



BIRZEIT UNIVERSITY

FACULTY OF PHARMACY, NURSING AND HEALTH PROFESSIONS

Women's and Maternal Health-Clinical (NURS3231)

Clinical Data Sheet Form Guideline

Student's Name:	Date of nursing care:
Patient's Initial:	Room Number:
Birth Date (woman):	Hospital/Ward :
Marital Status:	Diagnosis:
Admission date:	

Chief Complaints:

.....

.....

.....

.....

History of present illness:

.....

.....

.....

.....

Past Medical History:

.....

.....

.....

.....

Past Surgical History:

.....
.....
.....
.....

Nutritional History:

.....
.....
.....

Allergies:

.....
.....
.....

Obstetric History

No	Date of birth	Alive/dead	Sex	Weight	Method of delivery	Place of birth	Complications

Menstrual History
(Age of menarche, cycle interval, length of cycle)

, regular/Irregular)

.....
.....

Gynecological History: (Any gynecological problems)

.....
.....
.....

Contraceptive history:

No	methods used in the past	Duration	Reason for stopping

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

.....
.....
.....
.....

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

.....
.....
.....
.....

Physical exam

Review of systems; subjective and objective data:

Skin:

.....
.....
.....

Head:

.....
.....
.....

Face:

.....
.....
.....

Neck:

.....
.....
.....

Eyes:

.....
.....
.....

Ears:

.....
.....
.....

Nose:

.....
.....
.....

Mouth and Throat:

.....
.....
.....

Chest and Lungs:

.....
.....
.....

Heart and Circulatory System

.....
.....
.....

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

.....
.....
.....

Pelvic exams:

No	Date/Time	Dilation	Effacement	Station	Membrane status	Color of amniotic fluid	Indication

Skeletal System:

.....
.....
.....

Neurological System:

.....
.....
.....

Social Environmental:

.....
.....
.....

Description of labour and delivery events and outcomes: (First stage, second stage, Third stage, newborn status):

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Diagnostic procedures and laboratory tests with interpretations

Radiology

.....
.....

ECG

.....
.....

Others(ultrasound, gastro scope, colonoscopy, biopsies.....etc)

.....
.....
.....

Laboratory Data:

Test	Date	Patient's Value	Normal Value	Meaning of Abnormal Value

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

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Medications:

Name/ Dosage	Action	Rational	Evaluation	Side Effects

Nursing care plan

Nursing diagnosis (subjective/Objective data)	Planning (Short term goal)	Intervention	Rational	Evaluation

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

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Gained experience (Reflect briefly on what did you learn from this case?)

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Citation of the reference (List all references you used while writing this case).

.....

.....

.....

.....

.....

.....

.....