

# Documentation tool: Shoulder dystocia and/or Erb's palsy

For cases involving shoulder dystocia or brachial plexus injury without dystocia

## PRENATAL INFORMATION

**Diabetic?** Yes \_\_\_\_\_ No \_\_\_\_\_ Gestational \_\_\_\_\_ Medical \_\_\_\_\_  
Estimated prepregnancy weight \_\_\_\_\_ Weight gain total \_\_\_\_\_  
Estimated fetal weight \_\_\_\_\_ Estimated date of conception \_\_\_\_\_

## LABOR AND DELIVERY

### Enter the time of day the following occurred:

Onset of active labor \_\_\_\_\_ Delivery of posterior shoulder \_\_\_\_\_  
Start of second stage \_\_\_\_\_ Delivery of infant \_\_\_\_\_  
Delivery of head \_\_\_\_\_

### Oxytocin used for:

Induction \_\_\_\_\_ Augmentation \_\_\_\_\_ Not used \_\_\_\_\_

### Forceps used?

Yes \_\_\_\_\_ No \_\_\_\_\_ Station at time applied \_\_\_\_\_ # tries \_\_\_\_\_

### Vacuum used?

Yes \_\_\_\_\_ No \_\_\_\_\_ Station at time applied \_\_\_\_\_ # tries \_\_\_\_\_

### Enter the time of day the following assistance was requested:

Additional obstetrician \_\_\_\_\_ Arrived \_\_\_\_\_  
Anesthesia \_\_\_\_\_ Arrived \_\_\_\_\_  
Pediatrics \_\_\_\_\_ Arrived \_\_\_\_\_  
Additional nurse(s) \_\_\_\_\_ Arrived \_\_\_\_\_  
Others present \_\_\_\_\_

## MANEUVERS PERFORMED

\_\_\_\_\_ Extended episiotomy \_\_\_\_\_ Wood's corkscrew (posterior shoulder  
\_\_\_\_\_ Suprapubic pressure (Note: Fundal rotated in corkscrew fashion)  
pressure should NOT be used) \_\_\_\_\_ Rubin (rocking fetal shoulders to decrease girth)  
\_\_\_\_\_ McRoberts (legs flexed back) \_\_\_\_\_ Fracture of anterior clavicle  
\_\_\_\_\_ Zavanelli (head pushed back into vagina)

## FETAL OUTCOME

**Apgar score:** 1 min \_\_\_\_\_ 5 min \_\_\_\_\_ If less than 7 also include 10 min \_\_\_\_\_  
**Birth weight:** \_\_\_\_\_ pounds \_\_\_\_\_ ounces OR \_\_\_\_\_ grams  
**Pediatric evaluation performed by:** \_\_\_\_\_ at (time) \_\_\_\_\_  
**Brachial plexus palsy present?** Yes \_\_\_\_\_ No \_\_\_\_\_  
\_\_\_\_\_ Erb's  
\_\_\_\_\_ Klumpke's (includes forearm and small muscles of the hand)  
**Horner's facial palsy present?** Yes \_\_\_\_\_ No \_\_\_\_\_  
**Fracture present?** Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature of delivering attendant

\_\_\_\_\_  
Date