Post- partum patient form

Student's name: **Group: ( )**

Obstetric diagnosis: - **Date:-**

Personal History:-

a- Mother's name: - Age : ( )

- Education : -Occupation:

b- Husband name: - Age : ( )

- Education : - Occupation:

c-Address:

Socio- economic history:-

a-Income (Mother) b-Income (husband)

c- Water supply: yes ( ) No ( )

d- Electricity: yes ( ) No ( )

e- Good ventilation: yes ( ) No ( )

f- Crowding index: persons / rooms ( )

g-Number of rooms ( )

Family history: Ask.. about hereditary diseases:-

1-Hypertension: Yes ( ) No ( )

2-Diabetes: Yes ( ) No ( )

3-Multiple pregnancy: Yes ( ) No ( )

4-Congenital anomalies: Yes ( ) No ( )

5-Male Problems

Menstrual history:-

1-Age of menarche

2-Duration:

3-Interval

4-Rhythm: a) regular b) irregular

Obstetric history:-

1-Gravidity ( ) 2-Parity ( ) 3-Abortion ( )

4-Still births ( ) 5-Spacing ( )

6-No. of living children ( )

-History of previous pregnancies and deliveries:

1-primigravida **2- multigravida**

pregnancy:

- normal : yes ( ) no ( )

- Complicated: yes ( ) no( )

If yes , classify **……**

- Labor : normal

  - normal : yes ( ) no ( )

  - Complicated: yes ( ) no ( )

  If yes , classify : **……**

- Past operations :

- vaginal: yes ( ) no ( )

Type ----------

When----------

- Abdominal : yes ( ) no:( )

Type----------

When ----------

-Medical History :-

a- Non b-Hypertension

c-Diabetes mellitus d-Heart disease

e-Renal disease f- Respiratory disease

g-Others

- History of taking certain drug:-

-Type of drug:- -------- - Name:- ------

- Duration of use:-------

-Drug sensitivity:- yes ( ) - no ( )

Family planning history:-

- Method:------- - Duration--------

- Cause of termination ---------

Present history:-

- Present complain:----------

- Treatment (Medications) :- ----------

Mode of delivery :-

- SVD ( )
- SVD + Episiotomy ( )
- Instrumental

-Ventouse delivery ( ) - Forceps delivery ( )

- Cesarean Section ( )

- The baby: -Live - Dead

Investigation

1-**Urine analysis:**

- sugar : Yes ( ) No : ( ) Result : ---------
- Albumen : Yes ( ) No : ( ) Result : --------2-Blood analysis:

- R.B.Cs : Yes ( ) No : ( ) Result : ----------
- W.B.Cs : Yes ( ) No : ( ) Result : ----------
- HB. : Yes ( ) No : ( ) Result : ----------
- RH.: Yes ( ) No : ( ) Result : ----------
- BL.Grouping: Yes ( ) No : ( ) Result : -------

3-Ultrasonography : Yes ( ) No : ( )

4- X Rays: Yes ( ) No : ( )

5-Labarotomy : Yes ( ) No : ( )

6- Labaroscopy : Yes ( ) No : ( )

7- Non

Postpartum Record

Time of Assessment	T.P.R.B.P	Lochia	Level of fundus	Uterine massage	Condition of the perineum
		a-Color b- Odour C-duration		Relaxed Contracted	

Nursing Care Plan

Mother's Problems	Nursing Action

Long term N.C.P.

Mother's need	Nursing Health Education	Mother response

Post partum record

The new born examination and care

1-Examination

2- The new born care