



KING SAUD UNIVERSITY

NURSING COLLAGE

MATERNITY AND CHILD HEALTH NURSING DEPARTMENT

MATERNITY SECTION

LABOR & DELIVERY record

Hospital name :

Report No :

Date :

Student name :

Student ID :

Record grade :

Clinical instructor name :

Signature :

Date :

LABOR & DELIVERY record

Student name :

ID number :

Record number :

Record date :

PERSONAL DATA :

Mother's name :

Age :

Occupation :

Education level :

Nationality :

No of family member :

Consanguinity : yes / No

House helper : yes / No

House condition : apartment / Villa / Tent

No of room :

MEDICAL AND SURGICAL HISTORY :

Heart disease : yes / No

If yes how it treated :

Hypertension : yes / No

If yes how it treated :

.Diabetes : yes / No

If yes how it treated :

Asthma : yes / No

If yes how it treated :

Anemia : yes / No

If yes how it treated :

Thyroid problems : yes / No

If yes how it treated :

TB : yes / No

If yes how it treated :

Mental disorder : yes / No

If yes how it treated :

Congenital anomalies : yes / No

If yes how it treated :

Allergies, Medication sensitivity : yes / No Type :

Operations / Accident : Type : ----- Date :-----

Blood transfusion : Date : -----

Medication taken : yes / No Reason : Type :

Others specify :-----

FAMILY HISTORY :

Heart disease : yes / No

Hypertension : yes / No

Diabetes : yes / No

Asthma : yes /No

Anemia : yes / No

Thyroid problems : yes / No

Mental disorder : yes / No

Multiple pregnancy : yes / No

Congenital anomalies : yes / No

Malignancies : yes / No

TB : yes / No

Others :

MENSTRUAL HISTORY : Menarche : years .

Rhythm : Regular / Irregular Duration /period : Days .

Cycle /Interval : Days . Quantity: pads/Day.

Associate complaints : yes / No Specify :

FAMILY PLANNING HISTORY : YES / No If yes



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

Cause of termination : Caused complication / To get pregnant / pregnant during taken.

OBSTETRIC HISTORY :

Gravidity :

Parity :

Abortion :

Term :

Preterm :

Post term :

No of living children :

No of normal labor :

No of abnormal labor :

Type : -----

Complication during labor : yes / No

Specify :

PRESENT HISTORY :

LMP :

EDD :

GA : weeks

Reason of visit :

Present complaints :

Mother's reaction toward present pregnancy :

Planned & wanted / Unplanned & wanted / Unwanted .

INVESTIGATION:

Urine analysis for : Sugar : ----- Albumen ----- on -----

Blood analysis for : Hgb : ----- Blood group : ----- on -----

Ultrasonography : Done / Not done GA : ----- on -----

EXAMINATION

Date :

Time :

Weight : ----- Kg .

Height :----- cm .

Vital signs :

T : ----- C . P : ----- b/m . R : -----b/m . B.P : -----
mmHg

ABDOMINAL PALPATION

Fundus palpitation	Level of fundus	Lie	Position	Presentation	Attitude	FHR
Firm	SP	Longitudinal	(LOL)	Face	Complete flexion	+
Laxed	U	Oblique	(ROL)	Brows	Moderate Flexion	
Tenderness	X	Transverse	(LOA)	Vertex	Poor flexion	
			(ROA)	Breach	Hyperextended	
			(LOP) (ROP)	Shoulder		
						--- b/m

VAGINAL EXAMINATION

V&V

Cervical dilatation Cm

Effacement

Stat of membrane

Date / Time of Rupture

Fetal Monitoring :

Yes No CTC internal (FSE) CTG
external

Delivery :

Spontaneous

Induced / Augmented -PGE2 -ARM -Oxytocin -

Indication of Induced / Augmented :

 1-

 2-

 3-

Duration of Labor

Onset of Labour Duration of 1st Stage Hrs Mins
Membranes Ruptures Duration of 2nd Stage Hrs Mins
Fully Dilated Duration of 3rd Stage Hrs Mins
Delivery of Child
Delivery of Placenta

Date	Time

METHOD OF DELIVERY :

Spontaneous Vx Assisted Breech
L.S.C.S.....

Forceps ; Ventouse

 -Outlet

 -Midcavity Rotation

PLACENTA:

↻ C.C.T

↻ Manual Removal

↻ Weight (Gm) :

↻ Membranes : Complete / Incomplete cord

MEDICATION:

Oxytocic drug :

Analgesia drug

PERINEUM :

Intact

Episiotomy

Laceration (state degree)

BLOOD LOSS :.....m

NEW BORN :

Maturity Sex Alive / S.B

WT(KG) Length.....Cm H.C.....CM

Apgar at Birth /1Mins...../5mins

Medication given

Any complication

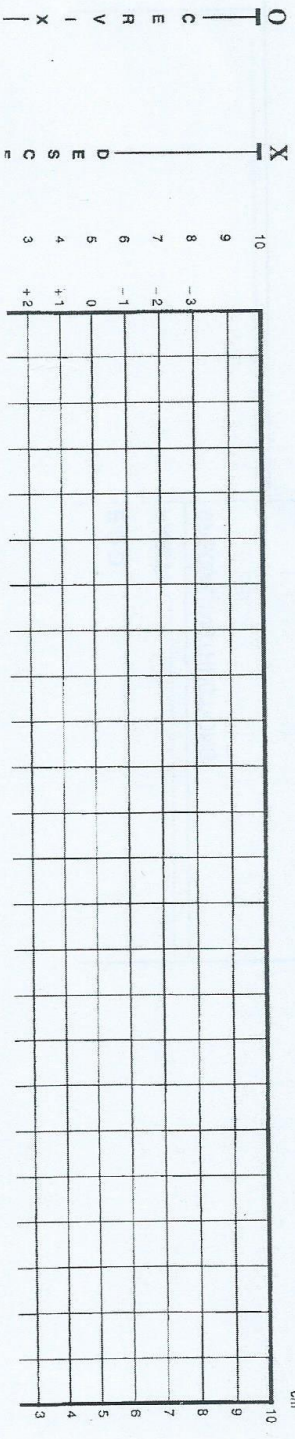
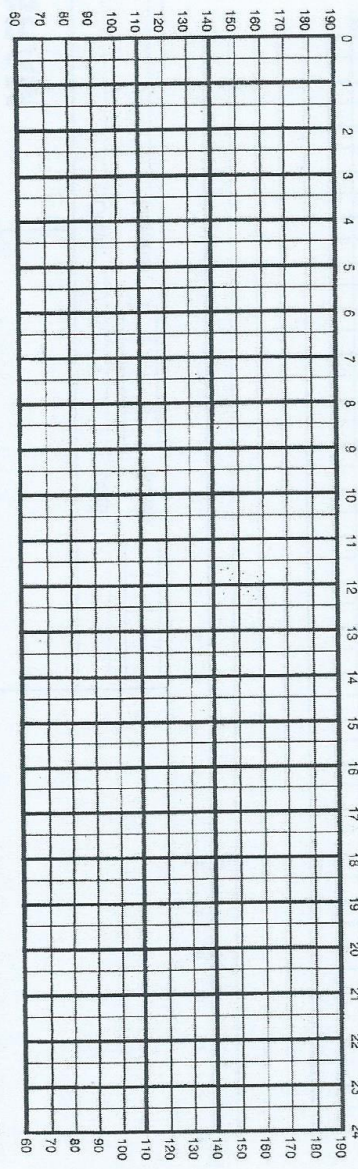
PARTOGRAM

ED.D.
PARITY
SPECIAL INSTRUCTIONS:

Department / Ward: Code: Date:
Consultant Name: Number: Bleep:

Rupture of Membranes
Date
Time

Onset of Labor
Date
Time



TIME	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
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PRESENTATION POSITION	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
EFFACEMENT (percent)																																		
molding (+, —, +++)																																		
LIQUOR (c = clear, b = blood)																																		

CONTRACTIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	STRONG	MODERATE	WEAK																															

STIMULATION																																		
mu/minute																																		

DRUGS																																		
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INTRAVENOUS THERAPY																																		
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URINE VOLUME																																			
PROTEIN																																			
GLUCOSE																																			
ACETONE																																			

TEMPERATURE																																			
PULSE																																			

BLOOD PRESSURE																																		
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EXAMINED BY																																		
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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

