BIRZEIT UNIVERSITY
FACULTY OF PHARMACY, NURSING AND HEALTH PROFESSIONS
Women's and Maternal Health-Clinical (NURS3231)
Clinical Data Sheet Form Guideline

Student's Name: iman barakat	**Date of nursing care:9/11/2021**
Patient's Initial: M.K	**Room Number:205**
Birth Date (woman):6/4/1986	**Hospital/Ward :labor**
Marital Status:Married	**Diagnosis: gestational hypertention and DM type 2**
Admission date:9/11/2021	

Chief Complaints:

Recived as case of GHTN + uncontrolled DM type 2 (high FBS 120), feeling tired and blurred vision and high blood pressure reading 140/90

History of present illness:

Past medical history:

Patient suffer from DM type 2 and has gestational hypertension since 5 month in pregnancy

Past Surgical History:
Cesarean section

Nutritional History: regular diet, low sodium diet

Allergies: Unknown

Obstetric History:

No	Date of birth	Alive/dead	sex	Weight	Method of delivery	Place of birth	Complications
1	28/10/2015	Alive	Male	1.5 kg	Cs	Nablus	No complication

Menstrual History (Age of menarche, cycle interval, length of cycle Regular /irregular) :

Age of menarch: 13 years

Cycle interval :24 day

Length of cycle: 6-7 day regular

LMP:24/4 /2021

Gynecologicl History: (Any gynecological problems)

HX of 1 infirtility since 9 years unexplained

Contraceptive history:

No history of using contraceptives

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

This pregnant is a history of IFV pregnancy, so first visit was before getting pregnant number of visit was every 10 day from the first month

First visit :10 week
Number of visit: each 3 week
Total weight gain: 6 kg until this week
Complication : uncontrolled BP

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

G4P121
LMP: 22/4/2021

EDD: 29/1/2022

GESTAION:28 +3

COMPLICATION: no

Weight:

Status: alive

Physical exam

Review of systems; subjective and objective data:

Skin:
Normal skin color, integrity, no injuries or infection , normal temperature, no scars or lesion expect Cs surgical site scar.

Head and neck:
Hair distributive is natural ,there are no lesions ,normal head size normal range of motion no masses.

Face, eyes, ears, nose, mouth, throat:

No abnormalities ,everything is good .no infection.
No visual problem .

Chest and Lungs:

There are no problems with the shape and Symmetrical the chest, sound of the lung normal ,no signs of dyspnea ,good RR .

Heart and Circulatory System:

BP:136/89 mmhg

HR: 103 b/m
The heart work well and don't need support and the heart rate within normal rang.

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

Soft, pink in color , no palpable masses ,normal bowel movement ,central umbilical ,clean and dry, no abnormal discharge from the umbilical ,round and symmetrical shape.

Fundal height is 30, normal fetus lie and presentation, positive fetal heart rate, no tenderness.

Quickening was in the fourth month.

Skeletal System:

Normal range of motion ,normal balance , normal gait , there is lordosis because of pregnancy .

Neurological System:

Conscious, alert, and oriented well, good and normal speech pattern.

Social Environmental:

She is a wife and mother for one male, good social environment ,good relationship and communication .

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

Still in 28 week pregnant.

Diagnostic procedures and laboratory tests with interpretations

Radiology: NOT DONE

ECG: NOT DONE

Others (ultrasound, gastro scope, Colonoscopy, biopsies……etc)

Ultrasound done :SVF AAF BREECH PLACENTA UP EFW)

CTG DONE (reactive CATI, reported good FM)

Laboratory Data:

Test	Date	Patient's Value	Normal Value	Meaning of Abnormal Value
RBC	9/11	13		_____
WBC	9/11	11.4	4.6-11	may indicate that the immune system is working to destroy an infection. It may also be a sign of physical or emotional stress
PLATELETS COUNT	9/11	166	140-450	_____
APTT	9/11	33	25-35	_____
URIC ACID	9/11	5.5	2.4-5.7	_____
BLOOD UREA NITROGEN	9/11	4.2	6-20	Low urea levels are also seen in normal pregnancy. Urea levels increase with age and also with the amount of protein in your diet
RANDOM BLOOD SUGAR	9/11	192.2	74-110	HIGH glucose in the blood according to GDM
CREATININE	9/11	0.45	0.5-0.9	Low creatinine clearance levels can mean you have chronic kidney disease or serious kidney damage. Kidney damage can be from conditions such as a life-threatening infection, shock, cancer, low blood flow to the kidneys, or urinary tract blockage.
CALCIUM	9/11	9.1	8.6-10	_____

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

Gestational hypertension is a form of high blood pressure in pregnancy. It occurs in about 6 percent of all pregnancies. Gestational hypertension is diagnosed when blood pressure readings are higher than 140/90 mm Hg in a woman who had normal blood pressure prior to 20 weeks and has no proteinuria (excess protein in the urine).

Preeclampsia is diagnosed when a woman with gestational hypertension also has increased protein in her urine.

Eclampsia is a severe form of preeclampsia. Women with eclampsia have seizures resulting from the condition. Eclampsia occurs and develops near the end of pregnancy, in most cases.

The cause of gestational hypertension is unknown. Some conditions may increase the risk of developing the condition, including the: Pre-existing hypertension (high blood pressure), Hypertension with a previous pregnancy, Mother's age younger than 20 or older than 40, Multiple fetuses (twins, triplets), Diabetes.

There is a problem that may develop as a result of severe gestational hypertension (blood pressure readings that are higher than 160/110 mm Hg). Placental abruption (premature detachment of the placenta from the uterus) may occur in some pregnancies. Gestational hypertension can also lead to fetal problems including intrauterine growth restriction (poor fetal growth) and stillbirth.

Gestational diabetes: occurs when your body can't make enough insulin during your pregnancy. Insulin is a hormone made by your pancreas that acts like a key to let blood sugar into the cells in your body for use as energy. During pregnancy, your body makes more hormones and goes through other changes, such as weight gain. These changes cause your body's cells to use insulin less effectively, a condition called insulin resistance. Insulin resistance increases your body's need for insulin.

All pregnant women have some insulin resistance during late pregnancy. However, some women have insulin resistance even before they get pregnant. They start pregnancy with an increased need for insulin and are more likely to have gestational diabetes.

Having gestational diabetes can increase your risk of high blood pressure during pregnancy. It can also increase your risk of having a large baby that needs to be delivered by cesarean section (C-section).

If you have gestational diabetes, your baby is at higher risk of:

Being very large (9 pounds or more), which can make delivery more difficult, Being born early, which can cause breathing and other problems, Having low blood sugar, Developing type 2 diabetes later in life.

You can do a lot to manage your gestational diabetes. Go to all your prenatal appointments and follow your treatment plan, including:

Checking your blood sugar to make sure your levels stay in a healthy range.

Eating healthy food in the right amounts at the right times. Follow a healthy eating plan created by your doctor or dietitian.

Being active. Regular physical activity that's moderately intense (such as brisk walking) lowers your blood sugar and makes you more sensitive to insulin so your body won't need as much. Make sure to check with your doctor about what kind of physical activity you can do and if there are any kinds you should avoid.

Monitoring your baby. Your doctor will check your baby's growth and development .

Medications:

Name/ Dosage	Action	Rational	Evaluation	Side Effects
TRANDATE 100MG1*2	THIS medication is both alpha and beta blocker .blocking the action of epinephrine on the heart and blood vessels .	Treatment of high blood pressure		Dizziness ,spinning sensation ,tiredness, nausea ,upset stomach ,stuffy nose.
DIAMET850 1*2	Diamet is an anti-diabetic medication (biguanide). It works by lowering glucose production in the liver, delaying the absorption of sugar (glucose)	Control blood glucose level.		Nausea,Vomiting . Mild diarrhea . Stomach pain, Altered taste sensations. Loss of appetite.Vitamin B12 deficiency (low level of vitamin B12 in blood) Skin rash, redness, itching.

	from the intestines, and increasing the body's sensitivity to insulin			
ASPIRIN	**Impair platelet aggregation via inhibition of platelet thromboxane A2 synthesis, thus reducing thrombus formation on the surface of the damaged arterial wall.**	**Prevent blood cells called platelets from clumping together to form a clot.**		**Rash, gastrointestinal ulcerations, abdominal pain, upset stomach, heartburn, drowsiness, headache, cramping, nausea, gastritis, and bleeding**

Nursing care plan:

Nursing diagnosis (subjective/Objective data)	Planning (Short term goal)	Intervention	Rational	Evaluation
Decreased Cardiac Output related to Increased systemic vascular resistance Change in blood pressure/hemodynamic readings.	Patient remains normotensive throughout remainder of pregnancy. Bp stay within the normal or safe range to the mother and baby.	1. Record and graph vital signs especially BP and pulse 2. Institute bedrest with patient in lateral position. 3. Give antihypertensive drug such as hydralazine (Apresoline) PO/IV, so that diastolic readings are between 90 and 105 mm.	• • Improves venous return, cardiac output, and renal/placental perfusion. • If BP does not respond to conservative measures, short-term medication may be needed in conjunction with other therapies, e.g., fluid replacement and MgSO4. Antihypertensive drugs work directly on arterioles to promote relaxation of cardiovascular smooth muscle and help increase blood supply to cerebrum, kidneys, uterus,	

			and placenta.	

Risk For Fetal Injury related to Elevated maternal serum blood glucose level.	**Fetus will normally display reactive normal stress test and negative OCT and CST.**	**Determine client's diabetic control before conception.** **Assess fetal movement and fetal heart rate each visit as indicated. Encourage the client to periodically record fetal movements beginning about 18 weeks' gestation, then daily from 34 weeks' gestation on.** **Monitor urine for ketones. Note for fruity-breath.** **Provide information about the possible effects of diabetes on fetal growth and development**	**Strict control (normal HbA1c levels) before conception helps reduce the risk of fetal mortality and congenital abnormalities.** **Fetal movement and fetal heart rate may be negatively affected when placental insufficiency and maternal ketosis occur.** **Irreparable CNS damage or fetal death can occur as a result of maternal ketonemia, especially in the third trimester.** **Helps the client to make informed decisions about managing regimen and may increase cooperation.**	

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

For gestational diabetes we should teaching the women the following things:

- **Checking your blood sugar to make sure your levels stay in a healthy range.**

- **Eating healthy food in the right amounts at the right times. Follow a healthy eating plan created by your doctor or dietitian.**

  Eat three small-sized meals and three to four healthy snacks. Eat every two to three hours to space food evenly throughout your day. Do not skip meals or snacks. The bedtime snack is especially important to help keep your fasting (first blood sugar of the day before eating) in range.
- **Being active. Regular physical activity that's moderately intense (such as brisk walking) lowers your blood sugar and makes you more sensitive to insulin so your body won't need as much. Make sure to check with your doctor about what kind of physical activity you can do and if there are any kinds you should avoid.**
- **Monitoring your baby. Your doctor will check your baby's growth and development.**
- **Insulin therapy is important.**

For gestational hypertension:

- **Advise pregnant women at high risk of pre-eclampsia to take 75–150 mg of aspirin[1] daily from 12 weeks until the birth of the baby.**
- **Fetal movement counting. Keeping track of fetal kicks and movements. A change in the number or frequency may mean the fetus is under stress.**
- **Pay attention to medication.**
- **Don't smoke or drink alcohol, Get regular prenatal checkups**

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

In general I learned from this case how to deal with high risk pregnancy complication, how to put nursing intervention according to the priority thing .
Know the complication that may follow the gestational diabetes and gestational hypertension, and how to manage this case, what the medication should take, what should we do to prevent complication and learn how to support this patient.

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

Maternal & child health nursing care of childbearing & childbearing family .6TH edition