1. **Administrative Section**

This section should contain, *for example*, the following:

- Service User Labels
- Front Sheets - latest to the front
- Relevant Billing / Private Insurance Sheets / Forms pending completion only

Please ensure that all personal details are verified on each admission. If details change then the healthcare record should be updated and a new front sheet printed.

Please confirm that the information contained on the labels is accurate, i.e. correct consultant and location. If not correct, new labels should be printed and old labels destroyed.

Filing should be in **reverse chronological order**, i.e. the most recent documentation to the front.
2. **CORRESPONDENCE**

This section should contain, for example, the following:

- Referral Letters
- Discharge Communication
- Ambulance Transfer Sheets
- Other correspondence relevant to the service user’s care

Filing should be in reverse chronological order, i.e. the most recent correspondence to the front
3. **Antenatal Outpatients**

This section should contain, **for example**, the following:

- Optional Information Page
- Current Pregnancy
- Risk Factors Assessment
- Obstetric History
- Medical History
- Partner / Family History
- Record of Antenatal Visits
- Infant Feeding Antenatal Checklist
- Birth Plan

All entries in this section must be:

- Written in black pen
- Legible
- Dated and timed using the 24 hour clock
- All entries to notes must be signed with a clear signature, PRINTED NAME, job title and bleep/identification number (e.g. IMC No.) where relevant

*Please Note* - Section 43(8) of the Medical Practitioners Act 2007 requires all registered medical practitioners to quote their Irish Medical Council (IMC) registration number on all medical prescriptions and all other documentation and records, whether in paper or electronic format, relating to their medical practice.

- Each side of each sheet must contain the service user’s name and healthcare record number
- Please document any information leaflets given to service user including the document version/date
- Only HSE approved abbreviations to be used

Each episode should be filed in **chronological order**, i.e. the record should read like a book documenting events in the order in which they have taken place
4. **Fetal Assessment**

This section should contain, for example, the following:

- Mount Sheet for Ultrasound Reports / Images - Dark Green
- Obstetric Ultrasound Findings / Obstetric Ultrasound Notes
- Circumference Size Charts
- Femur Length Size Chart / Umbilical Artery AB Ratio Chart
- Doppler Diagrams
- Fetal Weight Centiles Tables
- Obstetric Day Unit Documentation
- Early Pregnancy Unit Documentation

**Ultrasound Reports / Images**

- Reports can vary in size. A5 (small) reports should be filed on the mount sheet, whereas any A4 (full page) reports should be punched and filed directly behind the mount sheet in reverse chronological order, i.e. the most recent documentation to the front
- Results/Reports must be filed from the bottom of the page upward, i.e. the most recent documentation to the front
- Where additional mount sheets are required they should be filed in reverse chronological order, i.e. the most recent mount sheet on top

**Obstetric Day Unit / Early Pregnancy Unit Documentation**

- Each episode should be filed in chronological order, i.e. the record should read like a book documenting events in the order in which they have taken place

All entries in this section must be:

- Written in black pen
- Legible
- Dated and timed using the 24 hour clock

- All entries to notes must be signed with a clear signature, PRINTED NAME, job title and bleep/identification number (e.g. IMC No.) where relevant

**Please Note** - Section 43(8) of the Medical Practitioners Act 2007 requires all registered medical practitioners to quote their Irish Medical Council (IMC) registration number on all medical prescriptions and all other documentation and records, whether in paper or electronic format, relating to their medical practice.

- Each side of each sheet must contain the service user’s name and healthcare record number
- Please document any information leaflets given to service user including the document version/date
- Only HSE approved abbreviations to be used
5. **Antenatal Inpatient Records**

This section should contain, **for example**, the following:

- Emergency Attendance Documentation
- Record of Antenatal Admissions
- Antenatal Record
- Antenatal Observation Records

All entries in this section must be:

- Written in black pen
- Legible
- Dated and timed using the 24 hour clock
- All entries to notes must be signed with a clear signature, PRINTED NAME, job title and bleep/identification number (e.g. IMC No.) where relevant

*Please Note* - Section 43(8) of the Medical Practitioners Act 2007 requires all registered medical practitioners to quote their Irish Medical Council (IMC) registration number on all medical prescriptions and all other documentation and records, whether in paper or electronic format, relating to their medical practice.

- Each side of each sheet must contain the service user’s name and healthcare record number
- Please document any information leaflets given to service user including the document version/date
- Only HSE approved abbreviations to be used

Each episode should be filed in **chronological order**, i.e. the record should read like a book documenting events in the order in which they have taken place.
6. Prescribed Medicines / Blood Products

This section should contain, for example, documentation relating to drug prescribing, prescriptions, blood transfusions and nutritional supplements.

All medication and blood products administered must be prescribed and recorded here.

All entries in this section must be:

- Written in black pen
- Legible
- Dated and timed using the 24 hour clock
- All entries to notes must be signed with a clear signature, PRINTED NAME, job title and bleep/identification number (e.g. IMC No.) where relevant

Please Note: Section 43(8) of the Medical Practitioners Act 2007 requires all registered medical practitioners to quote their Irish Medical Council (IMC) registration number on all medical prescriptions and all other documentation and records, whether in paper or electronic format, relating to their medical practice.

- Regulations associated with the Irish Medicines Board (Miscellaneous Provisions) Act 2006 state that the An Bórd Altranais registration number, also known as the personal indentification number (PIN), must be stated on prescriptions written by the Registered Nurse Prescriber (RNP)

- Each side of each sheet must contain the service user’s name and healthcare record number
- Please document any information leaflets given to service user including the document version/date
- Medication names must always be written in full and never abbreviated under any circumstances

Where additional Blood Transfusion Booklets are required they should be filed in reverse chronological order, i.e. the most recent Blood Transfusion Booklet on top

Filing should be in reverse chronological order, i.e. the most recent documentation to the front.
7. **Labour and Delivery Records**

This section should contain, for example, the following:

- Induction / Augmentation of Labour Record
- Delivery Suite Admission
- Intrapartum Record / Partogram
- Epidural Record
- Epidural Infusion Monitoring Record
- Summary of Labour / Delivery / Birth Summary - Baby
- Perineal Repair / Operative Vaginal Delivery Record
- Shoulder Dystocia

All entries in this section must be:

- Written in black pen
- Legible
- Dated and timed using the 24 hour clock
- All entries to notes must be signed with a clear signature, PRINTED NAME, job title and bleep/identification number (e.g. IMC No.) where relevant

*Please Note* - Section 43(8) of the Medical Practitioners Act 2007 requires all registered medical practitioners to quote their Irish Medical Council (IMC) registration number on all medical prescriptions and all other documentation and records, whether in paper or electronic format, relating to their medical practice.

- Each side of each sheet must contain the service user’s name and healthcare record number
- Please document any information leaflets given to service user including the document version/date
- Only HSE approved abbreviations to be used

Each episode should be filed in **chronological order**, i.e. the record should read like a book documenting events in the order in which they have taken place.
8. **Theatre / Procedures**

This section should contain, **for example**, the following:

- Preoperative Checklist
- Anaesthetic Preoperative Assessment
- Anaesthetic Record
- Perioperative Nursing Record
- Perioperative Count Sheet
- Caesarean Section Operation Form / Additional Operation Notes
- Operation Notes
- Recovery Room Care Plan

All entries in this section must be:

- Written in black pen
- Legible
- Dated and timed using the 24 hour clock
- All entries to notes must be signed with a clear signature, PRINTED NAME, job title and bleep/identification number (e.g. IMC No.) where relevant

*Please Note - Section 43(8) of the Medical Practitioners Act 2007 requires all registered medical practitioners to quote their Irish Medical Council (IMC) registration number on all medical prescriptions and all other documentation and records, whether in paper or electronic format, relating to their medical practice.*

- Each side of each sheet must contain the service user’s name and healthcare record number
- Please document any information leaflets given to service user including the document version/date
- Only HSE approved abbreviations to be used

Each episode should be filed in **chronological order**, i.e. the record should read like a book documenting events in the order in which they have taken place
9. **Postnatal**

This section should contain, **for example**, the following:

- Postnatal Admission Record / Suggested Observations
- Daily Observation Record for Mother
- Daily Observation Record for Baby
- Postnatal Records
- Discharge Checklist - Mother
- Discharge Checklist - Baby

All entries in this section must be:

- Written in black pen
- Legible
- Dated and timed using the 24 hour clock
- All entries to notes must be signed with a clear signature, PRINTED NAME, job title and bleep/identification number (e.g. IMC No.) where relevant

**Please Note** - Section 43(8) of the Medical Practitioners Act 2007 requires all registered medical practitioners to quote their Irish Medical Council (IMC) registration number on all medical prescriptions and all other documentation and records, whether in paper or electronic format, relating to their medical practice.

- Each side of each sheet must contain the service user’s name and healthcare record number
- Please document any information leaflets given to service user including the document version/date
- Only HSE approved abbreviations to be used

Each episode should be filed in **chronological order**, i.e. the record should read like a book documenting events in the order in which they have taken place.
10. Consent

This section should contain, for example, the following:

- Consent for Antenatal Bloods
- Discharge Against Medical Advice
- Consent for Anaesthesia
- Other consent forms as necessary

All entries in this section must be:

- Written in black pen
- Legible
- Dated and timed using the 24 hour clock
- All entries to notes must be signed with a clear signature, PRINTED NAME, job title and bleep/identification number (e.g. IMC No.) where relevant

Please Note - Section 43(8) of the Medical Practitioners Act 2007 requires all registered medical practitioners to quote their Irish Medical Council (IMC) registration number on all medical prescriptions and all other documentation and records, whether in paper or electronic format, relating to their medical practice.

- Each side of each sheet must contain the service user’s name and healthcare record number
- Please document any information leaflets given to service user including the document version/date
- Abbreviations must never be used on Consent Forms

Filing should be in reverse chronological order, i.e. the most recent documentation to the front
11. **Laboratory**

This section should contain, for example, the following mount sheets:

- **Haematology Results** - Pink
- **Blood Group Results** - Pink
- **Biochemistry Results** - Green
- **Serology Results** - Purple
- **Microbiology Results** - Yellow
- **Histopathology / Cellular Pathology Results** - White
- **Molecular Diagnostic Results** - Grey

---

**Very Important - Please Note**

- Laboratory results should not be filed unless they have been signed and dated as being read and actioned by the appropriate doctor / midwife (in accordance with local policy).

- Reports can vary in size. A5 (small) reports should be filed on the relevant mount sheet, whereas any A4 (full page) reports should be punched and filed directly behind the relevant mount sheet in reverse chronological order, i.e. the most recent documentation to the front.

- Where additional mount sheets are required they should be filed in reverse chronological order, i.e. the most recent mount sheet on top for each result type e.g. biochemistry.

- Whilst every effort is made to file laboratory results in reverse chronological order it is advisable to check the date of the result you are referring to.

- Where electronic results are available users should be aware that the most up-to-date result may be available via this technology.

Results/Reports must be filed from the bottom of the page upward, i.e. the most recent documentation to the front.
12. **Radiology & Diagnostic Imaging Results**

This section should contain, *for example*, the following mount sheet:

- Radiology & Diagnostic Imaging Reports

---

**Very Important - Please Note**

- Radiology and Diagnostic Imaging results should not be filed unless they have been signed and dated as being read and actioned by the appropriate doctor.

- Reports can vary in size. A5 (small) reports should be filed on the relevant mount sheet, whereas any A4 (full page) reports should be punched and filed directly behind the relevant mount sheet in `reverse chronological order`, i.e. the most recent documentation to the front.

- Where additional mount sheets are required they should be filed in `reverse chronological order`, i.e. the most recent mount sheet on top.

- Whilst every effort is made to file radiology and diagnostic imaging results in reverse chronological order it is advisable to check the date of the result you are referring to.

- Where electronic results are available users should be aware that the most up-to-date result may be available via this technology.

Results/Reports must be filed *from the bottom of the page upward*, i.e. the most recent documentation to the front.