ANTENATAL ASSESSMENT AND CARE SHEET-1

IDENTIFICATION

Reg. No.: _____ Name of Hospital: _____

Date: _____ OPD/Ward: _____

Name: _____ Age: _____

Husband's Name: _____

Address: _____

_____ Telephone No.: _____

SOCIOECONOMIC STATUS

Religion: _____

Education: Self: _____ Husband: _____

Occupation: Self: _____ Husband: _____

Total family income: _____

No. of family members: _____

Per capita income: _____

Dietary Habits: Vegetarian ☐ Nonvegetarian ☐ Eggetarian ☐

PAST HEALTH HISTORY

Heart diseases	☐	Rheumatic fever	☐	Thyroid disorders	☐	Hypertension	☐	Tuberculosis	☐
Renal diseases	☐	Diabetes	☐	Asthma	☐	Epilepsy	☐	Allergy	☐
HIV/AIDS	☐	Blood transfusion	☐	Mental illness	☐				

Specify, if any other condition: _____

Drugs and treatment: _____

Any surgery: _____ Specify: _____

FAMILY HISTORY

Diabetes	☐	Multiple births	☐	Mental illness	☐
Hypertension	☐	Congenital abnormalities	☐	Genetic disorders	☐

Any other, specify: _____

ADDICTIONS

Smoking ☐ Drugs ☐ Alcohol ☐ Any other ☐

Any other, specify: _____

MENSTRUAL HISTORY

Age at menarche: _____ Cycle: _____ Duration: _____

Amount of blood flow: _____

MARITAL HISTORY

Age at marriage: _____ Duration of marriage: _____ Contraceptives used: _____

OBSTETRIC HISTORY

HISTORY OF PREVIOUS PREGNANCIES

Gravida	Year of pregnancy	Abortion	Preterm/ full term delivery	Mode of delivery			Puerperium	Baby			Later condition
				NVD	C-Section	Forceps/ ventouse		Alive/ stillbirth	Sex	Weight	

Specify if any complication in previous antenatal/intranatal/postnatal period: _____

_____

Treatment: _____

_____

HISTORY OF PRESENT PREGNANCY: ABNORMAL SIGNS/SYMPTOMS

Gravida: _____ Parity: _____

LMP: _____ EDD: _____ POG: _____

Digestion:	Normal	☐	Heartburn	☐	Nausea	☐
	Vomiting	☐	Constipation	☐	Diarrhea	☐
Nervous system:	Headache	☐	Sleeplessness	☐	Giddiness	☐
Vision:	Normal	☐	Blurred vision	☐		
Heart/Lungs:	Palpitations	☐	Dyspnea	☐		
Micturition:	Normal	☐	Painful	☐	Frequent	☐
Pain:	Abdominal	☐	Back	☐	Extremities (cramps)	☐
Discharge P/V:	Red ☐	Yellow ☐	White ☐	Thick ☐	Watery ☐	

Any other: _____ Specify: _____

Any high-risk condition, specify: _____

Signs and symptoms of associated medical/surgical illness: _____

_____

Drugs and treatment taken: _____

ROUTINE INVESTIGATIONS

Blood test:

Hb%: _____ Blood Sugar: F: _____ PP: _____

ABO/Rh: Self: _____ Husband: _____

HIV: Self: _____ Husband: _____

HBsAg: Self: _____ Husband: _____

VDRL: Self: _____ Husband: _____

Relevant investigation:

Urine test: Albumin: _____ Sugar: _____

USG: Date: _____ Findings: _____

Any other, specify: _____

GENERAL EXAMINATIONS

Height: _____ Built: _____ Weight: _____ Weight gain: _____

Vitals: Temp: _____ Pulse: _____ Resp.: _____ BP: _____

HEAD-TO-TOE ASSESSMENT

Appearance: _____ Face: _____ Eyes: _____

Nose: _____ Lips: _____ Gums: _____

Teeth: _____ Tongue: _____ Ears: _____ Neck: _____ Axilla: _____

BREAST

Size and contour: _____ Tingling sensation: _____ Tubercles: _____ Secondary areola: _____

Nipples: Normal: _____ Inverted/Flat: _____ Big/Small: _____ Colostrum: _____

SKIN

Condition: _____ Pigmentation: _____

EXTREMITIES

Varicose veins: _____

Edema: Hands: _____ Legs: _____ Feet: _____

GENITAL AREA

Vulvar edema: _____ Perineal hygiene: _____ Vaginal discharge: _____

ANUS: Hemorrhoids: _____

OBSTETRICAL INSPECTION

Shape of abdomen: _____ Linea nigra: _____ Striae gravidarum: _____

Previous surgery scar:_____ Fetal movements: _____

PALPATION/AUSCULTATION

Date	Fundal height (cm)	Fundal height (weeks)	Abdominal girth (cm)	Fetal position	Presentation and lie	Engagement	Fetal movements	FHS	Remarks

Chief complaints/concerns: _____

Nursing diagnosis: _____

_____

Health Education

Breastfeeding ☐ Diet in pregnancy ☐ Rest and activity ☐ Shoes and clothing ☐

Fe, FA and Ca supplement ☐ Immunization ☐ Newborn care ☐ Family planning ☐

Preparation for delivery ☐ Signs of onset of labor ☐

Any other teaching, specify:_____

Nursing diagnosis	Health teaching/intervention	Remarks

Signature of the Student

Signature of the Supervisor

ANTENATAL ASSESSMENT AND CARE SHEET-2

IDENTIFICATION

Reg. No.: _____ Name of Hospital: _____

Date: _____ OPD/Ward: _____

Name: _____ Age: _____

Husband's Name: _____

Address: _____

_____ Telephone No.: _____

SOCIOECONOMIC STATUS

Religion: _____

Education: Self: _____ Husband: _____

Occupation: Self: _____ Husband: _____

Total family income: _____

No. of family members: _____

Per capita income: _____

Dietary Habits: Vegetarian ☐ Nonvegetarian ☐ Eggetarian ☐

PAST HEALTH HISTORY

Heart diseases ☐	Rheumatic fever ☐	Thyroid disorders ☐	Hypertension ☐	Tuberculosis ☐	
Renal diseases ☐	Diabetes ☐	Asthma ☐	Epilepsy ☐	Allergy ☐	
HIV/AIDS ☐	Blood transfusion ☐	Mental illness ☐			

Specify, if any other condition: _____

Drugs and treatment: _____

Any surgery: _____ Specify: _____

FAMILY HISTORY

Diabetes ☐	Multiple births ☐	Mental illness ☐
Hypertension ☐	Congenital abnormalities ☐	Genetic disorders ☐

Any other, specify: _____

ADDICTIONS

Smoking ☐ Drugs ☐ Alcohol ☐ Any other ☐

Any other, specify: _____

MENSTRUAL HISTORY

Age at menarche: _____ Cycle: _____ Duration: _____

Amount of blood flow: _____

MARITAL HISTORY

Age at marriage: _____ Duration of marriage: _____ Contraceptives used: _____

OBSTETRIC HISTORY

HISTORY OF PREVIOUS PREGNANCIES

Gravida	Year of pregnancy	Abortion	Preterm/ full term delivery	Mode of delivery			Puerperium	Baby			Later condition
				NVD	C-Section	Forceps/ ventouse		Alive/ stillbirth	Sex	Weight	

Specify if any complication in previous antenatal/intranatal/postnatal period: _____

_____

Treatment: _____

_____

HISTORY OF PRESENT PREGNANCY: ABNORMAL SIGNS/SYMPTOMS

Gravida: _____ Parity: _____

LMP: _____ EDD: _____ POG: _____

Digestion:	Normal	☐	Heartburn	☐	Nausea	☐
	Vomiting	☐	Constipation	☐	Diarrhea	☐
Nervous system:	Headache	☐	Sleeplessness	☐	Giddiness	☐
Vision:	Normal	☐	Blurred vision	☐		
Heart/Lungs:	Palpitations	☐	Dyspnea	☐		
Micturition:	Normal	☐	Painful	☐	Frequent	☐
Pain:	Abdominal	☐	Back	☐	Extremities (cramps)	☐
Discharge P/V:	Red ☐	Yellow ☐	White ☐	Thick ☐	Watery ☐	

Any other: _____ Specify: _____

Any high-risk condition, specify: _____

Signs and symptoms of associated medical/surgical illness: _____

_____

Drugs and treatment taken: _____

ROUTINE INVESTIGATIONS

Blood test:

Hb%: _____ Blood Sugar: F: _____ PP: _____

ABO/Rh: Self: _____ Husband: _____

HIV: Self: _____ Husband: _____

HBsAg: Self: _____ Husband: _____

VDRL: Self: _____ Husband: _____

Relevant investigation:

Urine test: Albumin: _____ Sugar: _____

USG: Date: _____ Findings: _____

Any other, specify: _____

GENERAL EXAMINATIONS

Height: _____ Built: _____ Weight: _____ Weight gain: _____

Vitals: Temp: _____ Pulse: _____ Resp.: _____ BP: _____

HEAD-TO-TOE ASSESSMENT

Appearance: _____ Face: _____ Eyes: _____

Nose: _____ Lips: _____ Gums: _____

Teeth: _____ Tongue: _____ Ears: _____ Neck: _____ Axilla: _____

BREAST

Size and contour: _____ Tingling sensation: _____ Tubercles: _____ Secondary areola: _____

Nipples: Normal: _____ Inverted/Flat: _____ Big/Small: _____ Colostrum: _____

SKIN

Condition: _____ Pigmentation: _____

EXTREMITIES

Varicose veins: _____

Edema: Hands: _____ Legs: _____ Feet: _____

GENITAL AREA

Vulvar edema: _____ Perineal hygiene: _____ Vaginal discharge: _____

ANUS: Hemorrhoids: _____

OBSTETRICAL INSPECTION

Shape of abdomen: _____ Linea nigra: _____ Striae gravidarum: _____

Previous surgery scar:_____ Fetal movements: _____

PALPATION/AUSCULTATION

Date	Fundal height (cm)	Fundal height (weeks)	Abdominal girth (cm)	Fetal position	Presentation and lie	Engagement	Fetal movements	FHS	Remarks

Chief complaints/concerns: _____

Nursing diagnosis: _____

_____

Health Education

Breastfeeding ☐ Diet in pregnancy ☐ Rest and activity ☐ Shoes and clothing ☐

Fe, FA and Ca supplement ☐ Immunization ☐ Newborn care ☐ Family planning ☐

Preparation for delivery ☐ Signs of onset of labor ☐

Any other teaching, specify:_____

Nursing diagnosis	Health teaching/intervention	Remarks

Signature of the Student

Signature of the Supervisor

ANTENATAL ASSESSMENT AND CARE SHEET-3

IDENTIFICATION

Reg. No.: _____ Name of Hospital: _____

Date: _____ OPD/Ward: _____

Name: _____ Age: _____

Husband's Name: _____

Address: _____

_____ Telephone No.: _____

SOCIOECONOMIC STATUS

Religion: _____

Education: Self: _____ Husband: _____

Occupation: Self: _____ Husband: _____

Total family income: _____

No. of family members: _____

Per capita income: _____

Dietary Habits: Vegetarian ☐ Nonvegetarian ☐ Eggetarian ☐

PAST HEALTH HISTORY

Heart diseases ☐	Rheumatic fever ☐	Thyroid disorders ☐	Hypertension ☐	Tuberculosis ☐	
Renal diseases ☐	Diabetes ☐	Asthma ☐	Epilepsy ☐	Allergy ☐	
HIV/AIDS ☐	Blood transfusion ☐	Mental illness ☐			

Specify, if any other condition: _____

Drugs and treatment: _____

Any surgery: _____ Specify: _____

FAMILY HISTORY

Diabetes ☐	Multiple births ☐	Mental illness ☐
Hypertension ☐	Congenital abnormalities ☐	Genetic disorders ☐

Any other, specify: _____

ADDICTIONS

Smoking ☐ Drugs ☐ Alcohol ☐ Any other ☐

Any other, specify: _____

MENSTRUAL HISTORY

Age at menarche: _____ Cycle: _____ Duration: _____

Amount of blood flow: _____

MARITAL HISTORY

Age at marriage: _____ Duration of marriage: _____ Contraceptives used: _____

OBSTETRIC HISTORY

HISTORY OF PREVIOUS PREGNANCIES

Gravida	Year of pregnancy	Abortion	Preterm/ full term delivery	Mode of delivery			Puerperium	Baby			Later condition
				NVD	C-Section	Forceps/ ventouse		Alive/ stillbirth	Sex	Weight	

Specify if any complication in previous antenatal/intranatal/postnatal period: _____

_____

Treatment: _____

_____

HISTORY OF PRESENT PREGNANCY: ABNORMAL SIGNS/SYMPTOMS

Gravida: _____ Parity: _____

LMP: _____ EDD: _____ POG: _____

Digestion:	Normal	☐	Heartburn	☐	Nausea	☐
	Vomiting	☐	Constipation	☐	Diarrhea	☐
Nervous system:	Headache	☐	Sleeplessness	☐	Giddiness	☐
Vision:	Normal	☐	Blurred vision	☐		
Heart/Lungs:	Palpitations	☐	Dyspnea	☐		
Micturition:	Normal	☐	Painful	☐	Frequent	☐
Pain:	Abdominal	☐	Back	☐	Extremities (cramps)	☐
Discharge P/V:	Red ☐	Yellow ☐	White ☐	Thick ☐	Watery ☐	

Any other: _____ Specify: _____

Any high-risk condition, specify: _____

Signs and symptoms of associated medical/surgical illness: _____

_____

Drugs and treatment taken: _____

ROUTINE INVESTIGATIONS

Blood test:

Hb%: _____ Blood Sugar: F: _____ PP: _____

ABO/Rh: Self: _____ Husband: _____

HIV: Self: _____ Husband: _____

HBsAg: Self: _____ Husband: _____

VDRL: Self: _____ Husband: _____

Relevant investigation:

Urine test: Albumin: _____ Sugar: _____

USG: Date: _____ Findings: _____

Any other, specify: _____

GENERAL EXAMINATIONS

Height: _____ Built: _____ Weight: _____ Weight gain: _____

Vitals: Temp: _____ Pulse: _____ Resp.: _____ BP: _____

HEAD-TO-TOE ASSESSMENT

Appearance: _____ Face: _____ Eyes: _____

Nose: _____ Lips: _____ Gums: _____

Teeth: _____ Tongue: _____ Ears: _____ Neck: _____ Axilla: _____

BREAST

Size and contour: _____ Tingling sensation: _____ Tubercles: _____ Secondary areola: _____

Nipples: Normal: _____ Inverted/Flat: _____ Big/Small: _____ Colostrum: _____

SKIN

Condition: _____ Pigmentation: _____

EXTREMITIES

Varicose veins: _____

Edema: Hands: _____ Legs: _____ Feet: _____

GENITAL AREA

Vulvar edema: _____ Perineal hygiene: _____ Vaginal discharge: _____

ANUS: Hemorrhoids: _____

OBSTETRICAL INSPECTION

Shape of abdomen: _____ Linea nigra: _____ Striae gravidarum: _____

Previous surgery scar:_____ Fetal movements: _____