

**BIRZEIT UNIVERSITY**

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

Women’s and Maternal Health-Clinical (NURS3231)

**Clinical Data Sheet Form Guideline**

|  |  |
| --- | --- |
| **Student’s Name:** Adnan Abu Arqoub | **Date of nursing care:** 18/1/2021 |
| **Patient’s Initial:** M.A | **Room Number:** 205 |
| **Birth Date (woman):** 1992 | **Hospital/Ward :** Gynaecology |
| **Gender** Female | **Admission date** 16/1/2021 |
| **Marital Status** Married | **Diagnosis:** PET + GDM |

### Chief Complaints:

Patient was referred to observer high blood pressure

### History of present illness:

Before the date of admission by one day or more the women went to an antenatal visit and the readings of the blood pressure were high so she

was referred to the hospital to be under observation

### Past Medical History:

### No past medical history

### Past Surgical History:

No past surgical history

### Nutritional History:

### Regular diet but patient prefers low carb diet without consulting a nutritionist

### Allergies:

NKDA

**Obstetric History**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No** | **Date of birth** | **Alive/dead** | **Sex** | **Weight** | **Method of delivery** | **Place of birth** | **Complications** |
|  | NO PREVIOUS PREGNANCIES | | | | | | |

**Menstrual History** (Age of menarche, cycle interval, length of cycle, regular/Irregular)

FIRST MENSTUUAL AT AGE 14, LASTS 1 WEEK , REGURALR

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

NO GYNECOLOGICAL PROBLEMS

**Contraceptive history:**

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **methods used in the past** | **Duration** | **Reason for stopping** |
|  | NEVER USED CONTRACEPTIVE | | |

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

## FIRST VISIT AT 29/9/2020 AT 6WEEKS AND SHE WENT FOR TOTAL OF 7 VISITS SHE GAIND 3KG BUT THATS BECAUSE THE PATIENT LOST BODY WEIGHT DURING QUARENTINE

## 

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

G1000 LMP 23 4 DUEDATE10/2/20201 WEIGHT 136KG PATIENT IS STABLE FOR NOW STILL UNDER OBSERVATION

# Physical exam

**Review of systems; subjective and objective data:**

### Skin:

### THE PATIENT IS NOT PALE NOR CYANOTIC SKIN IS PINKSH AND NORMAL

### ON THE ABDOMEN STRIAE GRAVIDRUM ARE SHOWN OTHER THAN THAT NO CHOLASMA NOR LINIANIGRA

### Head:

### 

### SHE DOES NOT COMPLAIN OF ANY HEADACHE OR LIGHTNESS OR DIZZINESS

### Face:

### No chloasma on face, and its symmetrical

### Neck:

No distend veins visible

### Eyes:

Pupils are equal and reactive to light , no compliment of blurry vision

### Ears:

### 

### No hearing problems

### Nose:

No inflammation no deviation of the septum

### Mouth and Throat:

### 

### No lose of taste , no ulcers , no difficulty in swallowing

### Chest and Lungs:

No abnormal sounds present

### Heart and Circulatory System

### Other than the PET the patient has no other circulatory issues

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

…TH…E…F…U…ND…L…E…H…IG…H…T …CO…U…L…DN…T…B…E…T…AK…E…N…B…E …CA…U…S…E …TH…E…P…A…TI…EN…T…IS…O…B…E…SE…,

…TH…E…F…E…T…US……IS…P…R…ES…E…N…T…A…T…O…C…CI…P…UT…A…N…T…E…RI…O…R…P…O…SI…TI…O…N…(O…A…),…F…E…TA…L…H…E…AR…T…P…R…E…S…EN…T…, …AN…D…V…E…R…Y ACTIVE BABY

**Pelvic exams:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No** | **Date/Time** | **Dilation** | **Effacement** | **Station** | **Membran e status** | **Color of amniotic fluid** | **Indication** |
|  | PELVIC EXAM WAS NOT DONE | | | | | | |

### Skeletal System:

No history of skeletal trauma, can more freely, no joint pain

### Neurological System:

AWARE AND CONSCIOUS

### Social Environmental:

### 

### The patient is married and lives with her husband in an apartment next to her family in law

### she is a teacher with a good monthly income

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

Its not the patient due date yet

# Diagnostic procedures and laboratory tests with interpretations

### Radiology

NOT DONE

### ECG

NOT DONE

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

ULTRASOUND DONE BABY IS FINE , CTG DONE RESULT : CATOGERY 1

**Laboratory Data**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Test** | **Date** | **Patient’s Value** | **Normal Value** | **Meaning of Abnormal Value** |
| Blood type | 16/1 | A (+) | - | - |
| CBC (hemoglobin) | 18/1 | 11.9 | 12-16 | Low hemoglobin indicates that the patient might be anemic |
| RBC | 18/1 | 4.51 | 4.1-5.5 | If high the patient could have pulmonary fibrosis, or sleep apnea , low could mean B6 and B12 deficiency |
| BUN | 18/1 | 7.3 | 6-20 | If a high result was shown then this mean that the kidney is injured due to diabetes or high blood pressure  If a low result was shown then it may be due to malnutrition |
| INR | 18/1 | 0.84 |  | High INR means that the blood clots slowly  Low INR means that blood clots faster |
| Urine analysis | 18.1 | NO protein, glucose, blood | Blood or glucose or protein was shown in the urine analysis then that means that there is a kidney injury | |

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

he pri-

mary cause being abnormal placentation. Defective invasion

of the spiral arteries by cytotrophoblast cells is observed

during pre-eclampsia. Recent studies have shown that

cytotrophoblast invasion of the uterus is actually a unique

differentiation pathway in which the fetal cells adopt cer-

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awry.1

The primary cause being abnormal placentation. Defective invasion of the spiral arteries by cytotrophoblast cells is observed during pre-eclampsia. Recent studies have shown that cytotrophoblast invasion of the uterus is actually a unique differentiation pathway in which the fetal cells adopt certain attributes of the maternal endothelium they normally replace. In pre-eclampsia, this differentiation process goes awry

# Medications:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name/ Dosage** | **Action** | **Rational** | **Evaluation** | **Side Effects** |
| Glucomet 850mg | DELAY ABSORBTION OF GLUCOSE | TO LOWER THE SUGAR IN THE BLOOD STREAM | PATIENT RANDOM IS DROPPING NOW ITS 118 | NAUSEA , VOMITING , ANAROXIA |
| Metformin 850mg | Reduces hepatic glucose production | TO LOWER THE SUGAR IN THE BLOOD STREAM | PATIENT RANDOM IS DROPPING NOW ITS 118 | Weakness muscle pain , hypoglycemia |

**Nursing care plan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Nursing diagnosis** | **Planning** | **Intervention** | **Rational** | **Evaluation** |
| Risk for Deficient Fluid Volume | Patient is free of signs of generalized edema (i.e., epigastric pain, cerebral symptoms, dyspnea, nausea/vomiting) | Weigh patient regularly. Tell patient to record weight at home in between visits | Abrupt, notable weight gain (e.g., more than 3.3 lb (1.5 kg)/month in the second trimester or more than 1 lb (0.5 kg)/wk in the third trimester) reflects fluid retention. Fluid moves from the vascular to interstitial space, resulting in edema. | ---------------------- |
| Decreased Cardiac Output | Patient remains normotensive throughout remainder of pregnancy | Record and graph vital signs especially BP and pulse. | To see any changes on the heart from the preeclampsia | ---------------------- |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Risk for Injury | Patient is free of signs of cerebral ischemia (visual disturbances, headache, changes in mentation) | Check for alterations in level of consciousness. | In progressive PET, vasoconstriction and vasospasms of cerebral blood vessels reduce oxygen consumption by 20% and result in cerebral ischemia. | ---------------------- |

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

Keeping on monitoring the blood pressure, to contact health care providers in case of headaches and blurry vision

and epigastric pain.

Avoiding high sugar foods like synthetic juices, keep a record of random blood sugar

Rest well, and take the medications prescribe for the GDM

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

From this case I learned about preeclampsia, and how its differentiated from gestational hypertension, also I learned that if hyper tension was found before 20 weeks of gestation then its chronic hypertension, same thing can be applied to diabetes, also I learned how to record on the toximic chart

Which is a data recorded of the patient vital sings and some questions.

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

Rastegari, Z., Yarmohammadian, M.H., Mohammadi, F. *et al.* A comprehensive home-care program for health promotion of mothers with preeclampsia: protocol for a mixed method study. *Reprod Health* **16,**32 (2019). <https://doi.org/10.1186/s12978-019-0695-8>

# Pre-eclampsia: Pathophysiology, diagnosis, and management , PubMed

The patient Herself

Avicena ( the hospital system )