


Patient Information <i>(stick Patient Label upon admission)</i> Patient Name: _____ Sex: _____ Age: _____ Patient Contact no.: _____ Date of Admission: _____ Estimated Admission Time: _____ a.m. / p.m.	 <p>St. Paul's Hospital 聖保祿醫院</p> <h2 style="margin: 0;">Admission Letter</h2> <h3 style="margin: 0;">(Maternity)</h3>
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To: Admission Office, St. Paul's Hospital **Date:** _____

Category of hospital bed required *(Please tick as appropriate):*

- Private room
 Semi-private room
 General ward

Patient Details

<b style="color: red;">Allergy Information: <i>(if applicable)</i>	<i>Allergic to:</i> _____	<i>Type of reaction:</i> _____
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Gravida: _____

Para: _____

EDC: _____

.....
 Past Obstetric / Medical History: _____

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A/N Blood results: (Copy of the original report MUST be attached)

Antenatal Treatment :

CORD BLOOD COLLECTION

Preparation for vaginal delivery / Induction:

- Fleet enema p.r.n.
 Shave pubic hair (half shave / whole shave / no shave)
 Pethidine _____ mg IMI *q4h / q6h p.r.n.
 Epidural Anaesthesia, Anaesthetist : _____
 PGE2 intra-vaginally
 Syntocinon Infusion: Start at _____ units into _____ 500/1000ml at _____ Drops/min

Others: _____

Preparation for LSCS on _____ at _____ GA / SA

Indication: _____ Anaesthetist: _____

- Fleet enema p.r.n.
 Full Abdominal & Pubic shaving
 Foley's Catheter* to B.S.B. / in O.T.

Postnatal Treatment :

- BF
 AF
 Infant formula _____
 Paed. Doctor : _____
 Others : _____

Signature of Doctor: _____ **Name of Doctor :** _____

Doctor Code : _____

(in block letters or clinic chop)

* Delete as appropriate