

## **HCA Shoulder Dystocia Delivery Note addendum**

Time head delivered	Time b	Time body delivered	
Initial Traction:  Gentle attempt at traction,	assisted by maternal expulsive fo	rces	
Explain if above box not check	ed		
Any/all maneuvers that apply a by the standard of care	and the order in which they were u	ıtilized. The order is not specified	
Not Applied Applied If applied, by whom:	as not applied after the head d	By whom	
The arm under the symphisis	s at the point the head was deli	vered was: ☐ Right ☐ Left	
Primary Care Provider*	Registered Nur	rse*	
Other Care Providers in attend	ance* Other Care Pro	Other Care Providers in attendance*	

Permission was granted by HCA to use this form. This sample form will assist you in creating a unique form for your practice. Effective forms address the specific circumstances of each practice.