# LABOR FLOW RECORD
# –CONTINUATION

**RECORD ALL EXAMINATIONS SERIALLY FROM ADMISSION TO DELIVERY: PLEASE INITIAL AND INDICATE PROGRESS NOTE BY ✓**

| DATE & TIME | Blood Pr. Temp. Pulse | F.H.R. | | Contractions | | Vaginal Exam. | | | Observations: *(Bleeding; Amn. fluid color, etc.)* Procedures: *(Block, Amniotomy, etc.)* | Drugs - Fluids | | Initials | See Progress Note |
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| | | Rate | ? EFM | Freq. | Qual. | Eff. | Dil. | Sta. | | Agent & Rt. | Amount | | |
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**PATIENT'S IDENTIFICATION**

| Signature Code / Initials | Signature and Title |
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