36-week labs
 - Labor counselling
 - Third trimester ultrasound
 - Tdap vaccine (27-35 weeks)
- Middle Column:** Titled "ANTENATAL VISITS", it shows a grid of 14 rows and 3 columns of boxes, each containing a number (1-14) and a set of colored icons (R, T, H).
- Right Column:** Titled "HIGH RISK PREGNANCY", it lists various conditions with checkboxes:
 - First trimester hematoma
 - Hyperemesis gravidarum
 - Urinary infections
 - Previous preterm labor
 - Placenta praevia
 - Placental abruption
 - Vasa previa
 - TORCH infections
 - Hematological disorders
 - Hypertension
 - Endocrine disorders
 - Threatened preterm labour
 - PPROM
 - Amniotic fluid disorders
 - SGA/FGR
 - Red cell alloantibodies
 - Multifetal pregnancy
 - Neurologic disorders
 - Immunologic disorders
 - Cardiac disorders
 - Other disorders

At the bottom right, there is a status indicator: "10 + 6 weeks (US)".

- The names will disappear when you discharge them. If you double click any name, you will access their records:

The screenshot shows a software interface titled "Whiteboard". On the left is a vertical sidebar labeled "HYSTERA WHITE BOARD" with a circular logo at the bottom. The main area has a header with tabs: "Hospital admissions", "Labor ward", "Postpartum", and "Neonatal". Below the tabs is a table with the following data:

Date of admission	Time of admission	Name	Clinic number	GA	Bed
23-11-2024	17:09	Zahra Zain	110909	25+5 weeks	12

Whiteboard

HYSTERA WHITE BOARD

Hospital admissions Labor ward Postpartum Neonatal

Name	Clinic number	Date of admission	Time of admission	GA	Bed
Sara Ahmed	374687	9-11-2024	04:03	27+4 weeks	1
Zahra Sami	602715	9-11-2024	03:04	26+2 weeks	1

Sara Ahmed-G1P0-374687

Sara Ahmed
374687

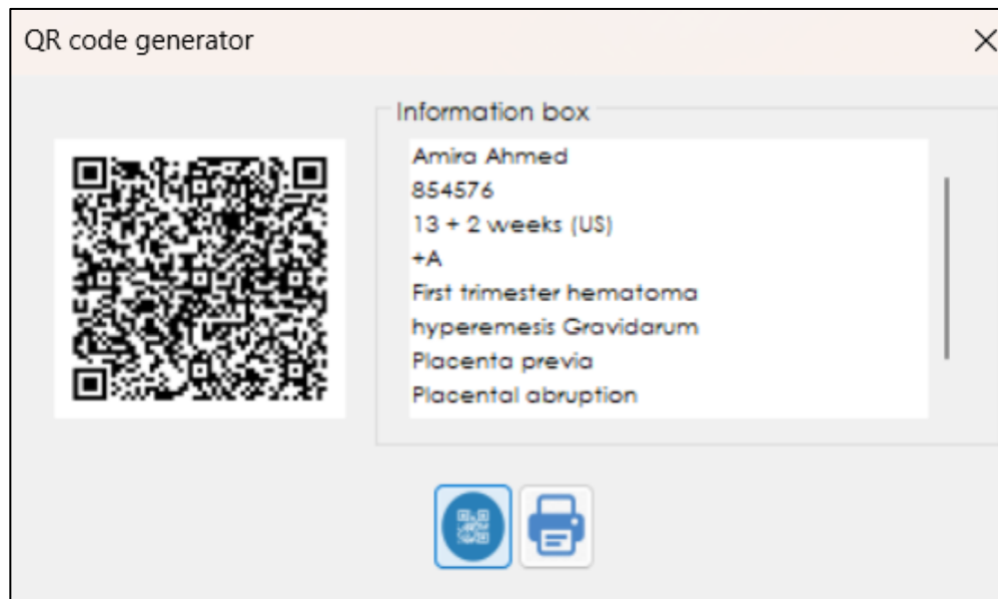
- Labor
- Postpartum
- Neonate
- Charts
- Switch off

20. Creating QR codes

- You can create a QR code for your patient that contains her basic information and print it by clicking the QR code button:



- Click the QR code button to generate a code of the text (which you can modify). Click “printer” button to create a pdf and print the QR code

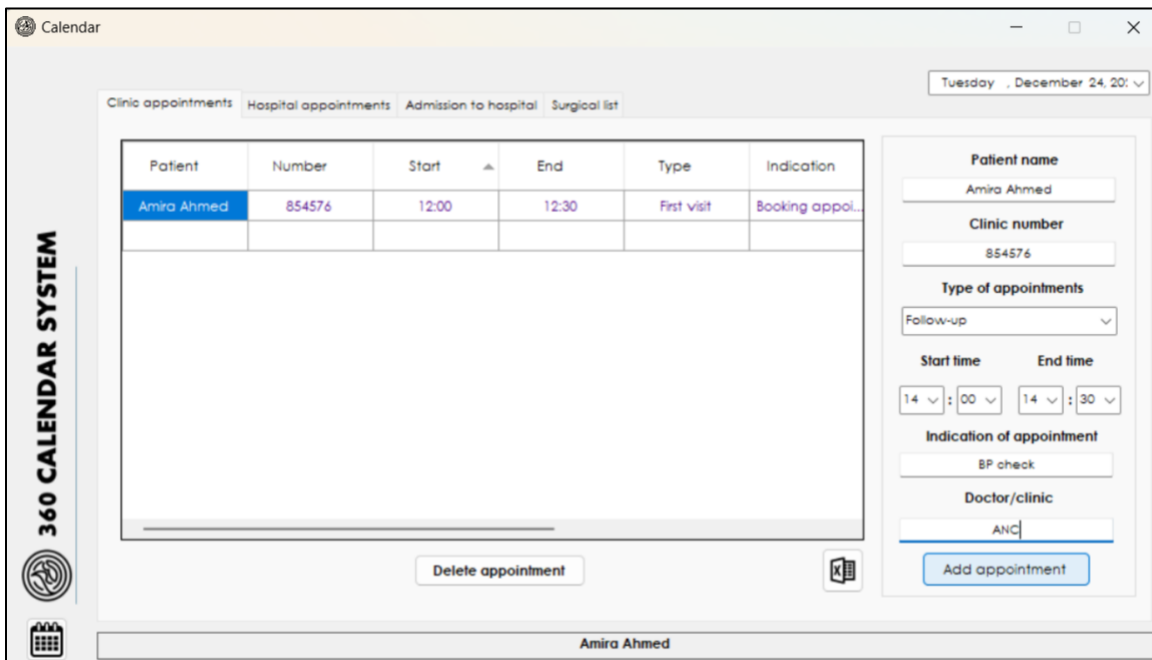


21. Booking an appointment

- You can book appointments for your patient by clicking this calendar button. This will allow you to book a clinic, hospital appointment or surgery/delivery for your patient:



- You can add an appointment through this window. The window allows you to see all appointments of your other patients before you book the new appointment. Appointments are divided as clinic, hospital, admission and surgical appointments:



- You can search appointments of any patients by clicking the calendar button at the bottom left corner:

The screenshot shows a window titled "Search calendar" with search filters for "Patient name" (Amira Ahmed) and "Clinic number" (854576). A search icon is visible below the filters. The main content is a table with the following data:

Patient	Number	Start	End	Type	Indication
22/12/2024	Clinic appoint...	14:00	14:30	Follow-up	Follow-up at 14...
24/12/2024	Clinic appoint...	12:00	12:30	First visit	Booking appol...
8/12/2024	Clinic appoint...	12:00	12:30	First visit	Booking visit

At the bottom of the window, there is a search bar with three dots and a Microsoft Teams icon.

22. Other functions

- The last 4 buttons are:

The save button: to save records

The link button: to close and open the console

The back button: to go back to the patients window to choose another patient

The exit button: to close the program



- If you are on the online mode, you can use AI-assisting tools:

- The writing tool: to help you to create different clinical notes and letters
- The medications tool: to look up important information related to medications



Please note that the AI-assisting function is limited to a maximum of 20 times a day to avoid extra-charges.