



MATERNITY AND CHILD HEALTH NURSING

GYNAECOLOGY REPORT

(inpatient)

Hospital name:

Report No:

Date:

Student name:

Student ID:

Record grade:

Clinical instructor name:

Signature:

Date:

Assessment

A-History :

1-Personal & socioeconomic history :

Client's name

Husband's name

Address

Consanguinity

Religion

Age (years)

<20

20-35

35+

Education

Illiterate

Read & write

Primary

Preparatory

Secondary

University

Housing condition

Water

Electricity

Crowding index

Family Income

2-Family History :

None

Diabetes Mellitus

Hypertension

cardiac diseases

cancer

others

3-Medical History :

None

Hypertension

Varicose veins

Jaundice

Hepatitis

Diabetes Mellitus

Renal diseases

Endocrine disorders

Anemia

Cardiac diseases

Gastro-intestinal diseases

Cancer

Pulmonary thrombosis

Leg thrombosis

Migraine

headache

Epilepsy

Depression

4-Menstrual History :

Age at menarche :

- Rhythm Regular Irregular
- Interval 21-28 days 14-12 days <14 days
- Duration 3-5 days 5-7 days >7 days
- Amount Scanty Moderate Excessive
- Pain None Tolerable Intolerable

5-Obstetric History :

- Gravidity Parity No of abortion
- No of stillbirths No of died children
- No of living children Boys Girls

6-Previously used FP methods :

- None OCPS Injection
- Capsules IUD Condom
- Diaphragm Spermicidal Others

7-Gynecological History :

- None Vulvitis Vaginitis
- Cervicitis Endometritis Salpingitis
- Oophritis Fibroids Cancer cervix
- Cancer uterus Undiagnosed abnormal genital bleeding
- Gynecological operation Type Date

-Micturition	Frequency	Day	Night
Presence of dysuria	Haematuria	Urgency	
Presence of incontenance			
-Bowel habits			
Use of medications	Laxatives	purgatives	
Enemas	Other complaints		
-Sexual history	presence of daspareunia		
Use of contraceptives		Type	

Examination

1-General Examination :

Blood pressure	Height	Weight	
Hair	Shinning and glossy ()	Dull and dry ()	
Face	Color	Edema	
Eye	Color	comeal edema	
Thyroid gland	Normal ()	Enlarged ()	
Breast			
Size	() Small	() Average	() Large
Discharge	() Lactating	() Purulent	() others
No dules	() Absent	() Present	Size
Axillary nodules	() Absent	() Present	Size
Abdomen	() Good muscle tone	() Abnormal	Specify

2-Pelvic Examination :

External genitalia	<input type="checkbox"/> None	<input type="checkbox"/> Inflammation	<input type="checkbox"/> Scars
	<input type="checkbox"/> Varicosities	<input type="checkbox"/> Edema	<input type="checkbox"/> Others
Perineum	<input type="checkbox"/> None	<input type="checkbox"/> Scars	<input type="checkbox"/> Episiotomy
	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Healed	<input type="checkbox"/> Unhealed
Vagina	<input type="checkbox"/> None	<input type="checkbox"/> Cyctocele	<input type="checkbox"/> Rectocele
	<input type="checkbox"/> Tumor	<input type="checkbox"/> Cyst	<input type="checkbox"/> Polyps
	<input type="checkbox"/> Discharge	Specify	
Cervix	<input type="checkbox"/> Close	<input type="checkbox"/> Open	<input type="checkbox"/> Finger tip
	<input type="checkbox"/> Ectropion	<input type="checkbox"/> Erosion	<input type="checkbox"/> Others
	<input type="checkbox"/> Discharge	<input type="checkbox"/> Clear	<input type="checkbox"/> Foul
Uterus	Size in weeks		
	Consistency	<input type="checkbox"/> Firm	<input type="checkbox"/> Soft
		<input type="checkbox"/> Involuted	<input type="checkbox"/> Not involuted
	Position	<input type="checkbox"/> AVF	<input type="checkbox"/> RVE
		<input type="checkbox"/> Midline	
Adnexa	<input type="checkbox"/> None palpable	<input type="checkbox"/> Palpable	

3-Reports of specific investigations :

-Culdoscopy

-Laparocopy

-Hysteroscopy

-Colposcopy

-Blood	CBC:	BT:	CT:
VDRL :	ESR.	Chemistry	
-Urine	Albumin	Sugar	Culture
-Cytology	p. Smear	Wet smear	
-Biopies	Cervical	Others	

Endometrial :

Plain X-Ray

Hysterosalpingography

Vaginography

24 – HOUR RECALL FORM AND FOOD GROUP EVALUATION

FOOD AND FLUID INTAKE FROM TIME AWAKENING UNTIL THE NEXT MORNING						
TIME	FOOD & DRINK CONSUMED		NUMBER OF SERVINGS IN THE FOOD GROUPS			
			MILK GROUP	MEAT GROUP	FRUITS & VEGETABLE	BREAD & CEREALS
	NAME & TYPE	AMOUNT				
TOTALS						

ONE SERVING IN EACH GROUP

BREAD & CEREALS	FRUITS & VEGETABLE	MEAT GROUP	MILK GROUP	FATS & SWEETS
1 slice of bread	1 cup of raw leafy vegetables	One egg	One serving of milk or yogurt is 1 cup	1 teaspoon of olive oil , butter , margarine.
1/2 cup of rice, cooked cereal or pasta	1/2 cup of other vegetables, cooked or raw	2 tablespoons of peanut butter	1 sclid of	
1 cup of ready-to-	3/4 cup of vegetable	1/2 cup		

eat cereal 1 flat tortilla	juice One medium apple, orange or banana 1/2 cup of chopped, cooked or canned fruit	cooked dry beans 1/3 cup of nuts	cheese 1 pice as big as play cards of meat or chicken	
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RECOMMENDED NUMBER OF SERVINGS DAILY

	BREAD & CEREAL S	FRUITS & VEGEATABL E	MEAT GROUP	MILK GROUP	FATS & SWEETS
PREGNANCY OR LACTATING	6 – 11	3 – 5	2 – 3	3 – 4	
AMOUNT					
EVALUATON L = LOW A = ADEQUATE E = EXCESSIVE <u>MOTHER TOTAL:</u>					

MEDICATION RECORD

Patient name:

Age:

Sex:

Date:

Medication name	Dose	Route	Time	Action	Side effect	Nurse Role

NURSING RECORD

Patient name:

Age: years.

GA: weeks.

Date / Time	Client need and / or problem	Client's goal	Nursing intervention	Evaluation

