**BIRZEIT UNIVERSITY**

**FACULTY OF PHARMACY, NURSING AND HEALTH PROFESSIONS**

Women’s and Maternal Health-Clinical (NURS3231) **Clinical Data Sheet Form Guideline**

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| **Student’s Name: Asma yahya Dar saleh** | **Date of nursing care: 20.11.2021** |
| **Patient’s Initial: Y.M**  | **Room Number:**  |
| **Birth Date (woman): 9.10.1990** | **Hospital/Ward :** **labor\_Red Crescent Hospital** |
| **Marital Status: married** | **Diagnosis:** **inevitable miscarriage** |
| **Admission date:20.11.2021** |  |

## Chief Complaints:

 Mild vaginal bleeding with lower abdomen pain

## History of present illness:

She does not have any History of present illness

## Past Medical History:

She does not have any Past Medical History

## Past Surgical History:

She does not have any past surgical history

## Nutritional History:

Pt eat 3 meals daily, has good appetite, has no allergies to any kind of food, nausea and vomiting progressed to 13 weeks of pregnancy, pt was taking folic acid before pregnancy of 2 months and continued to 3 months during pregnancy.

## Allergies:

She dose not have any allergies

**Obstetric History**

**Gynecological History:** (Any gynecological problems)

**Prenatal Care: (**First visit @ how many weeks gestation, number of visits**, t**otal weight gain throughout pregnancy**,** complications)

First visit after tow week of pregnancy ,GA 21 WKS ,wight gain thought pregnancy 3kg , nausea and vomiting progressed to 13 weeks of pregnancy.

**History of present Pregnancy:** (Gravida, Para, L.M.P, Expected Date of delivery, Gestation, complications, weight, status)

 G 0, P 0, LMP 14.6.2021, ED 2.4.2022

COMPLICAITON :LOWE PIN ABDOMIN , cervix open , mild vaginal bleeding

Status baby : live and hear its HR and feel its movement.

# Physical exam

# Review of systems; subjective and objective data:

 **General appearance:**

 Patient in good level conscious, oriented, alert, lying on bed all the time, has good cloths appearance, good hygiene, patient is out of bed with help, nice attitude and behaviour. Pt is cooperative with all medical team

## Skin:

Worm, no lesions, pinkish to white in colour, normal turgor, elasticity of the skin is intact and soft.

## Head:

Normal in shape, soft in texture, it is gently curved prominences at the frontal & parietal bones. Symmetrical shape of the head, her scalp is intact and free of

limps, no dandruff or lesions was found, No lice present in her hair. Normal hair distribution and quantity.

## Face:

 Symmetrical, no lesions or scars, pallor in color, pt has voluntary movement of the face muscle.

## Neck:

 Symmetrical, no veins distention trachea appears in the center of the nick, the pulsation of the carotid artery is easy to palpate, no masses, no lesions or scars. Normal neck movement. Lymph nodes are painless to touch and palpable, blood vessels are invisible, jugular vein is pulsated.

## Eyes:

 **symmetrical, similar in size and shape , both eyes move together , Pupils are brown and equal in size, reactive to light, roundness, without glasses, eyelids are pink in color, eyebrows are equal distributed, conjunctiva is pink, sclera is white, normal eye movement and coordination, no redness, no Jaundice, no discharges.**

## Ears:

 **Symmetrical, similar in size, shape and location. Pinkish in color and without discharges. Absence of tinnitus and dizziness. Good hearing acuity bilateral, intact ear canal without lesions, no hearing aid.**

## Nose:

 **Nostrils are patent, nasal mucosa is moist, smells well with no problems, no tenderness, Pt breath through her nose regularly, no septum deviation, no discharge, no bleeding.**

## Mouth and Throat:

 Lips are pink, no cyanosis, no mouth ulceration, normal gums, normal teeth, no bleeding, no swelling, and no dentures present, smooth tongue, free of spots, nodules and ulceration. No tonsillitis. The uvula is centered and freely movable

## Chest and Lungs:

 **Normal chest movement, patient has a respiratory rate of (18 b/min) while the normal value is between 12-20 b/min, normal vascular breathing, air enter bilateral, no wheezes, no crackles, no abnormal sounds, trachea is centrally placed.**

## Heart and Circulatory System

Apex beat is centrally placed, no murmur, no abnormal sounds, BP (145/90), pt has elevated BP values. Normal heart beat (P.61), good blood supply to the nails and lips, Palpable peripheral pulses.

 **Abdomen:** (Include Fundal height, lie, presentation, fetal heart sounds, quickening)

 **Soft and lax, rounded without dilated vein, no organomegaly, no tenderness, no palpated masses, uterus was palpated and contracted,**

The baby's movement is not heard

## Skeletal System:

 Normal joints, intact peripheral pulses, warm skin, lower limps edema was presented, no varicose veins, no nodules, no tenderness, no crepitation was heard, no kyphosis, no scoliosis, full range of motion, Dorsalis pedis is palpated and symmetrical in both feet, no deformity was seen.

## Neurological System:

 **Patient is conscious, alert and oriented to person, time and place, no history of loss of consciousness, no focal neurological deficit, and no signs of tingling or numbness. Alert and responds appropriately pupils are equal and react to light. Good motor and sensory function.**

## Social Environmental:

## Pt is married and lives with her husband ,Pt has good social relationships and communication with family, cooperative, gentle and kind. Patient doesn't work and she is non-smoker. Patient was being visited by family.

## Others( ultrasound, gastro scope, colonoscopy, biopsies……etc )

Ultrasound :Baby movement , but descending on cervix

 placenta present,

**Laboratory Data**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Test**  | **Date**  | **Patient’s Value**  | **Normal Value**  | **Meaning of Abnormal Value**  |
|  WBC |  20/11 |  10.5 |  4.1-10.9 |  -------------------------- |
|   RBC |  20/11 |  5 |  4.20-6.30 |  ------------------------ |
|   Blood group |  20/11 |  B+ |   |   |
|   Hb |  20/11 |  11.3 |  12-18 |   |
|  ph |  20.11 |  7.35 |  7.35-7.45 |   |
| Urine  |  20.11 |  Normal  |   |   |

**Pathophysiology**: *(in case of presence of a high risk pregnancy or any complication during labour or delivery or gynecological problem)*

* The most common cause of an abortion is abnormal fetal development, which is either due to a chromosomal aberration or a teratogenic factor.
* Another common cause is the abnormal implantation of the zygote, where there is inadequate endometrial formation or the zygote was implanted on an inappropriate site.
* This would cause inadequate development of the placental circulation, leading to poor nutrition of the fetus and eventually, to an abortion.

# Nursing care plan

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Nursing diagnosis** **( subjective/Objective data)**  | **Planning** **(Short term goal)**  | **Intervention**  | **Rational**  | **Evaluation**  |
|  * **Risk for**[**deficient fluid volume**](https://nurseslabs.com/deficient-fluid-volume/)**related to bleeding during pregnancy**

                     |  Replenish fluid deficiency | * If bleeding is profuse, place the woman flat in bed on her side and monitor uterine contractions and [fetal heart rate](https://nurseslabs.com/fetal-growth-assessment/) through an external monitor.
* Also measure [intake and output](https://nurseslabs.com/drug-dosage-calculations-practice-quiz/) to establish renal function and assess the woman’s vital signs to establish maternal response to blood loss.
* Measure the maternal blood loss by saving and weighing the used pads.
* Save any tissue found in the pads because this might be a part of the products of conception.
 | . |  The aim for evaluation is inclined towards restoring the maternal blood volume and stopping the source of the bleeding.The client’s blood pressure must be maintained above 100/60 mmHg.The pulse rate should be below 100 beats per minute and the fetal heart rate must be at a normal level of 120-160 beats per minute.The client’s urine output should be more than 30 mL/hr, and only minimal bleeding should be apparent for not more than 24 hours |
|       * [Deficient Knowledge](https://nurseslabs.com/deficient-knowledge/)

**May be related to*** Lack of exposure to, or unfamiliarity with, information resources

      |  education to pt |  Assess family’s eagerness and ability to comprehend and retain information. Recognize patient’s/couple’s perceptions of events, and correct misunderstandings, as indicated. Determine family’s preference when providing information.  |  Emotional responses may conflict with the ability to hear and process information. The stage of denial is not the right time for the individual to process information, and repetition of information may be necessary because of the individual’s ambiguity and lack of control of the situation. Simple reinforcement of reality may be all that family members are receptive to at the moment. |  Met  |
|    Anxiety related to lack of knowledge and and hormonal changes    |  | Assess psychological response to event and availability of support systems. | The greater the patient perceives the threat, the greater the level of her anxiety. | Met |
|          risk for Deficient Fluid Volume related to abnormal placental implantation         |   |  Monitor platelet count and coagulation test results Observe the any vaginal bleedingObserve any changes in fetal heart and movement |  Its contraindicated in placenta previa , it can cause bleedingImpaired fetal blood gas exchange indicatepoor blood flow  |  Met  |

# Home health teaching and continuing care (specific for this woman)

She takes a rest and takes care of her nutrition, especially soups, vegetables and fruits, to make up for the deficiency, and she takes folic acid 3 months before her pregnancy.

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