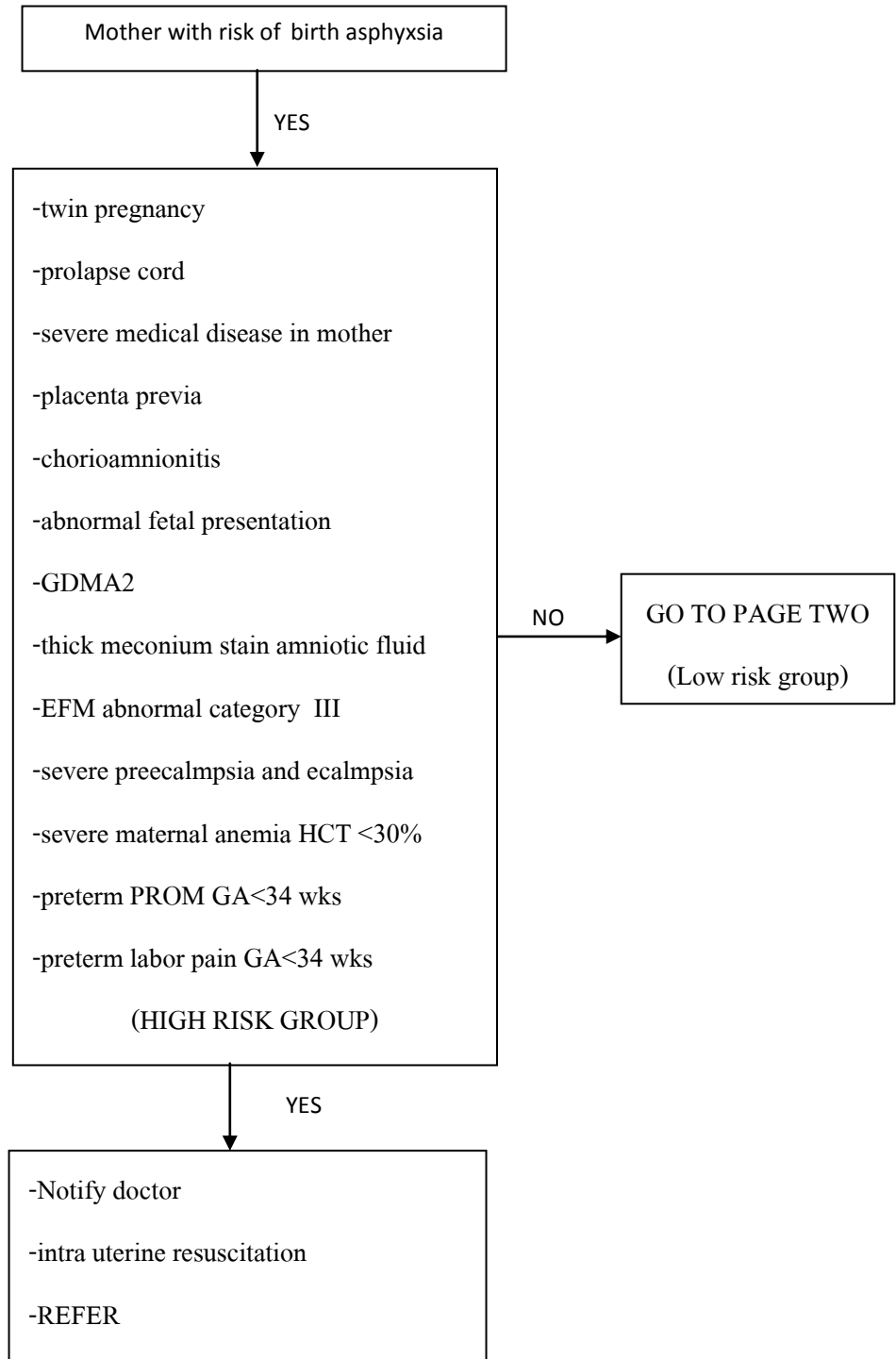
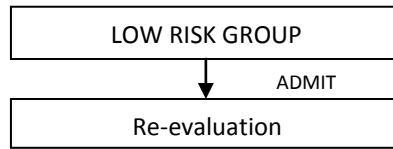


โรงพยาบาลโป่งน้ำร้อน	หน้า 1/2
วิธีปฏิบัติเลขที่ CPG – PONG – OBS - 03	ฉบับที่ 1
เรื่อง การดูแลผู้ป่วย risk Birth asphyxia	วันที่เริ่มใช้ 25 พฤศจิกายน 2559
ผู้จัดทำ ทีม PCT	ผู้อนุมัติ ทพญ. ชัชรินทร์ ยงกัลยาณกุล

Flow chart risk Birth asphyxia



เรื่อง การดูแลผู้ป่วย risk Birth asphyxia



Low risk	Re-evaluation process	High risk group
No ANC	Notify doctor U/S,	Refer if high risk group
GDMA1	Go on labor and complication awareness of intrapartum and postpartum period , Hypoglycemia	Refer if high risk group
Maternal HIV infection	Notify doctor if suspected IUGR and for stat ARV	Refer if high risk group
Second half bleeding	U/S confirm, monitor EFM q 30 min	Refer if placenta previa, uterine rupture a pruptio placenta or rupture vasa previa
Prolong PROM ≥ 18 hours	Monitor EFM q 30 min	Refer if prolong PROM over 24 hours or sign and symptom of chorioamnionitis occurred
HCT ≥ 30 % , ≤ 33 %	IVF 500-1000ml before birth	Refer if PPH with shock or need blood component replacement
EFW by size <2500 gm, >3800 gm	U/S confirm	Refer if EFW <2,000 gm or >4,000gm
Tetanic contraction	Notify doctor, monitor EFM, intrauterine resuscitation	If induction off oxytocin Then Bricanyl 0.25 mg sc, continuous EFM, intrauterine resuscitation
Suspected CPD	Notify doctor for pelvimetry	Refer if prolong second stage of labor or CPD
Plan of labor induction	Monitor EFM	Refer if fetal distress
*Thin meconium stain AF * *EFM category II *	Monitor EFM intrauterine resuscitation	Refer if EFM cat III
Mild preeclampsia	Notify doctor, monitor severe preeclampsia and complication, monitor EFM	Refer if severe preeclampsia or eclampsia

