



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 :
Gender	Admission date
Marital Status	Diagnosis:

Chief Complaints:

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History of present illness:

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Past Medical History:

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Past Surgical History:

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Nutritional History:

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Allergies:

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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)

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Gynecological History: (Any gynecological problems)

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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)

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

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Physical exam

Review of systems; subjective and objective data:

Skin:

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Head:

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Face:

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Neck:

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Eyes:

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Ears:

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Nose:

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Mouth and Throat:

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Chest and Lungs:

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Heart and Circulatory System

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

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Pelvic exams:

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

Skeletal System:

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Neurological System:

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Social Environmental:

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Diagnostic procedures and laboratory tests with interpretations

Radiology

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ECG

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

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Laboratory Data:

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

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)

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