

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:



□ 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:

Ø	Open file	_		×
Fo	bllow-up existing patient	Create new profile		
	Patient name			
	Gravidity	1		
	Parity	0		
	Clinic number		0	
	•			

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

First triemster ultrasound Booking labs		First trimester hematoma
 Genetic screening Low dose aspirin Hepatitis B vaccine Influenza vaccine Influenza vaccine Second triemster ultrasound 28-week labs Mid-pregnancy counselling Anti-D (Rh) dose (28 weeks) 36-week labs Labor counselling 	2 R 1 16 R 14 30 R 3 R 1 1 R 14 31 R 4 R 1 18 R 14 31 R 4 R 1 18 R 14 31 R 5 R 14 18 R 14 33 R 5 R 14 19 R 14 33 R 6 R 14 20 R 14 34 R 7 R 14 20 R 14 34 R 7 R 14 21 R 14 35 R 8 R 16 22 R 14 36 R 9 R 14 24 R 14 36 R 11 R 14 27 R 14 18 14 14 14 14 14 14 14 14 14<	Hyperemesis gravidarum Hypertension Hypertension

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:

	First visit assessment	ANTENATAL VISITS	HIGH RISK PREGNANCY
PATIENT ASSESSMENT HUB	 First triemster ultrasound Booking labs Genetic screening Low dose aspirin Hepatitis B vaccine Influenza vaccine Influenza vaccine Second triemster ultrasound 28-week labs Mid-pregnancy counselling Anti-D (Rh) dose (28 weeks) 36-week labs Labor counselling 	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 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 20 R T H 35 R T H 7 R T H 21 R T H 35 R T H 9 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 25 R T H 39 R T H 11 R T H 26 R T H 40 R T H 12 R T H 26 R T H 41 R T H 13 R T H 26 R T H 41 R T H <th> First trimester hematama Hyperemesis gravidarum Urinary infections Previous preterm labor Placenta praveia Placental abruption Vasa previa TORCH infections Hypertension Endocrine disorders Hypertension Endocrine disorders Threatened preterm labour PPROM Armiotic fluid disorders SGA/FGR Red cell alloantibadies Multifetal pregnancy Neurologic disorders Immunologic disorders Cardiac disorders Cardiac disorders Multifetal pregnancy Neurologic disorders Cardiac disorders Since the tabulantibation Seardiac disorders </th>	 First trimester hematama Hyperemesis gravidarum Urinary infections Previous preterm labor Placenta praveia Placental abruption Vasa previa TORCH infections Hypertension Endocrine disorders Hypertension Endocrine disorders Threatened preterm labour PPROM Armiotic fluid disorders SGA/FGR Red cell alloantibadies Multifetal pregnancy Neurologic disorders Immunologic disorders Cardiac disorders Cardiac disorders Multifetal pregnancy Neurologic disorders Cardiac disorders Since the tabulantibation Seardiac disorders
	Third triemster ultrasound		Other disorders

 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

Birst visit assessment			_	×
Ue First	VISIT ASSESSMI	ENT		
Patient name	Amira Ahmed	CN 854576	Age 22 Gravida 1	
Para 0 0 0	0 ? LMP 9/ 8/2024	EDD	6/15/2025 🔍 🛛 Reliable da	tes ~
Demographics Obs	Medical and sur	gical history Base	line physical examination	
DOB	11/28/2024	Race	White	
Occupation	Teacher	Phone number	012445566890	
Address	Cairo, Egypt			
Email	Amira.Ahmed@gmail.c	Blood group	+A	
	Preferred contact meth	sms	~	
Partner name	Ali Hassan	Race	White	
Occupation	Teacher	Phone number	015443366890	
	Consanguinity	Cousins		
Additional notes N	lone		Assessment complete	

 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	- 🗆 🗙
FIRST VISIT ASSESSMENT	
Patient name Amira Ahmed CN 854576 Age 22 Grav	vida 1
Para 0 0 0 0 ? LMP 9/ 8/2024	eliable dates 🗸
Demographics Obstetric history Medical and surgical history Baseline physical examination Date Mode of delivery	on bital) 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	0
Additional notes None Assessment of	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:

Birst visit assessment			– 🗆 X
UP FIRST VISIT ASSESS	AENT		
Patient name Amira Ahmed	CN 854576	Age 22 Gravida	1
Para 0 0 0 0 ? LMP 9/ 8/20	24 🔍 🛪 EDD 6/	/15/2025 🔍 Reliabl	le dates 🗸 🗸
Demographics Obsetric history Medical and r Date Mode of delivery Perineal lear Fetal/neonatal complications Date MOD Hospital GA Tear 2024 SVD Algalaa 41 2	Gestational age at di Gestational age at di complications in complications Complications OK	elivery Hospital elivery Hospital sia complications PPH sia formulation relivery relivery	Isfusion Anti-D
Indication of previous CSs			0
Additional notes None		Assessment comp	olete 🛕 🗹

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

ara <u>0</u> <u>0</u> <u>0</u>	0 ? LMP	9/ 8/2024	854576 ■▼ EDD 6/15	Age 22 G	Reliable dates	
ographics Obste	tric history M	edical and surgica	history Baseline	physical examin	ation	
Medical history					No	ne
System/organ		 Disorder 		Status		~
Details			Medications			
	-		disorder			
System/organ	Disorders	Status	Disease detai	ls	Medications	
Gl	Ulcerative coliti	is Well controlle	JC not currently on	treatme None		
						0
Surgical history					□ N	one <
Surgical history	surgeries	Hysteroscopy			□ N	one <

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:

Birst visit assessment	- 🗆 X
FIRST VISIT ASSESSMENT	
Patient name Amira Ahmed CN 854576 Age 22 Gravit Para 0 0 0 ? LMP 9/ 8/2024 * EDD 6/15/2025 * Ref	ida 1 liable dates v
Demographics Obstetric history Medical and surgical history Baseline physical examination	n
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 V	
Cardiac exam Normal ~	
Z Lung exam Normal V	
Upper extremity exam Normal ~	
Abnormal V	S(1)D
Back exam Abnormal V Scoliosis	θ
Lower extremity exam Normal V	
Additional information Anesthetic review needed because of scoliosis	- 20
Additional notes None	omplete 🛕 🕑

□ 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:

First triemster ultrasound

□ 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
Ultrasound report
Date 11/28/2024 O Transvaginal ultrasound O 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
Placenta Fundal ~ Amniotic fluid Diminshed ~
✓ Hematoma Subamniotic hematoma ✓ Size 2.1 → cm
Uterus Anteverted V Normal anatomy V
Right ovary Ovarian cyst V 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 discripancy 14 days ⑦ 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 di	iamniotic triplets			
Gestaational sac: visible, gesta	ational 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 cardio	ac activity. Heart rate is 155 B/M for twin A			
Placenta: Fundal	Amniotic fluid: Diminshed			
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 and	atomy.			
Right ovary: Ovarian cyst, 5 cm ovarian cyst				
Left ovary: Ovarian cyst, 2 cm ovarian cyst				
Comments: Ovarian cyst for fol	llow-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:

Baseline labs	- • ×
SASELINE LABS	Baseline labs completed
Routine labs	Reference range
Blood group A+	Normal fructosamine: 175-280 mmol/L
Rubella status Unknown Varicella status Immune (IgG) V	
Syphilis Negative V HSV2 Negative V	
Hepatitis B Negative V HIV Negative V	
HgB electrophoresis Abnormal V High HbA1c 10	
ASB screen Asymptomatic bacteriu V E-coli I Treated	
Proteinuria Present V ++	Indications of testing
Cervical screening Up to date	Fructosamine may be more accurate than
Other results None	HgbA1C in women with beta-thalassemia
Specific labs	
Risk of pregestational diabetes	
HgbA1C Not done ⑦ Fructosamine Not done ⑦	
High risk of infection	
Gonorrhea Negative V Chlamydia Negative V	
Bacterial vaginosis Negative V	
Hepatitis C Not indicated V 🕐 Tuberculosis Not indicated V	

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"):

Z	GENETIC SC	REENING			🖬 Ge	netic screening completed	0	(
enet	tic history Aneuploidy sc	reen Carrier scree	n Inva	sive testing Counselling	Refs	Indication of testing		
Maternal	mother	Mother has cystic fi	brosis					
eling Paternal	Previous childern No genelic disease	Total Females 2 🖨 Males 1 🖨	Affected	Has cystic fibrosis Has cystic fibrosis				
Counse	First degree relatives Comparison Maternal father Comparison Maternal mother	No genetic disease	• •	Has cystic fibrosis				
	Maternal siblings	Total A Females 2 Males 2	o 🔹					
	Second degree relatives	Total A	ffected					
	Aunts	Females 1 🜩	1 🗣	Has cystic fibrosis				
	Uncles	Males 2 🗘	2 ÷	Has cysfic fibrosis		New partner		
	Nephews	Males 2 🗘	2 0	Has cystic fibrosis		T CHE annual land		
				and the second		Cv3 consent form		

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

Genetic screening	- <u> </u>
Genetic screening	Genetic screening completed
Genetic history Aneuploidy screen Carrier screen Invasive testing Counselling	Refs Indication of testing
Aneuploidy screening options	
It should be offered to all pregnant women It should be offered to all pregnant women	0
O First trimester screening	•
PAPP-A 1.3 MoM D Trisomy 21 risk 1: 50	÷
E HCG 1.4 MoM Trisomy 18 risk 1: 91	* *
I NT 1.5 ♣ MoM I Trisomy 13 risk 1: 81	*
O Second trimester screening	
AFP 1.1 🕃 MoM 🛛 Trisomy 21 risk 1: 81	
B HCG 1.2 - MoM B Trisomy 18 risk 1: 61	A V
□ uE3 1.2 🐺 MoM □ Trisomy 13 risk 1: 61	÷
🖾 Inhibin-A 1.1 🖶 MoM	
Cell free fetal DNA Final diagnosis	
Trisomy 21 Low risk	New partner
Trisomy 18 Low risk	
Trisomy 13 Low risk	CVS consent form
	Amniocentesis consent form

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

Benetic screening	- • ×
Genetic screening	Genetic screening completed 🕑 📵
Genetic history Aneuploidy screen Carrier screen Invasive testing Counselling Carrier screening Cystic fibrosis Image: Cystic fibrosis	Refs Indication of testing Creening for carrier status should be offered to any pregnant woman. Spinal muscular adrophy 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. Image: Comparison of the state of the
	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							-		×
GENET	IC SCREENING			2 G	enetic scre	ening comp	leted	0	œ
Genetic history And	euploidy screen Carrier screen	Invasive testing C	Counselling R	efs	Indicat	on of testin	g		
Chrionic villus	sampling		(0					
Indication	High risk for trisomy 18								
	Consent form signed	Procedu	ire completed						
Results	Normal results								
Complication	s 🗹 None								
Amniocentesis				0					
Indication	High MCA PSV								
	Consent form signed	Procedu	ire completed						
Results	Normal fetal hemoglobin								
Complication	s 🗹 None					New p	artner		
					2	CVS consent	form		
					2	Amniocente	is consen	It form	

□ The conclusion of the counselling and testing can be added under "counselling" tab:

Genetic screening			- 0	×
Genetic screening	🖪 Gene	tic screening comp	leted	0
Genetic history Aneuploidy screen Carrier screen Invasive testing Counselling	Refs	Indication of testin	9	
Final genetic counselling note		1		
There is no high risk of aneuploidy by non-invasive and invasive testing		New p	artner	
		CVS consent f	orm	
		Amniocentes	is consent form	n

D To document the anatomy scan, click the "second trimester ultrasound" button:

D

Second triemster ultrasound

□ When the window opens, you can add sonographic findings under "general information" and

then under each system separately and finally add the final diagnosis:

General information	xtremities Final report						
Date of examination 11/28/2024 🐨 Gestational age 11+4 weeks (US							
Presentation	Breech V Cervix 6 🗘	mm 🕑 Not assessed					
Placental site	.ow anterior Abnormalities high a te from internal os 16 mm Placenta cover	ccessory lobe ~					
Cord insertion	Velamentous Vasa previa Not ac	ccessed ~					
Amniotic fluid	Volume Polyhydramnios Vahormalitie	cms Amniotic band →					
Biometry	BPD 55 54 HC 44	43					
🛃 Twins	AC 33 32 FL 22	21					
	Fetal sex Male-female ~						
Right ovary	Not seen V						
Left ovary	Normal						

□ 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:

neral information Cra	nium/Neck Chest/Heart Abdomen Spin	e/Extremities Final rep
Cranial		
Ventricles	Normal ~	Singleton 🗸 🔮
Choroid plexus	Not assessed 🗸	Singleton ~
Cerebellum	Normal	Singleton ~
Posterior fossa	Abnormal: specify ~ cisterna magna	Singleton V
CSP	Normal	Singleton ~
Fetal head and no	Normal V	Singleton V
Nasal bone	Abnormal: specify ~ Absent	Singleton V
Lips and palate	Abnormal: specify ~ Left cleft lip	Singleton v
Neck	Abnormal: specify ~ Goitre	Singleton V

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:



□ Next, click the "28-week labs" Add second trimester routine test results:

28-week test results		-	
× 28-v		ests com	pleted
Routine 28 week			
11/29/2024			
11/27/2024			
🕑 Hemoglobin	11.2 Department of Platelet cou	unt 180	
Antibody screen	Negative for anti-D 🗸 Additio	nal antib	odies: sj 🗸
	Anti-E antibodies		
O Glucose chall	lenge test not done		
O 1 hour glucose	e challenge test	125	-
O 2-hour glucos	e tolerance test		
	Fasting glucose	90	÷ 🕐
	2-hour glucose	140	*
O 3-hour glucos	e tolerance test		
	Fasting glucose	81	2
	1-hour glucose	119	*
	2-hour glucose	119	-
	3-hour alucose	119	-

□ Enter any counselling related to the mid-trimester:

Mid-trimester counselling	- 0
& Maternal counselling	Counseling completed
Irial of vaginal delivery after Cesarean (TOLAC)	Discussed and accepted V
VBAC score 84 🔹 % Score calculator	Benefit of TOLAC overweighs risk
Screening for group B streptococci	Screening is accepted - self collection 🗸
	O Positive O Negative O Pending
Counselling details/additional	information
Discussed VBAC versus ELCS. Explained risks and ben	efits and the patient would like VBAC this
lille	

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



 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:

Third trimester counselling	x
LABOR COUNSEL	LING
Birth plan	
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 ~
Specific requests and recomm Discussed birth plan. Patient prefer background music in the room, we possible, she would like to avoid c	endation on admission s quiet environment, ould prefer waterbirth if continuous fetal monitoring

□ 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 - 🗆 X	Third trimester ultrasound scan
Third Trimester Ultrasound	Third Trimester Ultrasound
Ultrasound report External Cephalic Version	Ultrasound report
Fetal presentation Breech	ECV Discussed and accepted v Consent signed Procedure date Friday , November v
	Procedure note
Additional information	Procedure was done in outpatient setting No anelgesia Examination confirming breech presentation
Normal UA and MCA Doppler	Gentle version with intermittent auscultation Cephalic presentation confirmed wih ultrasound
	ECV outcome Successful
ECV consent form Counseling completed	ECV consent form

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):

0	First visit assessment		ANTENATAL VI	SITS	HIGH RISK PREGNANCY	
	First triemster ultrasound	1 R T H 2 R T H	15 R T H	29 R T H	First trimester hematoma Hyperemesis gravidarum Utianzi islandiaru	Δ
8	Genetic screening	3 R T H 4 R T H	17 R T H	31 R TH	Previous preterm labor Placenta praveia	
6	Low dose aspirin 0 Hepatitis B vaccine 0 Influenza vaccine 0	5 R T H 6 R T H 7 R T H	19 R T H 20 R T H	33 R T H 34 R T H 35 R T H	Hacental abruption Vasa previa TORCH infections Hematological disorders	9
0	Second triemster ultrasound 28-week labs	8 R T H 9 R T H	22 R T H 23 R T H	36 R T H 37 R T H	Hypertension Endocrine disorders Threatened preterm labour PPPOM	
	Mid-pregnancy counselling	10 R T H	24 R T H 25 R T H	38 R T H 39 R T H	Amniotic fluid disorders SGA/FGR Red cell allogatibodies	leg .
0	36-week labs	12 R T H 13 R T H	26 R T H 27 R T H	40 R T H	Multifetal pregnancy Neurologic disorders	
8	Labor counselling	14 R T H	28 R T H	42 R T H	Immunologic disorders Cardiac disorders Other disorders	0

 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":

Add note		- 0
• Routine visit	Review of symptoms	Clinic note
O Triage visit	Fetal movement	Type of visit: Routine visit
O Hospital admission	↓ 0 ‡ Days	Date of visit: 11/29/2024 3:58:12 PM Gestational age: 13 + 3 weeks
	Loss of fluid	Review of symptoms:
estational age of current visit	O PVB	- No fluid loss reported
13 v 3 v weeks	Poin Low back pain	- No vaginal bleeding reported
	Mild, responsive to paracetamol	- Pain reported, Low back pain, Mild, responsive to paracetamol
Date of visit	Uringry symptoms	- Urinary symptoms reported, urinary
11/29/2024	urinary frequency	frequency
Additional information	Other symptoms	- No other symptoms reported
Routine visit after dating scan		Physical examination:
to review booking tests		- BP: 125/80
	Physical examination	- HR: 88
Impression	BP 125/80 Protein in urine NI	- lemp: 3/.1
Normal routine antenatal visit	🕑 HR 88 🕑 Temp 37.1 💟 RR 22	- Chest examination: Not indicated
Plan	Chest exam Not indicated	- Abdominal examination: Not
Continue normal antenatal	Abdominal examNot indicated	indicated
care	🗋 SFH cm 🕑 FHR 155	- SFH: not measured
		- FHK: I DD B/M
Hospital admission		Generate note Save note

First visit assessment	ANTENATAL VISITS	HIGH RISK PREGNANCY
First triemster ultrasound	1 R T H 15 R T H 29 [R T H
Booking labs	2 R T H 16 R T H 30 [R T H Urinary infections
Genetic screening	3 R T H 17 R T H 31 [R T H Previous preterm labor
O Schede acreening	4 R T H 18 R T H 32 [R T H
Low dose aspirin	5 R T H 19 R T H 33 [R T H Vasa previa
Hepatitis B vaccine	6 R T H 20 R T H 34	R T H
Influenza vaccine	7 R T H 21 R T H 35	R T H
Second triemster ultrasound	8 R T H 22 R T H 36	R T H Endocrine disorders
28-week labs	9 R T H 23 R T H 37	R T H
Mid-pregnancy counselling	10 R T H 24 R T H 38	PPROM Prom Amniotic fluid disorders
• • • • •	11 R T H 25 R T H 39	
Anti-D (Rh) dose (28 weeks)	12 R T H 26 R T H 40	R T H Red cell alloantibodies
		Multifetal pregnancy
JO-WEEK IADS		
Labor counselling		Cardiac disorders
Third triemster ultrasound		Other disorders

□ 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:

Edit note	-		>
Clinic note			
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 p	araceto	amol	
- Urinary symptoms reported, urinary frequency			
- No other symptoms reported			
Physical examination:			
- BP: 125/80			
- HR: 88			
- Temp: 37.1			
- RR: 22			
- Chest examination: Not indicated			
- Abdominal examination: Not indicated			
- SFH: not measured			
- FHR: 155 B/M			
- Proteinuria: Nil			
- CTG: not performed			
Routine visit after dating scan to review booking tests			
Impression: Normal routine antenatal visit			
Plan: Continue normal antenatal care			
Save note			

□ If hospital admission is indicated, you can admit the patient by choosing and clicking "hospital admission":

Add note		- 🗆 X
 Routine visit Triage visit Hospital admission 	Review of symptoms Fetal movement Days Loss of fluid	Clinic note
Gestational age of this visit	PVB Pain	
Date of visit 11/29/2024 Additional information	Urinary symptoms	
Impression Normal routine antenatal visit Plan	Physical examination BP Protein in urine HR Temp RR Chest exam Abdominal exam SFH cm FHR CTG ?	
Hospital admission	Bedside USS	Generate note Save note

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

🕲 Hosp	bital admission — 🗌	×
	Date of admission 11/29/2024	
	Time of admission $09 \lor$: $22 \lor$	
	Gestational age 15 V 3 V	
	Bed ³ Ward ^{L45}	
	Indication of admission	
	Hyperemesis gravidarum	
	Physician name	
	S. Shazly	
	Admit	

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

TH 15 RTH	29 R T H	First trimester hematoma Hyperemesis gravidarum	
TH 16 RTH	30 R T H		
		Urinary infections	1 -
ITH 17 RITH	31 R T H	Previous preterm labor	×
TH 18 RTH	32 R T H	Placenta praveia	
TH 19 RTH	33 R TH		
	34 R TH		
	35 8 1 8	Hematological disorders	-
	36 R T H	Hypertension Endocrine disorders	
TH 23 RTH	37 R T H	Threatened preterm labour	
TH 24 RTH	38 R T H	Amniotic fluid disorders	C
TH 25 R TH	39 R T H	SGA/FGR	B
TH 26 RTH	40 R I H	Red cell alloantibodies	3
TH 27 RTH	41 R T H	Neurologic disorders	
TH 28 RTH	42 R T H	Immunologic disorders	
		Cardiac disorders	B
	Im 16 R F Im 19 R F Im 19 R F Im 19 R F Im 20 R F Im 21 R F Im 21 R F Im 22 R F Im 23 R F Im 24 R F Im 25 R F Im 26 R F Im 27 R F Im 26 R F Im 26 R F	I H 18 R I H 32 R I H I H 19 R I H 33 R I H I H 20 R I H 34 R I H I H 20 R I H 34 R I H I H 21 R I H 35 R I H I H 22 R I H 36 R I H I H 23 R I H 37 R I H I H 24 R I H 36 R I H I H 24 R I H 36 R I H I H 26 R I H 37 R I H I H 26 R I H 40 R I H I H 27 R I H 41 R I H I H 28 R I H 42 R I H	I H 18 K I H 32 K I H Placental abruption I H 19 K I H 33 K I H Vasa previa I H 20 K I H 34 K I H TORCH infections I H 20 K I H 35 K I H Hematological disorders I H 21 K I H 35 K I H Hematological disorders I H 22 K I H 36 K I H Endocrine disorders I H 23 K I H 37 K I H Threatened preterm labour I H 24 K I H 36 K I H Anniotic fluid disorders I H 25 K I H 39 K I H Anniotic fluid disorders I H 26 K I H 40 K I H Red cell alloantibodies I H 27 K I H 41 K I H Neurologic disorders I H 28 K I H 42 K I H I I I H

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:

	н			ONS	
			-0711331		
	Vi	sits (date	and tin	ne)	
Amira Ahm	ed - 1309				
Amira Ahm	ea - 1410				
Date	Time GA	Bed	Ward	Indication of admission	
Date 29-11-2024	Time GA 13:09 26+4	Bed	Ward L44	Indication of admission UTI	
Date 29-11-2024	Time GA 13.09 26+4	Bed	Ward L44	Indication of admission UTI	
Date 29-11-2024	Time GA	Bed	Ward L44	Indication of admission UTI	

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:

mira Ahr	ned-G1P0-854576		
	First visit assessment	ANTENATAL VISITS	HIGH RISK PREGNANCY
	First triemster ultrasound	1 R T H 15 R T H 29 R T H	🛛 🧧 First trimester hematoma 🛛 🔥 🧃
	Booking labs	2 R T H 16 R T H 30 R T H	Uringry infections
	Constis sereening	3 R T H 17 R T H 31 R T H	Previous preterm labor
	Coneuc screening	4 R T H 18 R T H 32 R T H	Placenta praveia
	Low dose aspirin	5 R T H 19 R T H 33 R T H	Vasa previa
	Hepatitis B vaccine	6 R T H 20 R T H 34 R T H	
5	Influenza vaccine	7 R T H 21 R T H 35 R T H	Hematological disorders
E	Second triemster ultrasound	8 R T H 22 R T H 36 R T H	Hypertension Endocrine disorders
	28-week labs	9 R T H 23 R T H 37 R T H	Threatened preterm labour
	Mid-pregnancy counselling	10 R T H 24 R T H 38 R T H	PPROM Ampiotic fluid disorders
		11 R T H 25 R T H 39 R T H	SGA/FGR
	Anti-D (Rh) dose (28 weeks)	12 R T H 26 R T H 40 R T H	Red cell alloantibodies
2	36 week labe	13 R T H 27 R T H 41 R T H	Neurologic disorders
		14 R T H 28 R T H 42 R T H	
	Labor counselling		Cardiac disorders
	Third triemster ultrasound		
	Tdap vaccine (27-35 weeks)	(\oplus)	9 + 4 weeks

By clicking the small button, you will open the wizard of this risk factor, which you should use to follow-up and mange 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	>
Clinical assessment Management GA at diagnosis Type Initial size cm 11/29/2024 Linitial hemoglobin g/dl 11/29/2024 Current hemoglobin g/dl 11/29/2024 Additional notes	 Anti-D given Date 11/29/2024 GA Oral iron Date 11/29/2024 IV iron Date 11/29/2024
	Date 11/29/2024 V

lease 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.	Anti-D given Date 11/29/2024 - GA
Recommendations provided	Oral iron
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.	Date 11/29/2024 ~
Course and prognosis discussed	Date 11/29/2024 ~
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.	Blood transfusion Date 11/29/2024
Resolved	1

□ 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:

8	Amira Ahmed-G1P0-854576									
(OBSTETRIC COMPLICATIONS									
н	Hyperemesis gravidarum									
	Clinical assessment Management Counseling									
	TFT US scan Treatment on admission Treatment during visit						Treatment at discharge	,		
	h Normal Normal Oral cyclizine IV fluids and IM metcolpromide						Oral metclopromide			
	bi.									
					IV fluids an	d cyclizine				
	Reso	olved								
8	Amira	Ahmed-G1P0-8	54576					- 0	×	
1	2	0								
	5	UBST	ETRIC CO	MPLICA	TIONS					
H	pere	emesis aravi	darum							
	linical	Inverse	Management	Counseling						
		Gasesament	Mundgemenn	countering						
		Medication	Start date	e	Current regime	'n	Stop date	Reason of discontinuat	tion	
		Cyclizine	05/11/20	24	50 mg three time	s a day	11/11/2024	No response	<u> </u>	
		nerociopromio	10 11/11/20	24	to mg inree time	saday	11/10/2024	improvement		

Amira Ahmed-G1P0-854576 – □	×
BSTETRIC COMPLICATIONS	
Hyperemesis gravidarum	
Clinical assessment Management Counseling	
Dietary advice discussed	0
We discussed dietary recommendations including eating little and often (for example, every two to three hours), eating dry crackers or toast, eating ginger biscuits, avoiding very rich, spicy, or fatty foods, eating a little when you wake up before brushing the teeth and taking time to get out of bed, drinking lots of liquid (but avoiding alcohol and caffeine), sitting down after eating, moving slowly	I
Follow-up discussed	0
We discussed that in most women, vomiting resolves by 16-20 weeks. If vomiting continues into the late second trimester or third trimester, there is increased risk of fetal growth resitriction and serial growth scans are indicated	
Risk of recurrence discussed	
We discussed that risk of recurrence is 15%. The risk is 10% with the same partner and 16% if a new partner. Risk may be reduced by ear use of effective antiemetic, diet modification and lifestyle modification before symptoms are aggravated	ły
Resolved	

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

Mira Ahmed-G1P0-854576	_		×
OBSTETRIC COMPLICATIONS			
Urinary infections			
Asymptomatic bacteriuria UTI			
Organism E.Coli Date of testing	11/30/20)24 ~	0
Antibiotic treatment Nitrofurantoin			0
Date of treatment 12/ 1/2024 ~			
Follow-up 16 weeks Follow-up results No evidence on follow-up 20 weeks 24 weeks on follow-up 28 weeks 32 weeks 36 weeks 36 weeks 40 weeks 0	e of bacte	ruria	0

This is the wizard of "previous preterm labor" in women with previous history of preterm labour:

Mira Ahmed-G1P0-854576	-	×
OBSTETRIC COMPLICATIONS		
Previous preterm labor		
Risk factors Management		
History of spontanous preterm labour < 34 weeks		0
□ History of pregnancy loss > 16 weeks		
History of preterm PROM		
History of cervical trauma		
History of second stage CS		
Details of risk factors		

Amira Ahmed-G1P0-854576	-	×
OBSTETRIC COMPLICATI	IONS	
rrevious preterm labor		
Risk factors Management		
IM Progesterone		0
Vaginal progesterone		
Cervical length:	Notes	
Follow-up	completed till 24 weeks	
16 wks 3.7 🚔 cm		
18 wks 4.3 💼 cm		
20 wks 4.5 🚔 cm		
22 wks 3.4 🚔 cm		
24 wks 3.5 💼 cm		
Cerclose		
No V		

 $\hfill\square$ This is the wizard of low-lying placenta and placenta previa:

Amira Ahmed-G1P	0-854576								-		
🕙 Obsi	TETRIC	C COI	MPLI	CA	TION	S					
ssessment Cou	nta and p	i plan	a previa	0							
GA at diagnosis	20+0	Туре	Placent	a pre	evia 🗸	Disto	ance from internal	os: 0.0 🌩	mm		
GA on repeat	32+1	Туре	Low lyin	g pla	scentc ~	Disto	ance from internal	os: 0.9 🛊	mm	VUS	
GA on repeat	36+2	Туре	Low lyin	g pla	ocentc ~	Disto	ance from internal	os: 1.9 🔹	mm		
Date	Indica	tion of a	dmission		Total EB	L	Hemoglobin	Anti-D		Transfusion	n
3/11/2024	Antepa	artum blee	eding	~	100		110 - 98	No		No	
		_	_	~							
Suspected ad	ccreta PO	ssible acc	creta on l	J/S si	can	_		_			
				Ad	ditional n	otes					
Plan of delivery of	discussed, fo	or CS next	t week or								
Resolved											

🚳 Amira Ahmed-G1P0-854576 —	×
OBSTETRIC COMPLICATIONS	
Low lying placenta and placenta previa	
Assessment Counseling and plan	
Diagnosis discussed	0
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 hiah risk of preterm labour (risk of bleedina by Safety netting discussed We discussed avoiding digital vaginal examination, penetrative intercourse, moderate to sternous exercise, heavy lifting and prolonged standing > 4 hours and I encouraged her to contact/ present to hospital in case of bleeding of contraction	0 0 07
First close of steroids 11/ 4/2024 V Time 13:23	
Second dose of steroids 11/ 5/2024 V 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:

Amira Ahmed-	G1P0-854576			-	
B IB	STETRIC COMPL	APH	ATIONS		7
Diagnosis	Placental abruption	~	Clinical diag	inosis 🗸	
Date	Indication of admission		Total EBL	Hemoglobin	Anti-D
3/11/2024	Antepartum bleeding	~	300	12.0	No
		\sim			
l discussed that preterm labor, F		eling	complete 🕐	of oligohydramnios.	_
No oddilion-1-	GR, stillbirth, IOL and CS, NICU (smen should be referred to high Additio	admis n risk o onal	sion and neon clinic for follow notes	atal hyperbilirubiner up and serial growt	PROM, mia. th
No additional n	GR, stillbirth, IOL and CS, NICU (imen should be referred to high Additionates	admis n risk o onal	sion and neon clinic for follow notes	atal hyperbilirubiner -up and serial grow	PROM, nia. th

□ This is the wizard of vasa previa:

Amira Ahmed-G1P0-854576 -	×
OBSTETRIC COMPLICATIONS	
Vasa previa	0
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 V Time 1230	
Plan of delivery)
CS at 35 weeks	
Additional note	
Admit to the ward at 32 weeks	

 $\hfill\square$ This is the wizard of the TORCH infections:

Amira Ahmed-G1P0-854576		- 🗆 X
Viral infections CMV Chickenpox Toxo	plasma Parvo virus Rubella Fetal anomalies	CMV Rubella Chickenpox Fetal anomalies Toxoplasma Parvo virus
Diagosis Clinically suspe	ected V GA at diagosis 33+1 🕜	Plan of care
Details of diagosis		Repeat scan in 2 weeks
CMV-specific Igs	Positive	
Amniocentesis	Positive	
Cordocentesis	Not performed	
Serial US findings		
Date GA	Ultrasound findings	
3/11/2024 34+	Normal songraphic findings	
	Resolved	

matological dia memia Thromboo	ETRIC CO corders cytopenia Venc	MPLICATION	ding disorders Oth	ers		 Anemia Thrombocytoper Venous thrombo Bleeding disorder
GA at diagnosis HB at diagnosis Inheritance risk Inheritance risk Oral ferra IV iron in	18+0 9.8 None bus sulfate Dose fusion Dose Post-treatment HB	200 GA of 1000mg GA of 11.3 GA of	treatment 20+1 treatment 20+1 treatment 32+0 t testing 34+0	0	Plan of care No further treat iron for 3 month	ment required. Continue oral s postpartum
Date	e GA 2024 38+	Рге-НВ 2 8.7	Indication of transfusion Symptoms	Blov prod		
Amira Ahmed-G1P0-	854576 ETRIC CO sorders sytopenia Vend	MPLICATIO	IS ding disorders Oth	ers		 Anemia Thrombocytopet Venous thrombo Bleeding disorder
Amira Ahmed-G1P0- Baseline count Further tests Follow-up	854576 ETRIC CO sorders sytopenia Venc 28+0 Ty 143000 ÷ Repeat FBC in 4 v Every 4 wks	MPLICATION Dus thrombosis Blee pe of thrombocytop Baseline symptom veeks	ding disorders Oth enia Gestational Is No symptoms	iers	Plan of care Follow-up with 38 weeks	Anemia Anemia Thrombocytoper Venous thrombo Bleeding disorde FBCs, discuss delivery plan at

□ This is the wizard of different hematological disorders:
🛞 Amira Ahme	ed-G1P0-854	576						>
Hematolog Anemia Ti	BSTE	TRIC (ders	COMPLICAT	Bleeding disord	lers Others		Anemia Thromboo Venous th Bleeding o	ytopeni rombos disorder
GA at ass	essment	12+0	Type of risk	High risk for VTE		~	Antenatal plan of care	
Recomme Baseline w Follow-up	endations veight	LMWH at 3 89	28 weeks Treatment and	I dose LMWH 4	0 mg once daily	0	Continue till 24 hours before CS	
Date	e	GA	Current treatment	Anti-Xa level	Other investigations	Next follow-		
20/11	/2024	32+0	LMWH	Not indicated	None	36 we		
							Postnatal plan of care	
Date and	i time of di	scontinua	tion 24 hours befo	ore CS			Continue 4 hours postpartum and for a	lays

nira Anme	d-G1P0-854576						-	
atologi mia Tr	BSTETR ical disorder	IC COMPI s nia Venous thro	SICATIONS	ng disorders	Others		 Anemi Thromi Venou Bleedi 	ia bocytopeni is thrombosi ng disorderi
A at asse	essment 20+	1. Туре о	of disorder Facto	or IX carrier			Antenatal plan of care	0
comme llow-up	ndations follo	w-up factor IX ev	ery 4 weeks			0	Continue follow-up every 4 weeks	
e	GA	Level assessment	Other investigations	Treatment given	Next follow-up]		
/2024	32+0	0.6	none	none	4 weeks			
							Postnatal plan of care	

Amira Ahmed-G1P	0-854576						-	
6 lbs	TETRIC CO	MPLICATION	S				C And Thro	emia ombocytope
matological (nemia Thromb	disorders	ous thrombosis Bleedir	ng disorde	rs Others			🖸 Ver	nous thrombo eding disorde
Diagnosis A	dd diagnosis			Current treatme	nt A	dd treatment		
Date	GA	Setting		Disease status		Symptoms	Investigations	Current treatment
Date	34+0	Clinic visit	~	Well controlled	~	Add symptoms	Add invests	None
Obstatric review				Hemotology review				
Add obstetrics p	Jan			Add hematology pla	n			

 $\hfill\square$ This is the wizard of hypertension disorders:

Amira Ahmed-G1	P0-854576							- 0	×
BS Hypertension	TETRIC	COMPLICATION	S					 Chronic hypertension Gestational hypertension Preeclampsia (mild, without SF) Preeclampsia (severe, with SF) 	0
GA at baseline	assessment	12+0 Baseline BP	120/84	Baseline p	proteinuria	Neg		Plan of care Follow-up in 1 week	
GA at tirst diag	GA GA	BP at diagnosis	.0	Proteinuria at	Proteinuri	- -		Check: - BP - Proteinuria - Symptoms - NST	
01/12/2024	31+0	Day unit visit	~	130/80	18		-		
							L		
							L		
Current treatm	ent Labetalo	- bl 200 mg BD							

□ Add endocrine disorders here:

DBST Docrine disorder	ETRIC CON ers with pregnar	IPLICAT ICY Gestational dial	Detes Other disorders	 Thyroid disorders Pregestational diabetes Gestational diabetes Other disorders
reconception/Booki	ng Antenatal visits	Delivery plan	Postnatal plan	
 Diagnosis co Preconcepti Preconcepti TSH 1.3 Anti-TPO Thyrotrop Medication 	nfirmation Over on disease control on assessment Free T3 12 antibodies 7 Thyro pin receptor antibo review	hypothyroidism Well controlled Free T4 14 Inglobulin antibo dies (TRAb)	Patient counseling Clinical note Obstetric note Add obstetric core plan here odies (TgAb)	٩
Madianting	status On medicatio	ons - Well controller	d 🗸	
Medication		s	top	
Preconcept	ion medications			
Preconcept Drug D	ion medications	se 100	Endocrinology note	
Preconcept Drug D Drug D	ion medications rug 1 Da rug 2 Do	se 100	Endocrinology note Add endocrine plan here	
Preconcept Drug D Drug D Drug D	ion medications rug 1 Da rug 2 Do Do	se 100	Endocrinology note Add endocrine plan here	
Preconcept Drug D Drug D Drug Recommend	ion medications rug 1 Da rug 2 Da Da Jed alternatives	se 100 se 200	Endocrinology note Add endocrine plan here	
Preconcept Drug D Drug D Drug Recommend	ion medications nug 1 Da nug 2 Da led alternatives ange	se 100 se 200 se	Endocrinology note Add endocrine plan here	
Preconcept Drug D Drug D Drug Recommend No ch Drug Dr	ion medications kug 1 Da kug 2 Da ded alternatives ange ug 1 Das	se 100 se 200 se	Endocrinology note Add endocrine plan here	

 $\hfill\square$ This is the wizard of the "threatened preterm labor":

Obstetric complications a visits Obstetric review Neonatology review Clinic visits Clinic visits Setting aliagnosis ordinations/1 divation
Clinic visits Contractions/1 Date GA Setting diagnosis contractions/1
Date GA Setting diagnosis and duration min
11/12/2024 23+0 Hospital admission V Suspected preterm labor V Cramps 1/10
v v

□ This is the wizard of the PPROM:

inic visits Obstetri	r rupture of me	embranes (PPROM)				
Gestational age Baseline WBC co Clinic visits	at diagnosis 28* punt 12	3 Latency antib Baseline CRP 5	piotics •	nythromycin Start date 1/12/2 Baseline contractions 0/10	Baseline CT	Completed G Normal
Date	GA	Setting		diagnosis	symptoms and duration	Contractions/10 min
4/12/2024	29+0	Day care visit	~	Confirmed by speculum - pool V	Leakage	1/10

□ This is the wizard of the amniotic fluid abnormalities:

Amira Ahmed-G1P0-8	54576			- 🗆 X
CO OBSTE Amniofic fluid abn	TRIC CO	MPLICATIO	NS	Oligohydramnios Polyhydramnios
GA at diagnosis Assessment of gro Gross anomalies	with at baseline	Assessment of PF	PROM at baseline	 Confirmed Confirmed Confirmed Confirmed Confirmed
Date	Follow-up GA	MVP	Clin	ical note/plan of care
				Resolved

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

Mira Ahmed-G1P0-85	4576					-		×
Abnormal fetal gra	TRIC CO	MPLICAT	101	IS				
GA at diagnosis	30+0	Early onset	~	PIH at baseline	No PIH		~	0
Chronic disease Gross anomalies	No Anomalies pres	ent v	Ompl	halocele		C EDD) confirm	ned
Paracentesis	Abnormal karya	type v	X-45					
	_	Fetal med	licine	review completed				
Date	GA Follow-up	FFW percentile	Fe	clinic etal medicine refer	cal note/pic ral is required	an of care		
11/12/2024	33+0	42nd						
			0	A at delivery ³⁶⁺⁰	1			~
							Resol	ved

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

Amira Ahmed-G1P0-	854576					- 0
OBST ed cell alloimmu	ETRIC C	OMPLICA	TIONS			
Current status	Positive antibo	odies V An	tibody type Ot	ners v anti-	e 1	liter 1:8
Date	GA	Antibody titre	MCA PSV indicated	MCA PSV value	US signs of hydrops	ecommendation
11/11/2024	33+2	1:4	Yes	1.1 MoM	No	F/U in 1 week

🕲 Ar	mira Ahmed-G1P0	-854576			-	×
Rec	DBST d cell alloimm		OMPLICA	TIONS		
				inical note/plan of care		
	Cordocentesis a	nd possibly intro	auterine transfusio	nl		
				Procedures indicated		
	Date	GA	Procedure	Details of the procedure		
	11/11/2024	33+2	Cordocent ~	Fetal hemoglobin checked		
			~			
			GA at delivery ³	6+0 MOD CS ~		

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

Bestetrace complications Autifiedal pregnancy Management Type Dichorionic diamniofic twins Follow-up Date GA Twin 1 AF Doppler Growth Twin 2 AF 2/11/2024 24+0 23rd: 567 12 Normal 18th: 498 15	Amira Ahmed-G1P0	-854576					- 0	>
Follow-up Management Type Dichorionic diamniotic twins Follow-up Follow-up 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	OBST		OMPLICA	TIONS				
Image: Dichorionic diamniotic twins Image: Dichorionic twins </th <th>Follow-up Manage</th> <th>ment</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	Follow-up Manage	ment						
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			Type Dichorio	nic diamniotic tv	wins	~		0
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				Follow-up				
12/11/2024 24+0 23rd; 567 12 Normal 18th; 498 15	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	PREG	NANCY
Booking visit		
 First trimester ultrasound should be off Assessment of viability Assessment of gestational age (g Assessment of chorionicity and ar Assignment of nomenclature (assignment) 	fered to wom estational age mnionicity ign foetuses a	en with multiple pregnancy for: a is determined by the largest foetus) s left and right, or upper and lower for
 The number of placental masse The presence of amniotic mem Lambda or T-sign Discordant fetal sex (if gestation 	ibrane(s) and nal age is bey	membrane thickness ond 14 weeks)
Dichorionic diamniotic (DCDA) pregnancy Monochorionic diamniotic (MDCA) pregnancy Monochorionic monoamniotic	There a There is Lambda There a There a There is There is T-sign	e 2 chorionic and 2 amniotic layers a thick inter-twin membrane (> 2 mm) a sign e 2 amniotic layers only a thin inter-twin membrane (< 2 mm) There is no intertwin membrane
(MCMA) pregnancy If chorionicity cannot be determ second opinion by a senior sonogra- referral should be considered. If ch- remains undetermined, pregnancy	ined, a apher or a iorionicity should be	Transvaginal ultrasound may be used as an alternative to transabdominal ultrasound in women with high body mass index and uterine retroversion. 3D

 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:

Amira Ahmed-G1P0-854576				- 🗆 🗙
URBSTETRIC	C COMPLIC	CATIONS		 Epilepsy Multiple sclerosis
Preconception/Booking Ante	enatal visits Deliver	y plan Postnatal	plan	
 Diagnosis verification Time since last episod Diagnosis made by a Type of epilepsy Risk stratification Risk 	le	Childhood only	Patient counseling Recommendations Folic acid 5 mg Safe environement discussed Mental health screened (mood and co	Ongition)
Medication review Medication status Preconception medi Drug	cations Dose	Stop	Clinical note Obstetric note	
Drug Drug	Dose Dose		Neuralogy note	
	natives			
Drug	Dose			
Drug	Dose			

 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 COMPLICATION	S	
SLE Rheumatoid arthritis Other disorders		
Preconception/Booking Antenatal visits Delivery plan Post	natal plan	
🖉 Confirmed diagnosis 🥑 Disease control Well controlled	- 	Patient counseling 👩
Preconception assessment		Recommendations
C3 level Normal C3 C4 level Not tested	0	Selic acid 5 mg V 🕐
Anti-dsDNA Normal anti-dsDNA		Mental health screened (mood and congition)
Echocardiography Normal	0	Normal screening - GAD-2
CXR/CT Normal		Hydroxchloroquine
Urine dip Negative	0 🖬	Clinical note
RFT Normal CBC Normal	0	Obstetric note
Anti-Ro/La Low APA Negative		obstetrics
Medication review	0	
Medication status On medications - Well controlled		
Preconception medications	Stop	
Drug Drug 1 Dose 20		
Drug Drug 2 Dose 40		Rheumatology note
Drug Drug 3 Dose 60		Rheumatology
Recommended alternatives No change		
Drug Drug 3 Dose 100		
Drug Drug 4 Dose 200		

□ This is the wizard of the cardiac disorders:

Cordiac disease with pregnancy Preconception/Booking Antenatal visits Delaits of diagnosis Details of diagnosis Disease status Baseline investigations Echocardiography Date Findings ECG Date Findings Preconception medications	- 0			i	Amira Ahmed-G1P0-854576
Details of diagnosis Disease status Disease status Baseline investigations Echocardiography Obstetric note Date Findings Preconcpetion medications Stop Drug Dose Cardiology note			ONS stratal plan	IC COMPLICATIO	OBSTETR
Disease status Baseline investigations Echocardiography Obstetric note Date Findings ECG Date Findings Preconcpetion medications Stop Drug Dose Cardiology note	urmurs	Baseline murmurs			Details of diagnosis
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	note	Cardiology note		Dose	Drug
Drug Dose Dose			0	Dose	Drug
Drug Innersent Dose Innersent			0	Dose	Drug
Recommended alternatives				atives	Recommended alterna
No change					No change
Drug Dose				Dose	Drug
Drug Dose				Dose	Drug

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 Ahm	ed-G1P0-854576			- 🗆 X
	BSTETR	IC COMPLICATION	S	
Other risks	with pregna	ncy		
Risk factor	Details of risk	Prepregnancy/booking assessment	Prepregnancy/booking counselling	Prepregnancy/booking recommendations

6. Viewing summary

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

🛞 Amira Ahme	d-G1P0-854576		×
PATIENT ASSESSMENT HUB	d-GIP0-854576 Image: Constraint of the set of	ANTENATAL VISITS 1 R 15 R 1 29 R 18 2 R 16 R 10 R 18 2 R 16 R 10 R 18 3 R 16 R 10 R 18 3 R 17 R 11 R 17 4 R 18 R 11 R 17 4 R 19 R 17 33 R 18 5 R 19 R 17 33 R 18 6 R 19 R 17 34 R 19 7 R 18 21 R 18 36 R 18 9 R 18 23 R 19 36 R 18 10 R 19 25 R 19 8 19 11 R 19 26 R 10 8 <th>HIGH RISK PREGNANCY First trimester hematoma Hyperemesis gravidarum Urinary infections Previous preterm labor Placental abruption Placental abruption Placental disorders Hypertension Endocrine disorders Hypertension Endocrine disorders Multifietal pregnancy Nultifietal pregnancy Neurologic disorders Immunologic disorders</th>	HIGH RISK PREGNANCY First trimester hematoma Hyperemesis gravidarum Urinary infections Previous preterm labor Placental abruption Placental abruption Placental disorders Hypertension Endocrine disorders Hypertension Endocrine disorders Multifietal pregnancy Nultifietal pregnancy Neurologic disorders Immunologic disorders
•	Third triemster ultrasound Tdap vaccine (27-35 weeks)	•	10 + 6 weeks (US)

□ 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:

(Clinic	cal summary			• ×
	NAME: Amira Ahmed CLINIC	C NUMBER: 854576 GE	STATIONAL 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	**	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	LABORATORY
		RISK ASSESSMEN	IT	
		RISK ASSESSMENT: not reported	1	
MEDICATIONS	MEDICATIONS: none reported		CONDITIONS: none reported	CONDITIONS
	Vaginal delivery	DELIVERY PLAN	39+3 days	
	Vaginal delivery	DELIVERY PLAN	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":



	Weeks		Vi	sits (date	and time)	
20 weeks 26 weeks		A	mira Ah	med - 10	07	
		<u></u>	Bed	Ward	Indication of	
Date	Time	GA			admission	

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:



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

Amira Ahmed-G1P0-854576		- 🗆 X
12/ 7/2024 Patient name: Amira Ahmed Image: Amira Ahmed Management notes Image: Amira Ahmed Image: Amira Ahmed Image: 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: Pyelonephrifis Physician: S. Shaziy

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:

Provider name	Ahmed Yassin	Grade	PGY3 resident		@
Note type	Routine AM rounds v	Time	08:15:06 AM	Now	Highlight note
Assessment (A):					
Gestational Age	: 32+4 weeks.	enhalic (presentation n	acute	complications
Jugiosis. 62FT	, singleton pregnancy, t	replique i	presentation, in	o acore i	complications.
Plan (P): Monitorina:					
Continue routine	monitoring of vitals an	d fetal he	art rate.		
		a rerai ne			
Observe for con investigations:	tractions or signs of lab	or.			
Observe for con Investigations:	tractions or signs of lab	pr.			
Observe for con Investigations: Repeat complet Medications:	tractions or signs of labore blood count (CBC) an	d urine di	pstick if not do	ne recer	ntiy.
Observe for con Investigations: Repeat complet Medications:	tractions or signs of labo e blood count (CBC) an	d urine di	pstick if not do	ne recer	ntly.
Observe for con Investigations: Repeat complet Medications: Continue prenal Consider analgo	tractions or signs of lab e blood count (CBC) an tal vitamins and iron sup esics if pelvic discomfor	d urine di oplements t worsens.	pstick if not do	ne recer	tily.
Observe for con Investigations: Repeat complet Medications: Continue prenat Consider analge Education and (tractions or signs of lab e blood count (CBC) an tal vitamins and iron sup esics if pelvic discomfor Counseling:	d urine di oplements t worsens.	pstick if not do	ne recer	ntly.
Observe for con Investigations: Repeat complet Medications: Continue prenat Consider analge Education and (Advise the patie abdominal pair	tractions or signs of laborations or signs of laboration of the second count (CBC) and the second count of the second count of the second counseling:	d urine di oplements t worsens. eding, rec	pstick if not do duced fetal mo	ne recer vements	ntly. , severe
Observe for con Investigations: Repeat complet Medications: Continue prenat Consider analge Education and (Advise the patie abdominal pair Plan for next ant follow-Up:	tractions or signs of lab blood count (CBC) an tal vitamins and iron sup esics if pelvic discomfor Counseling: ant on danger signs (ble h). tenatal visit or ultrasoun	d urine di oplements t worsens. eding, rec d if needo	pstick if not do duced fetal mo ⊳d.	ne recer vements	ntly. , severe

□ 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:

🛞 Vitals station		- 🗆 X	
Patient name: Amira Ahmed Clinic number: 854576	Saturday , December 7, 2024	Drinking 0 V	
	Time S&P D&P HR Temperature RR O2 O2 sats supply	Eating 0 V: V	
		Vomiting 0	
		Bowel sounds	
		Bowel movements	
		37.0 ÷	
		□ O2 saturation	
		Oxygen supply	Add vital
		s8P	signs
		dBP · · · Entry lime	0
		Temp - · 0	
		RR Oral fluids	
	Time IV Oral Enteral UOP Vomiting Total Total Time fluids fluids fluids fluids out	Fluid in Fluid out	
		Total in	Add in-
		Vomiting 0	out fluids
		⊗ ◀	



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



yo I	List of investigations		Requested investi	igations				
EST	O Outpatient (collected) O Outpatient	t (to attend)	Requested tests	Pending tests Availab	the results			
2	O Inpatient (collected) O Inpatient (needs collection)		Tenang tesis Atalat				
REC	Additional instructions	Urgent	Hematology	Chemistry Endocrine	Microbiology	Serology	Others	
rory	Hematology Chemistry Endocrine Microbiology Se	rology Others						
	CBC (complete blood count) Coagulation profile Peripheral Blood Smear (PBS) Serum folate Serum ferritin Serum transferin saturation Serum vitamin B12 Hemoglobin electrophoresis	I						
		00						
			A	Amira Ahmed-G1P0-854	4576	Н	CE	MSO
	Reque	estor						
				-	_	_	_	_

 $\hfill\square$ Click the third button to request imaging (discussed later):

Amira Ahmed-	G1P0-854576	- • ×
Amira Ahmed-1 12/7/2024 12/7/2024 12/7/2024 12/7/2024 12/7/2024 12/7/2024 12/7/2024 12/7/2024 12/7/2024 12/7/2024 12/7/2024 12/7/2024 12/7/2024 12/7/2024 12/7/2024 12/7/2024 12/7/2024 12/7/2024 12/7/2024 12/7/2024 12/7/2024 12/7/2024 12/7/2024	G1P0-854576 Patient name: Amira Ahmed Clinic number: 854576 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: No active complaints. Reports mild pelvic discomfort. Fetal movements perceived well. Objective (O): General Condition: Alert and oriented. No acute distress. Vital Signs: Temperature: Temperature: 36.8°C Pulse: 78 bpm Blood Pressure: 120/80 mmHg Respiratory Rate: 16/min	– C X 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. Shaziy
	Systemic Examination: Cardiovascular: Heart sounds normal, no murmurs. Respiratory: Lungs clear to auscultation.	

Imaging requests			- 🗆 X
Patient location		List of requests Recent requests Pending reports	
Site Site View A-P view P-A view Contrast Value Iransport	Side Side V Sid		
Additional instructions Clinical background		Reports	
Clinical question			
Requestor O	Urgent		
	Amira A	hmed-G1P0-854576	

□ 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":

Medications	Deale a ala								
medicalions	Protocols	Г	Date	Medica	ition	Dose	Route	Time	Stat
Medication	Paracetamol tablets	~							
Route	Oral	~							
Dose	500 mg	~							
Start date	12/ 8/2024	•							
End date	12/10/2024	•							
Frequency	Three times a day	~							
Timing	0100								
	0900	Ē	Medicatio	on	Dose	Start	End	St	atus
	1700								
	Add medication								
		. E							

 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.

			Date	Medication		Dose	Route	Time	Statu
Aedication			08/12/2024	Paracetamo	ol †	500	Oral	0100	
culculon		· ·	08/12/2024	Paracetamo	t Is	500	Oral	0900	
oute		~	08/12/2024	Paracetamo	t Is	500	Oral	1700	2
			09/12/2024	Paracetamo	t I	500	Oral	0100	
		~	09/12/2024	Paracetamo	ol †	500	Oral	0900	
	12/ 8/2024		09/12/2024	Paracetamo	t I	500	Oral	1700	
te	12/ 0/2024		10/12/2024	Paracetamo	ol †	500	Oral	0100	
ite	12/ 8/2024		10/12/2024	Paracetamo	t Ic	500	Oral	0900	
			10/12/2024	Paracetamo	ol †	500	Oral	1700	
су		~							
ng	0000		Medicati	on De	0.00	Start	End	_	Status
			Paracetamo	ol tablets 50	00	08/12/2024	10/12/	2024	Added
	Add medication								

- 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"

edications	Protocols		Dette			Deer	De te		
			Date	Roycosta	mol *	500	Oral	0100	Ste
Nedication		~	08/12/2024	Iburneter	tabl	400	Oral	0100	Gi
Route		~	08/12/2024	Ibuprofen	tabl	400	Oral	0700	H
		Ť	08/12/2024	Paraceta	mol t	500	Oral	0900	G
Dose		~	08/12/2024	Ibuprofen	tabl	400	Oral	1300	н
			08/12/2024	Paraceta	mol t	500	Oral	1700	
Start date	12/ 8/2024		08/12/2024	Ibuprofen	tabl	400	Oral	1900	
End date	12/ 8/2024		09/12/2024	Paraceta	mol t	500	Oral	0100	
			09/12/2024	Ibuprofen	tabl	400	Oral	0100	
equency		~	09/12/2024	Ibuprofen	tabl	400	Oral	0700	
			09/12/2024	Paraceta	mol t	500	Oral	0900	
ming	0000							1	
			Medica	tion	Dose	Start	Enc	ł	State
			Paracetam	ol tablets	500	08/12/202	24 10/12	/2024	Add
			Ibuprofen	tablets	400	08/12/202	24 09/12	/2024	Add
	Add medication								
rescriptions	Next medications: F	'aracetamol table	ets - 500 - Oral	- Time: 170	0			_	
rescriptions dications	Next medications: F	'aracetamol table	ets - 500 - Oral	- Time: 170	0			-	
rescriptions	Next medications: F	taracetamol table	ets - 500 - Oral	- Time: 1700 Medicati	ion	Dose	Route	Time	
escriptions ications	Protocols		Date 08/12/2024	Medicati	ion imol t	Dose 500	Route		S G
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escriptions ications dication toute oose ant date at date equency iming	Protocols 12/ 8/2024 12/ 8/2024 0000 Add medication	'aracetamol table	Date 08/12/2024 08/12/2024 08/12/2024 08/12/2024 08/12/2024 08/12/2024 08/12/2024 08/12/2024 08/12/2024 09/12/2024 09/12/2024 09/12/2024 09/12/2024 09/12/2024 09/12/2024 09/12/2024 09/12/2024 09/12/2024 09/12/2024 09/12/2024 09/12/2024 09/12/2024 09/12/2024 09/12/2024	Medicali Paraceta Ibuprofer Ibuprofer Paraceta Ibuprofer Paraceta Ibuprofer Paraceta Ibuprofer Ibuprofer Paraceta Ibuprofer Ibuprofer Contentioner Paraceta	0 ion imol t 1 tabl 1 tabl imol t 1 tabl imol t 1 tabl imol t 1 tabl Dose 500 400	Dose 500 400 500 400 500 400 500 400 400 500 400 500 5	Route Oral Oral	Time 0100 0700 0700 1300 1700 0100 0100 0100	

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:

			Date	Medica	tion	Dose	Route	Tim	e Stat
Protoc	ols	Medications	08/12/2024	Paracet	amol t	500	Oral	010	Give
		Medication 1	08/12/2024	Ibuprofe	n tabl	400	Oral	010	Give
Preterm labo	ur	Medication 2	08/12/2024	Ibuprofe	n tabi	400	Oral	070	0 Hel
			08/12/2024	Paracet	amol t	500	Oral	090	Give
			08/12/2024	Ibuprofe	n tabl	400	Oral	130	0 Hei
			08/12/2024	Paracet	amol t	500	Oral	170	Can
			08/12/2024	Ibuprofe	n tabl	400	Oral	190	0
			09/12/2024	Paracet	amol t	500	Oral	010	Can
Add prote	ocol	Add medication	09/12/2024	Ibuprofe	n tabl	400	Oral	010	D
		4	09/12/2024	Ibuprofe	n tabl	400	Oral	070	0
Medication		~	09/12/2024	Paracet	amol t	500	Oral	090	Can
Route		~							
			Medicat	ion	Dose	Start	End		Status
Dose		~	Paracetam	ol tablets	500	08/12/2024	10/12/	2024	Cancelle
			Ibuprofen	tablets	400	08/12/2024	09/12/	2024	Added
Duration	1 ÷	days							
Frequency		~							

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"

			Date	Medico	tion	Dose	Route	Time	Stat
			08/12/2024	Paracet	amolt	500	Oral	0100	Give
Medication	Medication 1	~	08/12/2024	Ibuprofe	en tabl	400	Oral	0100	Give
Route	Oral	~	08/12/2024	Ibuprofe	en tabl	400	Oral	0700	Hei
			08/12/2024	Paracet	amol t	500	Oral	0900	Give
Dose	200	mg v	08/12/2024	Ibuprofe	n tabl	400	Oral	1300	Hel
Sheet data	12/ 8/2024		08/12/2024	Paracet	amol t	500	Oral	1700	Can
sian aale	12/ 0/2024		08/12/2024	Ibuprofe	n tabl	400	Oral	1900	6
End date	12/10/2024		09/12/2024	Paracet	amol t	500	Oral	0100	Can
			09/12/2024	Ibuprofe	n tabl	400	Oral	0100	
Frequency	Twice daily	~	09/12/2024	Ibuprofe	n tabl	400	Oral	0700	0
Timing	0000		09/12/2024	Paracet	amol t	500	Oral	0900	Can
mining				_					
			Medicati	on	Dose	Start	End		Status
			Paracetamo	ol tablets	500	08/12/2024	10/12/2	2024	Cancel
			Ibuprofen f	tablets	400	08/12/2024	09/12/2	2024	Added
	Add medication								

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

7/2024 ~	Patient name: Amira Ahmed Clinic number: 854576	Date of admission: 29-11-2024
	Management notes Nursing notes	Time of admission: 10:07
	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:	GA at admission: 20+2 weeks Bed: 3 Ward: L44 Indication of admission: Pyelonephritis Physician: S. Shaziy
•	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:

🕲 Discharg	ge summary					_	×
			CHARG	SE SUM	MARY		
0	Cause of admission			2	Final diagnosis		
Ø	Date of admission	Date of dischage		0	Recommendations		
\odot	Clinical summary						
				0	Plan for follow-up		
<u>19</u>	Summary of investigations			0	Treatment at discharge		

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):



Amira Ahmed-O	51P0-854576			- 🗆 X
12/ 8/2024 ~	Patient name: Ami	ra Ahmed	Clinic number: 854576	Date of admission: 29-11-2024
	Management notes	Nursing notes	you sure you want to discharge the patient?	Time of admission: 10:07 GA at admission: 20+2 weeks Bed: 3 Ward: L44 Indication of admission: Pyelonephritis Physician: S. Shaziy

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:

Ø First visit assessment	ANTENATAL VISITS	HIGH RISK PREGNANCY
First triemster ultrasound	1 R T H 15 R T H 29 R T H	Image: Second state Image: Second state Image: Second state Image: Second state Image: Second state Image: Second state
Booking labs	2 R T H 16 R T H 30 R T H	Urinary infections
Genetic screening	3 R T H 17 R T H 31 R T H	Previous preterm labor
	4 R T H 18 R T H 32 R T H	Placenta proveia
Low dose aspirin	5 RTH 19 RTH 33 RTH	
Hepatitis B vaccine	6 R T H 20 R T H 34 R T H	O STORCH infections
Influenza vaccine	7 RTH 21 RTH 35 RTH	Hematological disorders
Second triemster ultrasound	8 R T H 22 R T H 36 R T H	 Wertension Schoorine disorders
28-week labs	9 R T H 23 R T H 37 R T H	Threatened preterm labour
Mid-pregnancy counselling	10 R T H 24 R T H 38 R T H	Amniotic fluid disorders
	11 R T H 25 R T H 39 R T H	SGA/FGR
Anti-D (Rh) dose (28 weeks)	12 R T H 26 R T H 40 R T H	Red cell alloantibodies
36-week labs	13 R T H 27 R T H 41 R T H	Neurologic disorders
	14 R TH 28 R TH 42 R TH	Immunologic disorders
Labor counselling		Cardiac disorders

□ When you click the button, a window will open for you to check the risk factors. At the bottom of

🕲 Risk assessment

each tab, the risk will be calculated on clicking "calculate the risk" after ticking the relevant boxes

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

×

Risk assessment	-	- 0	×
Risk assessment			
VTE risk GDM risk Preeclampsia risk FGR ris	sk Antepartum risks Intrapartum	n risks	
Previous VTE (except one time related to ma	ajor surgery)		0
Current hospitalization	Medical co-morbidities	0	
Single VTE related to surgery	Current IV drug users		
🗌 High risk thrombophilia without VTE 👩	OHSS (first trimester)		
Surgical procedure in pregnancy			
High BMI Above 30 V	Family history of VTE	0	
Age > 35 years	Low risk thrombophilia		
Parity > 2	Multiple pregnancy		
Smoker	Assisted reproduction		
Gross varicose veins	Hyperemesis gravidarum		
Current pre-eclampsia	Long flight > 4 hours		
Immobility (paraplegia or pelvic pain)	Current systemic infection		
Calcul	ate risk		
Intermediate risk - consider antenatal LMV	NH (may start at 28 weeks if previous \	TE)	

9. Reviewing high risk records

D 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

Ø First visit as	essment		ANTENATAL VI	SITS	HIGH RISK PREGNANCY	
First triemst	er ultrasound	1 RTH	15 R T H	29 R T H	E First trimester hematoma	Λ
Booking labs	E.	2 R T H	16 R T H	30 R T H	Urinary infections	
Ganatic ser	oning	3 R T H	17 R T H	31 R T H	2 Previous preterm labor	l∞,
Selleuc scre	enny	4 R T H	18 R T H	32 R TH	🛛 🔽 Placenta praveia	
Low dose as	oirin 🛛 🔍	5 RTH	19 R T H	33 R T H	Placental abruption	
🛃 Hepatitis B va	ccine 0	6 RTH	20 R T H	34 R TH	O I TORCH infections	
Influenza vac	cine 🛛 😧		21 8 1 8	35 8 1 1	🗌 🛿 Hematological disorders	
Second trier	nster ultrasound	8 RTH	22 R T R	M R TH	Hypertension Endocrine disorders	C
28-week lab					Intreatened preterm labour	
Mid program	cu councelline				PPROM	Č
Mid-pregnan	cy counsening				Amniotic fluid disorders SGA/FGR	
Anti-D (Rh) d	ose (28 weeks)				Red cell alloantibodies	CS
			26 K I H	40 8 1 11	Multifetal pregnancy	
36-week lab		13 R T H	27 R T H	41 R T H	Neurologic disorders	3
Labor couns	elling	14 R T H	28 R T H	42 R T H	Cardiac disorders	
Third triams					Other disorders	

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:

Ø First visit assessment	ANTENATAL VISITS	HIGH RISK PREGNANCY	B First trimester hematoma B Hyperemesis gravidarum
 First triemster ultrasound Booking labs Genetic screening Low dose aspirin Hepatius B vaccine Influenza 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 	1 R : P 15 R : P 20 R : P 2 R : P 16 R : P 30 R : P 3 R : P 17 R : P 31 R : P 4 R : P 16 R : P 32 R : P 4 R : P 16 R : P 32 R : P 5 R : P 16 R : P 33 R : P 6 R : P 20 R : P 36 R : P 7 R : P 21 R : P 35 R : P 8 R : P 21 R : P 36 R : P 9 R : P 21 R : P 36 R : P 10 R : P 28 R : P 36 R : P 12 R : P 26 R : P 40 R : P 13 R : P 27 R : P 41 R : P 14 R : P 26 R : P 42 R : P	 First trimester hematoma Hyperemeis gravidarum Urinary infections Previous preterm labor Placental abruption Vata previa TORCH infections Hematological disorders Endocrine disorders Threatened preterm labour PROM Amoitoli fluid disorders SGA/FGR Red cell alloantibodies Multifietal pregnancy Neurologic disorders Cardiac disorders Cordiac disorders Cordiac disorders Cordiac disorders Cordiac disorders Cardiac disorders Cordiac disorders 	 Urinary infections Previous preterm labor Placenta praveia Placental abruption Vasa previa TORCH infections Hematological disorders Hypertension Endocrine disorders Threatened preterm labor PPROM Armiotic fluid disorders SGA/FGR Red cell alloantibodies Multifietal pregnancy Neurologic disorders Multifietal pregnancy Neurologic disorders Cardiac disorders

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

Date of visit GA Visit setting Visit indication Na K CI Ca Mg Amylas 11/11/2024 12+3 Clinic visit Visit indication V N N N N High	Date of visit GA Visit setting Visit indication Na K CI Ca Mg Amylas 11/11/2024 12+3 Clinic visit ✓ New symptoms ✓ N N N High	Amira Ahmed-G1F Amed-G1F DBS Hyperemesis gr Clinical assessment	P0-854576 TETRIC avidarum	COMPLICAT	IONS						-	
		Date of visit 11/11/2024	GA 12+3	Visit setting Clinic visit	>	Visit indication New symptoms	Va V N	K	CI	Ca N	Mg N	Amylas High

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:

Ø First visit assessment	ANTENATA	L VISITS	HIGH RISK PREGNANCY
First triemster ultrasound	1 R TH 15 R T	H 29 R T H	🛛 📴 First trimester hematoma
Booking labs	2 R T H 16 R T	H 30 R I H	Uringry infections
Ganatic screening	3 R T H 17 R T	31 R T H	🗌 🛃 Previous preterm labor
Genetic screening	4 R T H 18 R T	H 32 R TH	🛛 🗹 Placenta praveia
Low dose aspirin	5 R T H 19 R T	H 33 R TH	Vasa previa
Hepatitis B vaccine	6 R T H 20 R T	H 34 R T H	O 🕑 TORCH infections
Influenza vaccine 0	7 R T H 21 R T	H 35 R TH	🗌 🗹 Hematological disorders
Second triemster ultrasound	8 R T H 22 R T	H 36 R T H	Hypertension Endocrine disorders
28-week labs	9 R T H 23 R T I	H 37 R TH	🗌 🛃 Threatened preterm labour
Mid-pregnancy counselling	10 R TH 24 R T	H 38 R T H	PPROM
•			SGA/FGR
Anti-D (Rh) dose (28 weeks)	12 RTH 26 RT		🗌 🛃 Red cell alloantibodies
A 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	13 RTH 27 RT		Multifetal pregnancy
Jo-week labs			🗌 🗹 Immunologic disorders
Labor counselling			🗌 🕑 Cardiac disorders
() Third triemster ultrasound			🗌 🛃 Other disorders

□ This will open the following window:





□ 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:

🛞 Ultrasoun	d data chart											_	
								6	2				
			FETAL						<i>5))</i>				
			ULTR/	ASOUR	ID SC/	110	H	HYSTERA	SYSTE/	N			
Gestational age	Pregnancy	BPD	нс	AC	FL	EFW	\$/D ratio	UA PI	MCA PI	DV	AFI	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:

Eirst visit asses	sment		ANTENATAL V	ISITS	н	IGH RISK PREGNAN	ICY
🕖 First triemste 🤅	Patient appoin	itments			-	- 🗆 🗙	ma um
Booking labs	Potient 4	Number	Start	End	Туре	Indication	
Genetic scree	22/12/2024	Clinic appoint	14:00	14:30	Follow-up	Follow-up at 14.	
 Low dose asp Hepatitis B val 	8/12/2024	Clinic appoint	12:00	12:30	First visit	Booking visit	
Second triem							ers
Mid-pregnanc							rs
🗹 Anti-D (Rh) do							15
36 wook labe			Clinic appoin	Iment			s
JU-WEEK IAUS							

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:

First visit assessment		ANTENATAL VI	SITS	HIGH RISK PREGNANCY
First triemster ultrasound		15 R T H	29 R T H	🗌 🛃 First trimester hematoma
Booking labs	2 R T H	16 R T H	30 R T H	Uringry infections
Ganatic screening	3 R T H	17 R T H	31 R T H	🛛 🗹 Previous preterm labor
W Generic screening	4 R T H	18 R T H	32 R T H	🛛 🗹 Placenta praveia
Low dose aspirin	5 R T H	19 R T H	33 R T H	Vasa previa
Hepatitis B vaccine	6 RTH	20 R T H	34 R T H	O I TORCH infections
Influenza vaccine	7 R T H		35 R T H	🛛 🛃 Hematological disorders
Second triemster ultrasound	8 RTH	22 R T H	M R TH	Hypertension Endocrine disorders
28-week labs				🛛 🔄 Threatened preterm labour
Mid.preanancy counselling				
w morphogram y countering				SGA/FGR
Anti-D (Rh) dose (28 weeks)				🛛 🗹 Red cell alloantibodies
				0 Multifetal pregnancy
36-week labs				Meurologic disorders
Labor counselling	14 (R) [] [H]	28 R T H	42 R T H	🛛 🗹 Cardiac disorders
Third triemster ultrasound				🗌 🛃 Other disorders

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

Ø First visit assessment	ANTENATAL VISI	TS	HIGH RISK PREGNANCY	
First triemster ultrasound	IRTH ISRTH	29 R T H	First trimester hematoma	
Booking labs	2 R T H 16 R T H	30 R T H	Urinary infections	+
Genetic screening	3 R T H 17 R T H	31 R T H	Previous preterm labor	
•	4 R T H 18 R T H	32 R T H	Placenta proveia	
Low dose aspirin	5 R T H 19 R T H	33 R T H	Vasa previa	U
Hepatitis B vaccine	6 R T H 20 R T H	34 R T H	TORCH infections	
Influenza vaccine	7 R T H 21 R T H	35 R T H	Hematological disorders	
Second triemster ultrasound	8 R T H 22 R T H	36 R T H	Endocrine disorders	
28-week labs	9 R T H 23 R T H	37 R T H	Threatened preterm labour	
Mid-pregnancy counselling	10 R T H 24 R T H	38 R T H	PPROM Amniotic fluid disorders	
	11 R T H 25 R T H	39 R T H	SGA/FGR	R
Anti-D (Rh) dose (28 weeks)	12 R T H 26 R T H	40 R T H	Red cell alloantibodies	0
36-week labs	13 R T H 27 R T H	41 R T H	Neurologic disorders	8
Labor counselling	14 R T H 28 R T H	42 R T H	Immunologic disorders	
			Cardiac disorders	E

Ø 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:

	First visit assessment	ANTENATAL VISITS	HIGH RISK PREGNANCY	₩
	First triemster ultrasound	1 R T H 15 R T H 29 R T H	🗌 🗹 First trimester hematoma	
	Booking labs	Admission for labour	X Hyperemesis gravidarum Urinary infections	
	Genetic screening	Date of admission 12/ 8/2024	Previous preterm labor Placenta praveia	
	🗹 Low dose aspirin 🛛 🧕	Time of admission	Vasa previa	
	Hepatitis B vaccine	Gestational age	I TORCH infections	
5	Influenza vaccine 🧕 🛛	Bed Ward	Hematological disorders	-0
E	Second triemster ultrasound	Inc. 6	Endocrine disorders	
	28-week labs	Current diagnosis	Threatened preterm labour	
	Linery symptoms	rept	I PPROM	
	Mid-pregnancy counselling	Physician name	Amniotic fluid disorders	
	Anti-D (Rh) dose (28 weeks)		Red cell alloantibodies	63 💻
		Admit	Multifetal pregnancy	
	36-week labs		Neurologic disorders	
	Labor counselling	14 R T H 28 R T H 42 R T H		
	Third triameter ultrasound		O Chardiac disorders	
	Third diemster did dodaid			
	Tdap vaccine (27-35 weeks)	Admission for labour	X 1+0 weeks (US)	
		Date of admission 12/ 8/2024 V		
		Time of admission 04 w 1 00 w		
		Time of admission 06 ~ : 00 ~		
		Time of admission 06 \checkmark : 00 \checkmark Gestational age 39 \checkmark 0 \checkmark		
		Time of admission 06 \checkmark : 00 \checkmark Gestational age 39 \checkmark 0 \checkmark		
		Time of admission 06 \checkmark : 00 \checkmark Gestational age 39 \checkmark 0 \checkmark Bed 3 Ward L45		
		Time of admission 06 \checkmark : 00 \checkmark Gestational age 39 \checkmark 0 \checkmark Bed 3 Ward L45 Current diagnosis		
		Time of admission 06 \checkmark : 00 \checkmark Gestational age 39 \checkmark 0 \checkmark Bed 3 Ward L45 Current diagnosis Established labour		
		Time of admission $06 \lor : 00 \lor$ Gestational age $39 \lor 0 \lor$ Bed 3 Ward L45 Current diagnosis Established labour Physician name		
		Time of admission $06 \lor : 00 \lor$ Gestational age $39 \lor 0 \lor$ Bed 3 Ward L45 Current diagnosis Established labour Physician name S. Shatk		
		Time of admission 06 \checkmark : 00 \checkmark Gestational age 39 \checkmark 0 \checkmark Bed 3 Ward L45 Current diagnosis Established labour Physician name S. Shazly		
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:



□ 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:



togram L	abour chart	FHR monitoring	Vital signs Inc	duction/augmenta	tion history	Clinical notes			80 8	Amiro Ahmed 854576
Time	Phose	Dilation	Effocement	Presentation	Station	Membranes	Liquor	Contractions	Next exam	Labor progress - Entry
9:20	Latent	4	50%	Connot be de	-1	Intect	Liquoi	3/10	40 hours	Latent phase Active phase
13:20	Active	4	75%	Right OA	0	Intact		3/10	4:0 hours	Progress in active phase
4:20	Active	4	100%	Right OA	0	Artificial ROM	Clear	4/10	4:0 hours	Time (hh:mm) Cervix Effac. 17 20 4 100 ∨
										Presentation Station
										Right OA V 0 V
										Membranes
										Artificial ROM
										Artificial ROM
										Artificial ROM
										Artificial ROM
										Artificial ROM
										Artificial ROM
										Artificial ROM
										Artificial ROM
										Artificial ROM Uquor Clear Contractions No 4/10 MVU 0 IUPC Time to next exam (hhmm) 4 0 0 Add to chart
tal positi	ion -3	Algrms	station 🛔			Fetc	ıl heart tro	scing	_	Artificial ROM
tal positi	ion -3 -2	Alarms	station 🛓	Baseline	140	Fetc	al heart tro	increase in base		Artificial ROM
tal positi	ion -3 -2 -1	Alarms : Action required or	station 🛓	Baseline Variability	140	Fetc ⊕ Baseli ⊕ Durali	al heart tro ne stability on 0 ⊕	cing Increase in base minutes	sir v O © B/M	Artificial ROM
rtal positi	ion -3 -2 -1 +1	Alarms : Action require beyond ac	station 🛓 red. Progress ction line	Baseline Variability Deceleration	140 10 Abzert	Fetc	al heart tro ne stability on 0 0	increase in base minutes mes Duration	sir ∨ O ♀ B/M	Artificial ROM

Date	Time	Phase		Action	Method	Labor	progress	- Entry
8/12/2024	08:00	Inductio	n	-	Misoprostol 50	Latent phase	Active phase	
8/12/2024	1000	Augmen	tation		ARM	Progress	in active p	hase
8/12/2024	1200	Augmen	tation	Started	Oxytocin - 2	Time (hh:mr	n) Cervix	Effac.
8/12/2024	1200	Augmen	tation	Stopped	Oxytocin - 2	17 20 2		100 0
						Presei	dation	Station
						Right OA		0 ~
						Artificial RC	moranes	
						Clea	Liquor ntractions	
						Clea Cc No 4/10	Liquor ntractions MVU () IUPC] > \$
						Cleo Cc No 4/10 Time to n	Liquor nhractions MVU [] IUPC ext exam (h 0 \$) trmm)
						Clea Cc No 4/10 Time to re 4	Liquor nhractions MVU () IUPC ext exam (h 0 0 1 id to chart)) h:mm)
tal position	-3 Alorms sk	ation 🛓			Fetal heart tracing	Clea No 4/10 Time to no 4	Liquor r ~ ~ Intractions MVU (IUPC ext exam (h 0 0 Id to chart 1/augme) h:mm) ntatio
tal position	-3 Alorms sk	ation 🛓	Baseline	140	Fetal heart tracing Baseline slability Increase in baselir v 0	Clea Ca No 4/10 Time to nu 4 A B/M Induction	Iliquor r ~ ~ MVU [IUPC sxt exam (h 0 0 0 Id to chart 1/augme gmentation) h:mm) ntatio
tal position	-3 -2 -1 Attention requi beyond of	ation 🛓 red. Progress ert line	Baseline Variability	140 ÷	Fetal heart tracing Baseline stability Increase in baselir v Duration 0 minutes	Clea Cc No 4/10 Time to n 4 A B/M Induction Induction A Method	Iliquor r MVU UPC ext exam (h 0 0 Id to chart 1/augme gmentation Rate Tii) h:mm) ntatio
tal position	-3 Alarms sk -2 -1 Attention requi 0 beyond ol +1	ation 🛓 red. Progress ert line	Baseline Variability Decelerations	140 € 10 € Absent ∨	Fetal heart tracing Baseline stability Increase in baselir ~ 0 Duration	Clea Ca No 4/10 Time to n 4 B/M Induction Induction Induction Method Oxytoc V	Iliquor r MVU IUPC ext exam (h 0 0 Id to chart 1/augmentation Rate Tin 2 1200	h:mm) ntatio

□ Click this button to add observations:

ogram Lab	our chart	FHR monitoring	Vital signs	Induction	gmentation history Clinical notes			C 0 0	854576
Date	Time	Pulse	BP	Temp	Constant Burner	A. PL 14.1.	UOP	Fluids	Labor progress - Entry Latent phase Active phase
8/12/2024	18:54	120/80	80	37		~	0.5	0.5	Progress in latent phase
									Time (hh:mm) Cervix Effact 9 20 4 -
					Heart rate 80	*			Presentation Statio
					Systolic BP 120	*			Membranes
					Diatolic BP 80	•			Liquor
					Temperature 37.0	•			~
					Respiratory rate 18	•			Contractions
					O2 saturation 100	•			
									Time to next exam (hh:mm
					Fluids in	hour			2 🗘 0 🗘
<u>.</u>					Fluids out	hour			Add to chart
tal positio	1 -3	Alarm	s station		V fluids				Induction/augmentation
5	-2			- ,	Add		le	✓ 0 ÷ B/M	Induction Augmentation
~)	0	Attention re beyon	d alert line	ress		MI [2] 2	inutes		Method Time
X	+1				elerations Absent - Cor	cerning features	Duration	0 🛊 minutes	
0	+2	Liquor	Oxytocin		elerations Present ~	FHR category	Y	Add trace	+ Start Stop

□ Click this button to add "clinical note":

ogram La	abour chart	FHR monitoring	Vital signs Ind	luction/augmente	tion history Cl	ínical notes			e	<u> </u>	854576
Time	Phase	Dilation	Effacement	Presentation	Station	Membranes	Liquor	Contraction	s Next exam	Late	Labor progress - E
:20	Latent	Add notes		-							
3:20	Active	Add Hotes									bgress in latent phas
:20	Active	-									
:20	Active	.	CLINICAL N	OTES							20 • 4 •
											esentation St
		Add clinic	note here								Mambranar
											membranes
											membranes
											liquor
											Liquor
											Liquor Contractions
											Contractions
											Contractions MVU UPC
											Contractions WVU O
											Iliquor Contractions MVU 0 IUPC e to next exam (hh:: 2 • 0 •
											Liquor Contractions MVU 0 IUPC e to next exam (hha 2 © 0 © Add to chart
											Idquor Contractions MVU 0 UUPC e to next exam (bha: 2 0 0 Add to chart
											Iiquor Contractions MVU O UVPC e to next exam (hha 2 0 0 0 Add to chart
1 positi	on -3										Ilquor Contractions MVU O UIVC e lo next exam (http: 2 © 0 © Add to chart ction/augment
al positi	ion -3 -2 -1					Add note	1				Iliquor Contractions MVU O IUPC e lo next exam (hha 2 \$0 \$ Add to chart ction/augment an Augmentation
al positi	ion -3 -2 -1	beyon	squireu: rrugiress	Variability	10	Add note	on 0 ‡	minutes			Iliquor Contractions MVU O UVU e to next exam (http: Add to chart ction/augmentation Method Time
	on -3 -2 -1 0	beyon	squireu. r royress d alert line	Variability	10	Add note) on D to	minutes	n 0 ê mir	uutes [Ilquor Liquor Contractions MVU 0 UPC e to next exam (bha 2 0 0 0 Add to chart ction/augmentation Method Imme

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



□ 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:

partum interface	– 🗆 X	
	Admitted on 08/12/2024	
elivery note Perineum Postpartum blood loss Postpartum note Discharge		
Spontanous vaginal delivery 🗸 🗸	Discharge report header 💿	
Spontaneous Vaginal Delivery:	Laboratory report	
Primary obstetrician:	Discharge report footer	
Presentation: je.g., Vertex] Mode of Delivery: [Normal spontaneous delivery]	HYSTERA IMAGING	
Episiotomy: [Yes/No, if applicable]		
Episiotomy Repair: [Details, if applicable]		
Estimated Blood Loss: [ml] Placental Delivery: [Spontaneous/Manual removal]		
	Save	
	Cancel	
	Discharge	
partum interface	- • ×	
	Admitted on 08/12/2024	
Delivery note Perineum Postpartum blood loss Postpartum note Discharge		
	Discharge report header	
l abaratany rapart	Laboratory report	
	Discharge report footer 💮	
Patient Information:	HYSTERA IMAGING	
- Name: [Patient's Full Name]		
- Medical Record Number: [MRN] - Date of Birth: [DOB]		
- Age: [Age] Gravita [G]		
- Graviaa: [G] - Para: [P]		
- Gestational Age: [GA] weeks [days] - Estimated Due Date: [EDD]		
Admission Date: [Date]		
Time of Admission: [Time] Admission Defails		
	Reme	
Chief Complaint le a Labor paint ruphra of membraned	Save	mber
 Chief Complaint: [e.g., Labor pains, rupture of membranes] Initial Assessment: [Vital signs, cervical dilation, effacement, station, fetal heart rate] 	dischar	mber 'ge wl
Chief Complaint: [e.g., Labor pains, ruphure of membranes] Initial Assessment: [Vital signs, cervical dilation, effacement, station, fetal heart rate] Obstetric History: [Previous pregnancies, complications] Allergies: [List any allergies]	dischare Sieheren Aller She le	mber ge wl aves t
 Chief Complaint [e.g., Labor pains, rupture of membranes] Initial Assessment: [Vital signs, cervical dilation, effacement, station, fetal heart rate] Obsteht: (History: [Previous pregnancies, complications] Allergies: [List any allergies] 	dischar Discharge	mber ge wł aves t

□ You can add neonatal information after admitting the baby:



log Neonate interface				_		×
Neonatal infromation Bo	aseline clinical assessme	nt Clinical notes	Discharge summary			
Baby 1 name			Baby 2 name			
Baby 1 gender		~	Baby 2 gender		`	
APGAR score at 1 mi	inute	~	APGAR score at 1 minute			~
APGAR score at 5 mi	inutes	~	APGAR score at 5 minutes		```	~
APGAR score at 10 m	ninutes	~	APGAR score at 10 minutes		· · · · · · · · · · · · · · · · · · ·	~
Admission date			Admission date			
Admission ward			Admission ward			
Initio	al diagnosis		Initial diag	gnosis		
Admitted on 08/12	2/2024		Save	Cancel	Discha	rge

Neonate interface									
Neonatal infromation	Baseline clinical (assessment	Clinical notes	Discharge sum	nmary				
Height		Weight			HC				
Vital signs									
Head									
Eyes									
Mouth									
Chest									
Heart									
Abdomen									
Genitalia									
Back/spine									
Limbs									
Skin									
Admitted on 08/	/12/2024				Save	Cance	el	Discha	rge
Admitted on 08,	/12/2024				Save	Cance	ei (Discha	rge ×
Admitted on 08, Neonate interface	(12/2024 Baseline clinical a	essessment	Clinical notes	Discharge surr	Save	Cance	-		rge ×
Admitted on 08, Neonate interface eonatal infromation	(12/2024	issessment	Clínical notes	Discharge sum	Save	Cane	-		×
Admitted on 08, Neonate interface eonatal infromation	/12/2024	issessment	Clinical notes	Discharge surr	Save	Cance	-	Discha	×
Admitted on 08, Neonate interface eonatal infromation	Boseline clinical a	issessment	Clínical notes	Discharge surr	Save	Cane	-		×
Admitted on 08, Neonate interface eonatal infromation	Boseline clinical a	issessment	Clinical notes	Discharge surr	Save	Canc	-		×
Admitted on 08, Neonate interface eonatal infromation	Baseline clinical a	issessment	Clinical notes	Discharge surr	Save	Conc	-		×
Admitted on 08, Neonate interface eonatal infromation	Baseline clinical a	issessment	Clínical notes	Discharge sum	Save	Conc			×
Admitted on 08, Neonate interface eonatal infromation	Boseline clinical a	issessment	Clinical notes	Discharge sum	Save	Conc			×
Admitted on 08, Neonate interface eonatal infromation	/12/2024	issessment	Clinical notes	Discharge surr	Save	Conc			>
Admitted on 08, Neonate interface eonatal infromation	Boseline clinical a	issessment	Clínical notes	Discharge surr	Save mary	Conce			rae >
Admitted on 08, Neonate interface eonatal infromation	Boseline clinical a	issessment	Clinical notes	Discharge sum	Imary	Conc			
Admitted on 08, Neonate interface eonatal infromation	/12/2024	issessment	Clinical notes	Discharge surr	Save mary	Conc			rge >
Admitted on 08, Neonate interface eonatal infromation	Boseline clinical a	issessment	Clinical notes	Discharge surr	Save mary	Conc			rae >
Admitted on 08, Neonate interface eonatal infromation	Boseline clinical a	issessment	Clínical notes	Discharge surr	Imary	Conc			rae >
Admitted on 08, Neonate interface eonatal infromation	/12/2024	issessment	Clinical notes	Discharge sum	mary				

Neonate interface					_		×
Neonatal infromation	Baseline clinical assessment	Clinical notes	Discharge summary				
Admitted on 08/	/12/2024		So	ive C	lancel	Discha	irge

14. Requesting imaging

First visit assessment	ANTENATAL VISITS	HIGH RISK PREGNANCY
First triemster ultrasound	1 R T H 15 R T H 29 R T H	First trimester hematoma
Booking labs	2 R T H 16 R T H 30 R T H	Urinary infections
Genetic screening	3 R 1 H 17 R T H 31 R T H	🛛 🔄 Previous preterm labor
	4 R T H 18 R T H 32 R T H	Placenta praveia
Low dose aspirin	5 R T H 19 R T H 33 R T H	Vata previa
Hepatitis B vaccine	6 R T H 20 R T H 34 R T H	O TORCH infections
Influenza vaccine 0	7 RTH 21 RTH 35 RTH	Hematological disorders
Second triemster ultrasound	8 R T H 22 R T H 36 R T H	Contraction
28-week labs	9 R T H 23 R T H 37 R T H	🗌 🕑 Threatened preterm labour
Mid-pregnancy counselling	10 R T H 24 R T H 38 R T H	Amniotic fluid disorders
	11 R T H 25 R T H 39 R T H	SGA/FGR
Anti-D (Rh) dose (28 weeks)	12 R T H 26 R T H 40 R T H	Red cell alloantibodies
36 week labe	13 R T H 27 R T H 41 R T H	Neurologic disorders
Joweek labs	14 R T H 28 R T H 42 R T H	Immunologic disorders
Labor counselling		Cardiac disorders

U 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.

Imaging requ	iests	×
	nt location Outpatient est imaging v Ultrasound CT soon MRI Others Site Chest Side Bilateral View A-P view P-A view Lateral view Contrast No Allergy to contrast media Transport Waiking V	List of requests Recent requests Pending reports
P	Additional instructions None Clinical background Cough, hemoptysis Clinical question Possible pneuomonia Requestor S. Shaziy Urgent	Reports
	Amira A	Ahmed-G1P0-854576

 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:

lmaging requests –	\times
Fatient location View A-P view View A-P view Additional instructions None Clinical background	×
Clinical background Cough: hemophysis Clinical question Possible pneuomonia Requestor 3. Shazy © Urgent C Amira Ahmed-G1P0-854576	

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

SIS	Patient location]	List of Rec	f requests cent requests Pending reports
gue .	X-ray Ultrasound CT scan MRI Othe	ers		X-ray Radius and ulna 8-12-2024
X E	Site	Sic	ie 🔍	
Ž,	Access	Tra	nsvaginal	
MAC	Bladder 🗸 🗸 🗸		Request	×
	Transport		Patient location: Outpatient	
<i>٣</i>	Additional instructions		Investigation type: X-ray Site: Radius and ulna Side: Bilateral Requested view: A-P view Contract Ver	
	Clinical background		Additional instructions: 1 Clinical background: 2 Clinical Question: 3 URGENT Requestor: 4Time: 8-12-2024 - 2311	
	Clinical question		ОК	
	Requestor		Urgent	
	+			

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:



🕲 Imaging	hub Requested investigations				- 0	×
8	Urgent requests	Routine requests		Pending requests		
НIJ	Amira Ahmed-G1P0-854576= US Dating sco Zahra Zain-G1P0-110909= US Dating scan 2	Outpt_labs	×			
MAGIN		Patient location: Outpatient Investigation type: Ultrasound scan Side: Dating scan Side: N/A Approach: Transabdominal Bladder: Partially full Transport: Walking Additional instructions: 1 Clinical background: 2 Clinical Question: 3 URGENT Requestor: SSTime: 12-12-2024 - 1050		<u></u>		

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

🕲 Imaging h	ub			- 0	×
- F	Requested investigations				
-	X-ray Ultrasound CT scan MRI	Others			
Ĩ	Urgent requests	Routine requests	Pending requests		
	Amira Ahmed-G1P0-854576= U Zahra Zain-G1P0-110909= US Do	6 Dating scan 22			

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

ESTS	Patient location v	List of requests Recent requests Pending reports
	X-ray Ultrasound CT soon MRI Others Site Site Side View A-P view P-A view Lateral view Contrast Allergy to contrast media Transport View Additional instructions Clinical background	US Dating scan 12-12-2024 US RUQ (liver and gall bladder) 12-12-2024
	Clinical question Requestor Urgent	

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

lmaging h	nub			×
R	Requested investigations			
~	X-ray Ultrasound CT scan Mi	21 Others		
2	Urgent requests	Routine requests	Pending requests	
	Amira Ahmed-G1P0-854576 Zahra Zain-G1P0-110909= US	US Dating scan 22		

 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:

Papart aditor	
Patient location: Outpatient	D
Investigation type: Ultrasound scan	1
Site: Dating scan	
Side: N/A	U
Approach: Transabdominal	
Bladder: Partially full	R
Transport: Walking	
Additional instructions: 1	
Clinical background: 2	
Clinical Question: 3	
URGENT	
	1 12

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



- Imaging requests \times List of requests MAGING REQUESTS Patient location \sim Recent requests Pending reports Request imaging X-ray Ultrasound CT scan MRI Others Side \sim Site \sim View A-P view P-A view Lateral view Allergy to contrast media \sim Contrast Ŵ Transport \sim Additional instructions Reports US Dating scan 12-12-2024 Clinical background **Clinical question** Urgent Requestor 0 Amira Ahmed-G1P0-854576
- □ Once finalised, the report will show under "reports" in the hystera system:

Double click on the report to open it:



16. Requesting laboratory tests

0	First visit assessment		ANTENATAL VI	SITS	HIGH RISK PREGNANCY	-
۲	First triemster ultrasound	1 R T H	15 R T H	29 R T H	 First trimester hematoma Hyperemesis gravidarum 	Δ
0	Booking labs	2 R T H	16 R T H	30 R T H	🗌 🛃 Urinary infections	t.d
8	Genetic screening	3 R 1 H	17 R T H	31 R T H	🗌 🛃 Previous preterm labor	
		4 R T H	18 R T H	32 R I H	Placental proveia	
	Low dose aspirin	5 R T H	19 R T H	33 R T H	🗋 🛃 Vaso previa	
	Hepatitis B vaccine	6 R T H	20 R T H	34 R T H	🗌 🛃 TORCH infections	
	nfluenza vaccine 0	7 R T H	21 R T H	35 R T H	Hematological disorders	
۲	Second triemster ultrasound	8 R T H	22 R T H	36 R T H	Endocrine disorders	2
0	28-week labs	9 R I H	23 R T H	37 R T H	Inreatened preterm labour	
0	Mid-pregnancy counselling	10 R T H	24 R T H	38 R T H	Amniotic fluid disorders	C
		11 R TH	25 R T H	39 R T H	SGA/FGR	Ro
	Anti-D (Rh) dose (28 weeks)	12 R T H	26 R T H	40 R T H	🗋 🛃 Red cell alloantibodies	3
0	36-week labs	13 R T H	27 R T H	41 R T H	e Mutifietal pregnancy e Neurologic disorders	
0	Labor counselling	14 R T H	28 R T H	42 R T H	Immunologic disorders Cardiac disorders	
0	Third triemster ultrasound				🗋 🛃 Other disorders	

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:

	List of investigations Outpatient (collected) Inpatient (collected) Inpatient (needs collection) Additional instructions Hemotology Chemistry Endocrine Microbiology Serology Others	- X Requested investigations Requested tests Pending tests Available results Hemotology Chemistry Endoorine Microbiology Serology Others E-CBC (complete blood count) (Out-C) - None - 12-12-2024 - 2128 - R
Add test to	CBC (complete blood count) Coagulation profile Peripheral Blood Smear (PBS) Serum folate Serum transferin saturation Serum vitamin B12 Hemoglobin electrophoresis	
the list	Requestor 55	Amira Ahmed-G1P0-854576

U 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:

🕲 Laborate	ory hub		- 0	×
Ĩ	List of requests per patient	Requested investigations		
	Requests Pending results	Requested tests Pending tests Available results		
Î.H	Amira Ahmed-G1P0-854576 Zahra Zain-G1P0-110909	Hematology Chemistry Endocrine Microbiology Serolog	y Others	
		E-CBC (complete blood count) (Out-C) - None - 12-1	-2024 - 2128	- R
			C	9
		Time of collection 12/12/2024	0	
		HCEMSO	CEM	S O

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":

tests Pending tests Available results	logy Serology Others
Time of collection 12/12/2024	22:03 © 4 ICEMSO
A	

and yellow letters indicate pending results

□ You can undo this action by clicking undo button:

B Laborato	ny hub		-	□ ×
11	List of requests per potient	Requested investigations		
~	Requests Pending results	Requested tests Pending tests Available results		
	Amira Ahmed-G1P0-854576 Zahra Zain-G1P0-110909	Hematology Chemistry Endocrine Microbiology 3 E-CBC (complete blood count) (Out-C) - None	erology Others - 12-12-2024 - 21	28 - R
		HCEMSO	HC EA	

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

🛞 Laborat	ory hub	-	
	List of requests per patient	Requested investigations	
-	Requests Pending results	Requested tests Pending tests Available results	
HUB	Amira Ahmed-G1P0-854576 Zahra Zain-G1P0-110909	Hematology Chemistry Endocrine Microbiology Serology Othe	rs
		E-CBC (complete blood count) (Out-C) - None - 12-12-2024	2128 - F

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:

Chemistry report creator		- 🗆 X
Serum sodium	BUN	Confirm time of collection
Serum potassium	Serum creatinine	: 0
Serum chloride	eGFR	
Serum bicarbonate	C-reactive protein	
Serum calcium - total	ESR	
Serum calcium - ionized	CK-MB	
Serum magnsium	D-dimer	
Serum phosphorus	Troponin - baseline	
AST	Troponin - 3 hours	
ALT	Troponin - 6 hours	
Serum albumin		
Bilirubin - total		
Bilirubin - direct		
ALP		
Serum amylase		
Serum lipase		
СРК		
LDH	Add test Result	+

□ 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):

Chemistry report creator		- 🗆 X
Serum sodium	BUN	Confirm time of collection
Serum potassium	Serum creatinine	: 0
Serum chloride	eGFR	
Serum bicarbonate	C-reactive protein	
Serum calcium - total	ESR	
Serum calcium - ionized	CK-MB	
Serum magnsium	D-dimer	
Serum phosphorus	Troponin - baseline	
AST	Troponin - 3 hours	
ALT	Troponin - 6 hours	
Serum albumin		
Bilirubin - total		_
Bilirubin - direct		
ALP		
Serum amylase		E.
Serum lipase		
СРК		
LDH	Add test Result	+

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

Date	Sodium	Potassium	Chloride	Bicarbonate	Total calcium	lonized calcium	Magnesium	Pho
2/12/2024 - 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:

HYSTERA	LABORATORY
Hem	atology report
Patient name Amira Ahmed Results	d-G1P0-854576 20/12/2024 Reference range
Hemoglobin 12	11-14
Hematocrit 44	35-45
INTERPRETATION	
END	OF REPORT

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

Outpatient (collected) Outpatient (to attend) Inpatient (collected) Inpatient (needs collection) Additional instructions Urgent Hemotology Chemistry Endoorine Microbiology Serology Others Hemotology Chemistry Endoorine Microbiology Serology Others CBC (complete blood count) Could Smear (PBS) Serum foldre Serum foldre Serum ferifin Serum foldre Serum foldre Hemoglobin electrophoresis Hemoglobin electrophoresis O O Requestor Amira Ahmed-G1P0-854576				Requested inves	tigations				
Inpatient (collected) Inpatient (needs collection) Additional instructions Urgent Hematology Chemistry Endoorine Microbiology Serology Others CBC (complete blood count) Coagulation profile Peripheral Blood Smear (PBS) Serum foratie Serum feritin Serum vitamin B12 Hematologic electrophoresis O O Amira Ahmed-G1P0-854576 H C E M S O Requestor	 Outpatient (collected) 	Outpatier	nt (to attend)	Page stad in the	Reading test	Available resul			
Additional instructions Urgent Hematology Chemistry Endocrine Microbiology Serology Others Becacity Complete blood count! Cocquicition profile Peripheral Blood Smear (PBS) Serum fraine Serum transferin saturation Serum vitamin B12 Hemoglobin electrophonesis Education Requestor	() Inpatient (collected)	() Inpatient	(needs collection)	kadoasiao lasis	renong test				
Hematology Chemistry Endoorine Microbiology Serology Others CBC (complete blood count) (Out-C) - None = 12-12-2024 - 2128 - 8 CBC (complete blood count) (Out-C) - None = 12-12-2024 - 2128 - 8 CBC (complete blood count) (Out-C) - None = 12-12-2024 - 2128 - 8 CBC (complete blood count) (Out-C) - None = 12-12-2024 - 2128 - 8 CBC (complete blood count) (Out-C) - None = 12-12-2024 - 2128 - 8 CBC (complete blood count) (Out-C) - None = 12-12-2024 - 2128 - 8 CBC (complete blood count) (Out-C) - None = 12-12-2024 - 2128 - 8 CBC (complete blood count) (Out-C) - None = 12-12-2024 - 2128 - 8 Serum folde Serum folde Serum folde Serum folde Serum folde Hemoglobin electrophoresis Equestor Requestor	Additional instructions		Urgent	Hematology	Chemistry I	Endocrine Micro	biology Serology	Others	
CBC (complete blood count) Coagulation profile Peripheral Blood Smear (PBS) Serum folde Serum transferin saturation Serum transferin saturatio	Hematology Chemistry Endo	ine Microbiology Se	erology Others	E-CBC (co	implete bloc	d-count) (Out-(C) - None - 12-12-	2024 - 2128 - R	
Hemoglobin electrophoresis	CBC (complete blood con Coagulation profile Peripheral Blood Smear (P Serum folate Serum folate	nt) S)	1						
Requestor	Serum transferin saturatio Serum vitamin B12								
	Serum transferin saturatio Serum vitamin B12 Hemoglobin electrophore	is	00		Amira Ahmed	G1P0-854576	н		-
Date HB Hct RBC count WBC count Platelets MCV MCH MCHC	Serum transferin sofuratio Serum vitamin B12 Hemoglobin electrophore	is Requ	O O		Amira Ahmed	G1P0-854576	(H)	CEMS	•
13/12/2024	Serum viransterin soturotio Serum viranin 812 Hemoglobin electrophore	is Requ Hct	estor	WBC count Pi	Amira Ahmed	.G1P0-854576 MCV	мсн	C E M S C MCHC	•

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:

Bab results' review Hematology Chemistry	er / Endocrine Micro	biology Serology	Others					>
Date	НВ	Hct	RBC count	WBC count	Platelets	MCV	мсн	мсн
13/12/2024	13							
		_						

17. Creating outpatient prescription

	First visit assessment	ANTENATAL VISITS	HIGH RISK PREGNANCY
	First triemster ultrasound	1 R T H 15 R T H 29 R T H	🛛 🖬 First trimester hematoma
	Booking labs	2 R T H 16 R T H 30 R T H	Hyperemesis gravidarum
		3 RTH 17 RTH 31 RTH	Previous preterm labor
	Genetic screening	4 RTH 18 RTH 32 RTH	🕛 🗹 Placenta praveia
	I ow dose aspirin		Placental abruption
	Hepatitis B vaccine		Vaso previa TORCH infections
2	Influenza vaccine		🛛 🛃 Hematological disorders
Ê	Second triemster ultrasound		🛛 🗹 Hypertension
	Second themster unrasound	8 RIH 22 RIH 36 RIH	Control C
	28-week labs	9 RTH 23 RTH 37 RTH	
	Mid-pregnancy counselling	10 R TH 24 R TH 38 R TH	Amniotic fluid disorders
		11 RTH 25 RTH 39 RTH	SGA/FGR
	Anti-D (Rh) dose (28 weeks)	12 R T H 26 R T H 40 R T H	Red cell alloantibodies
)	A unak labe	13 R T H 27 R T H 41 R T H	Neurologic disorders
	Soweek iabs		🛛 🕑 Immunologic disorders
	Labor counselling		🗌 🖸 Cardiac disorders
	Third triemster ultrasound		0 🕝 Other disorders

□ 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:



□ Create the pdf button to create and print your prescription. Click the "printer" button to print:



18. Creating outpatient prescription

Ø First visit assessment	ANTENATAL VI	SITS	HIGH RISK PREGNANCY	4
First triemster ultrasound	I RTH IS RTH	29 R T H	🖸 🛃 First trimester hematoma	
Booking labs	2 R T H 16 R T H	30 R T H	Vringry infections	-
Ganatic ecropping	3 R T H 17 R T H	31 R TH	🗋 🕝 Previous preterm labor	24
Weitere screening	4 R T H 18 R T H	32 R T H	🛛 🗹 Placenta praveia	
Low dose aspirin	5 R T H 19 R T H	33 R T H	Vata previa	
Hepatitis B vaccine	6 RTH 20 RTH	34 R TH	□	
Influenza vaccine 0	7 R T H 21 R T H	35 R T H	🗌 🛃 Hematological disorders	
Second triemster ultrasound	8 R T H 22 R T H	36 R T H	Hypertension Sindocrine disorders	
28-week labs	9 RTH 23 RTH	37 R TH	🛛 🗹 Threatened preterm labour	
Mid-pregnancy counselling		N R TH	PPROM	
			SGA/FGR	Ø
Anti-D (Rh) dose (28 weeks)			🗍 🛃 Red cell alloantibodies	Co S
			Multifetal pregnancy	6
36-week labs			Immunologic disorders	
Labor counselling		42 R I H	🗌 🕑 Cardiac disorders	B
() Third triemster ultrasound			🛛 🕑 Other disorders	-

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:

Medications									- 0
	l of mode		200						
	, or, meala	GINO	NS						
Medication	Indication	Dose	Frequency	Route	Start date	Stop date	Status		Other comments
Labetalol	Hypertension	200	BD	PO	3/12/2024	stop date	Active	~	Review on 15/12/24
								~	
								~	

19. Exploring the whiteboard

	First visit assessment	ANTENATAL VISITS	HIGH RISK PREGNANCY
	First triemster ultrasound	1 R T H 15 R T H 29 R T H	Image: Second strain Image: Second strain Image: Second strain Image: Second strain Image: Second strain Image: Second strain
	Booking labs	2 R T H 16 R T H 30 R T H	🖸 🖸 Urinary infections
	Genetic screening	3 RTH 17 RTH 31 RTH	Previous preterm labor Placenta praveia
	Low dose aspirin	5 R T H 19 R T H 33 R T H	Image: Placental abruption Image: Placental abruption Image: Placental abruption Image: Placental abruption
8	Hepatitis B vaccine Influenza vaccine	6 RTH 20 RTH 34 RTH	Image: International Content Image: Image
Ŧ	Second triemster ultrasound	7 K I M 21 R T H 35 R T H 8 R T H 22 R T H 36 R T H	Image: Hypertension
	28-week labs	9 R T H 23 R T H 37 R T H	PPROM
	Mid-pregnancy counselling	10 RTH 24 RTH 38 RTH	SGA/FGR
	Anti-D (Rh) dose (28 weeks)		Red cell alloantibodies
	36-week labs	13 R T H 27 R T H 41 R T H	🛛 🗹 Neurologic disorders
	Labor counselling	14 RTH 28 RTH 42 RTH	Cardiac disorders Cardiac disorders
	Dirich Third triemster ultrasound		0 🛛 Other disorders

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

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

Date of admission	Time of admission	Name	Clinic	GA	Bed
23-11-2024	17:09	Zahra Zain	110909	25+5 weeks	12
	1				

	Cabor ward Postpar	tum 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
2		374	687	0	

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:

Ø First visit assessment	ANTENATAL VISI	TS	HIGH RISK PREGNANCY	
First triemster ultrasound		29 R T H	🖸 🕑 First trimester hematoma	Λ
Booking labs	2 R T H 16 R T H	30 R T H	Urinary infections	
Genetic screening	3 R T H 17 R T H	31 R T H	Previous preterm labor	l∞≦,
	4 R T H 18 R T H	32 R T H	🗋 🗹 Placenta praveia	
Low dose aspirin	5 R T H 19 R T H	33 R T H	Vasa previa	
Hepatitis B vaccine	6 R T H 20 R T H	34 R T H	TORCH infections	
Influenza vaccine 0	7 R T H 21 R T H	35 R T H	Hematological disorders	2
Second triemster ultrasound	8 R T H 22 R T H	36 R T H	Endocrine disorders	G
28-week labs	9 R T H 23 R T H	37 R T H	🗌 🛃 Threatened preterm labour	
Mid-pregnancy counselling	10 R T H 24 R T H	38 R T H	PPROM	C
	11 R TH 25 R TH	39 R T H	SGA/FGR	B
Anti-D (Rh) dose (28 weeks)	12 R T H 26 R T H	40 R T H	🛛 🗹 Red cell alloantibodies	60
a 16 week labe	13 R T H 27 R T H	41 R T H	Veurologic disorders	
JU-WEEK IGDS	14 R T H 28 R T H	42 R T H	🛛 🕑 Immunologic disorders	
Labor counselling			🗌 🗹 Cardiac disorders	B
Third triemster ultrasound			U 🛃 Other disorders	

 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

QR code generator		×
	Information box Amira Ahmed 854576 13 + 2 weeks (US) +A First trimester hematoma hyperemesis Gravidarum Placenta previa Placental abruption	

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:

Ø First visit assessment		ANTENATAL VI	SITS	HIGH RISK PREGNANCY
First triemster ultrasound	IRTH	15 R T H	29 R T H	🗌 🕑 First trimester hematoma
Booking labs	2 R T H	16 R T H	30 R T H	Urinary infections
Conotic ecrossing	3 R 1 H	17 R T H	31 R T H	🗋 🕑 Previous preterm labor
deneuc screening	4 R T H	18 R T H	32 R T H	🗋 🗹 Placenta proveia
Low dose aspirin	5 R TH	19 R T H	33 R T H	Placental abruption
Hepatitis B vaccine	6 R T H	20 R T H	34 R T H	TORCH infections
Influenza vaccine	7 R T H	21 R T H	35 R TH	🗌 🛃 Hematological disorders
Second triemster ultrasound	8 RTH	22 R T H	36 R T H	Hypertension Endocrine disorders
28-week labs	9 R T H	23 R T H	37 R TH	De Threatened preterm labour
Mid-pregnancy counselling	10 R TH	24 R T H	RTH	PPROM
				SGA/FGR
Anti-D (Rh) dose (28 weeks)			40 R T H	🗍 🛃 Red cell alloantibodies
•				Multifetal pregnancy
36-week labs				0 2 Immunologic disorders
Labor counselling		20 K 1 8	≤ E U E	🗌 🕑 Cardiac disorders
Third triemster ultrasound				🕛 🛃 Other disorders

 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:

🛞 Calenda	r						- 🗆 X
	Clinic appointments	Hospital appointme	nts Admission to he	ospital Surgical lis			Tuesday -, December 24, 20: V
	Patient	Number	Start 🔺	End	Туре	Indication	Patient name
	Amira Ahmed	854576	12:00	12:30	First visit	Booking appoi	Clinic number
EM							854576
ſST							Type of appointments
(S)							Follow-up 🗸
AF							Start time End time
							14 ~: 00 ~ 14 ~: 30 ~
ALI							Indication of appointment
0							Doctor/clinic
36							ANC
			Delete ap	pointment		X	Add appointment
				Amiro	Ahmed		

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

Search calendar	r			-	- 🗆 X
Patient name	Amira Ahm	ed	Clinic number	85457	6
			Q		
Patient 🔺	Number	Start	End	Туре	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 ∨isit	Booking appoi
8/12/2024	Clinic appoint	12:00	12:30	First ∨isit	Booking ∨isit
		-			×

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

Ø First visit assessment	ANTENATAL	VISITS	HIGH RISK PREGNANCY	
First triemster ultrasound		29 R T H	🛛 🕑 First trimester hematoma	
Booking labs	2 R T H 16 R T H	30 R T H	Urinary infections	
Genetic screening	3 R T H 17 R T H	31 R T H	🛛 🗹 Previous preterm labor	12×5
	4 R T H 18 R T H	32 R T H	Placenta praveia	
Low dose aspirin	5 R T H 19 R T H	33 R T H	Vasa previa	
Hepatitis B vaccine	6 R T H 20 R T H	34 R T H	🗌 🗹 TORCH infections	
Influenza vaccine	7 R T H 21 R T H	35 R T H	Hematological disorders	
Second triemster ultrasound	8 R T H 22 R T H	36 R T H		(
28-week labs	9 R T H 23 R T H	37 R T H	🗌 🗹 Threatened preterm labour	
Mid-pregnancy counselling	10 R T H 24 R T H	38 R T H	PPROM	
	II R TH 25 R TH	39 R T H	SGA/FGR	R
Anti-D (Rh) dose (28 weeks)	12 R T H 26 R T H	40 R T H	🛛 🛃 Red cell alloantibodies	00
36 wook labe	13 R T H 27 R T H	41 R T H	Multitetal pregnancy Neurologic disorders	1
JU-WEEK IADS	14 R TH 28 R TH	42 R T H	🛛 🔄 Immunologic disorders	
Labor counselling			🗌 🗹 Cardiac disorders	B
W Third triemster ultrasound			U Cther disorders	

□ 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.