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| KING SAUD UNIVERSITYNURSING COLLAGEMATERNITY AND CHILD HEALTH NURSING DEPARTMENTMATERNITY SECTION  |
| aNTE NATAL RECORDNORMAL ( 325 NUR) |
|  |

**Hospital name:**

**Report No:**

**Date:**

**Student name:**

**Student ID:**

**Record grade:**

**Clinical instructor name:**

**Signature:**

 **Date:**

**Prepared by: L. Reem AL-Orf**

**Antenatal record ( NUR 325 )**

**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 **Multiple pregnancy:** Yes / No

**Congenital anomalies:** Yes / No **Malignancies:** Yes / No

**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

**Antenatal risk Assessment**

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| **Part C – Problem in current pregnancy**Diagnosis of large for date Diagnosis of small for datePolyhydramnios or oligohydramniosMultiple pregnancyMalpresentation Membranes ruptured before 37 weeksBleeding < 20 weeksBleeding > 20 weeksGestational hypertensionProteinuria > 1+Gestational diabetes Blood antibodies (Rh, Anti C , Anti K , etc) Aneamia ( Hgb < 100 g per L)Pregnancy > 41 weeks Poor weight gain ( 26 – 36 weeks < 0.5 kg / week or weight loss)Smoker – any time during pregnancy  | **Score**2323321321131111  | **Part A Pre – Pregnancy** Age < 17 at deliveryAge > 35 at deliveryWeight > 91 kgWeight < 45 kgHeight < 152 cm **Diabetes**Controlled be diet only Insulin usedRetinopathy documented**Heart disease**Asymptomatic ( no effect on daily living)Symptomatic (effects on daily living)**Hypertension** 140/90 or greaterAntihypertensive drugsChronic renal diseaseOther medical disorder e.g. epilepsy | **Score** 12111133132321 |
| **Part D – other risk factor** Major fetal anomalyAcute medical disorder ( acute asthma . thyrotoxicosis. UTI, etc)Cervical surgery Substance useAlcohol > 3 drinks during pregnancy Alcohol > 1 drink per day throughout pregnancy Drug dependent  | **Score**333333  | **Part B – Past obstetrical history** Neonatal death (s)Stillbirths ( s )Abortion between 12 to 20 weeks and under 500 grams birth weightDelivery at 20 – 37 weeks Cesarean section Small for dates – 5th %Large for dates – 95 %RH isoimmunization – unaffected infantRH isoimmunization – affected infantMajor congenital anomaly e.g. choromosomal , heart , CNS defects  | Score 3311211131 |

**Low risk = 0 – 2**

**Moderate risk = 3 – 6**

**High risk = > 7**

**Patient score:**

**She is:** Low risk / Moderate risk / High risk

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

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| **Fundus****palpitation**  | **Level of fundus** | **Lie** | **Position** | **Presentation** | **Attitude** | **FHR** |
| Firm LaxedTenderness | **\_\_\_****SP****\_\_\_****U****\_\_\_****X** | Longitudinal ObliqueTransverse  | (LOL) (ROL) (LOA) (ROA) (LOP)  (ROP) | Face Brows Vertex Breach Shoulder | Complete flexionModerate FlexionPoor flexion Hyperextended | **+****\_\_\_b/m** |

**Comment:**

**24 – HOUR RECALL FORM AND FOOD GROUP EVALUATION**

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| --- |
| 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 & VEGEATABLE  | BREAD & CEREALS  | FATS & SWEETS  |
| NAME & TYPE | AMOUNT |
|  |  |  |  |  |  |  |  |
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| TOTALS |  |  |  |  |  |

**ONE SERVING IN EACH GROUP**

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| --- | --- | --- | --- | --- |
| BREAD & CEREALS | FRUITS & VEGEATABLE | MEAT GROUP | MILK GROUP | FATS & SWEETS |
| **1** slice of bread**1/2** cup of rice, cooked cereal or pasta**1** cup of ready-to-eat cereal**1** flat tortilla | **1** cup of raw leafy vegetables**1/2** cup of other vegetables, cooked or raw**3/4** cup of vegetable juiceOne medium apple, orange or banana**1/2** cup of chopped, cooked or canned fruit**3/4** cup of fruit juice | One egg**2** tablespoons of peanut butter**1/2** cup cooked dry beans**1/3** cup of nuts | One serving of milk or yogurt is **1** cup**1** sclid of cheese**1** pice as big as play cards of meat or chicken  | **1** teaspoon of olive oil , butter , margarine. |

**RECOMMENDED NUMBER OF SERVINGS DAILY**

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| --- | --- | --- | --- | --- | --- |
|  | BREAD & CEREALS | FRUITS & VEGEATABLE | MEAT GROUP | MILK GROUP | FATS & SWEETS |
| PREGNANCY OR LACTATING | 6 – 11 | 3 – 5 | 2 – 3 | 3 – 4 |  |
| AMOUNT  |  |  |  |  |  |
| EVALUATONL = LOW A = ADEQUATEE = EXCESSIVE  |  |  |  |  |  |
| MOTHER TOTAL  |  |