



MATERNITY AND CHILD HEALTH NURSING

GYNAECOLOGY REPORT

(Out Patient)

Hospital name:

Report No:

Date:

Student name:

Student ID:

Record grade:

Clinical instructor name:

Signature:

Date:

Gyn. Assessment Sheet For Out Patient

-

Record number :

Student's name :

Date :

Location :

Personal History	Patient's name : Age : Nationality : Education : Occupation : Address : Housing : No . of family member : Type of family : (Nuclear) / (Extended)
Menstrual History	Age at menarche Interval Duration Amount Associated Symptoms
Obstetric History N. A	Age at first marriage Number of marriages Date of last marriage Duration of marriage Gravidity Parity No . of abortions No . of child loss No . of living children Boys : () Girls : () Age of the living child Nature of previous pregnancies

pregnancy number	Wks. Gest.	# Fate	Sex of out come	Weight Of out Come	Condition Of out Come	Date
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						

•Fate refers to : Abortion

I.U.F.D.(Intra Uterine Fetal death)

S.V.D : (Spontaneous vaginal delivery)

C.D. : (Cesarean delivery)

F.D. : (Forceps delivery)

V.E. : (Vacum extraction)

E.P. : (Episiotomy)

M.I. : (Medical induction)

Medical Surgical History	Symptoms Diseases Operation	Date	Action taken
Past History			

Medical-Surgical History	Chronic disease	Current treatment
Current History		
Gynecological History	<p>•History of the parent condition :</p> <ol style="list-style-type: none"> 1. Primary System 2. Date of these symptoms 3. Time between appearance of symptoms and seeking medical care 	

4. Reasons of delay , if applicable

5. Actions taken before seeking medical care or admission

6. Last investigations : (types & results)

7. Current treatment & medications

8. B.P :

Weight :

Pulse :

Resp :

Temp :

Others

•Complaints :

•Other Observations :

RECOMMENDED NUMBER OF SERVINGS DAILY

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

MEDICATION RECORD

Patient name:

Age:

Date:

Medication name	Dose	Route	Time	Action	Side effect	Nurse Role

NURSING RECORD

Patient name:

Age: years.

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

