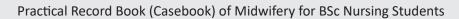


ANTENATAL ASSESSMENT AND CARE SHEET-1

IDENTIFICATIO	N
Reg. No.:	Name of Hospital:
Date:	OPD/Ward:
Name:	Age:
Husband's Name: _	
Address:	
	Telephone No.:
SOCIOECONO	AIC STATUS
Religion:	
	Husband:
Occupation: Self:	Husband:
_	2:
·	pers:
Dietary Habits:	Vegetarian
PAST HEALTH I	HISTORY
Heart diseases	☐ Rheumatic fever ☐ Thyroid disorders ☐ Hypertension ☐ Tuberculosis ☐
Renal diseases	\square Diabetes \square Asthma \square Epilepsy \square Allergy \square
HIV/AIDS	\square Blood transfusion \square Mental illness \square
Specify, if any other	condition:
Drugs and treatmen	nt:
Any surgery:	Specify:
FAMILY HISTOR	RY
Diabetes	☐ Multiple births ☐ Mental illness ☐
Hypertension	\square Congenital abnormalities \square Genetic disorders \square
Any other, specify:	





ADDICTIONS							
Smoking		Drugs		Alcohol		Any other	
Any other, specify:							
MENSTRUAL HIST	ORY						
Age at menarche:		Cycle	2:		Duration	1:	
Amount of blood flow:							
MARITAL HISTOR	Y						
Age at marriage:		Dui	ation of marria	ge:	Contra	ceptives used:	

OBSTETRIC HISTORY

HISTORY OF PREVIOUS PREGNANCIES

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



	-		•				
Treatment:							
HISTOR	Y OF PRESENT	Γ PREGN	ANCY: ABNO	RMAL	SIG	NS/SYMPTOMS	
Gravida:				Parity:			
LMP:	EDI):	F	POG:			
Digestion:	Normal Vomiting		Heartburn Constipation			Nausea 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 \square	Yellow	□ White		Thick	Watery	
Any other:		Sp	ecify:				
Any high-risk conditi	ion, specify:						
Signs and symptoms	s of associated medi	cal/surgical	l illness:				
Drugs and treatment	taken:						
ROUTINE INVEST	TIGATIONS						
Blood test:							
Hb%:	_ Blood Su	gar: F:			PP:		
ABO/Rh:Self:		_ Husband	:			Relevant investigati	on:
HIV:Self:		_ Husband	:				
HBsAg: Self:		_ Husband	:				
VDDI - Solf-		Huchand					



Urine test: Album	nin:		Sugar:	
USG: Date:		Findings:		
Any other, specify:				
GENERAL EXA	MINATIONS			
Height:	Built: _		Weight:	Weight gain:
Vitals: Temp:	Pulse:		Resp.:	BP:
HEAD-TO-TOE	ASSESSMENT			
Appearance:		_ Face:	Eyes:	
Nose:		Lips:	Gums:	
Teeth:T	ongue:	Ears:	Neck:	Axilla:
BREAST				
Size and contour: _		_ Tingling sensation	n: Tubercles:	Secondary areola:
Nipples: Norma	:	Inverted/Flat:	Big/Small:	Colostrum:
SKIN				
Condition:			Pigmentation:	
EXTREMITIES				
Varicose veins:				
Edema: Hands:		Legs:	Fe	et:
GENITAL AREA				
Vulvar edema:		Perineal hygiene: _		Vaginal discharge:
ANUS: Hemo	rrhoids:			
OBSTETRICAL	INSPECTION			
Shape of abdomer	:	_ Linea nigra:		Striae gravidarum:
Previous surgery s	car:		Fetal movements:	



PALPATION/AUSCULTATION

Date	Fundal height (cm)	Fundal height (weeks)	lominal th (cm)	Fetal position		entation ad lie	Engagement	Fetal ovements	FHS	Remarks
Chief co	omnlaints/c	oncerns:					<u> </u>			
	g diagnosis:									
Health	Education	n								
Breastfe	eeding		Diet in	pregnancy		Rest and	d activity	Shoes and	d clothii	ng 🗆
Fe, FA a	nd Ca suppl	ement	Immun	ization		Newborn	n care	Family pl	anning	
Prepara	tion for deli	very	Signs of	f onset of lab	or \square					
Any oth	er teaching,	specify:						 		



Nursing diagnosis	Health teaching/intervention	Remarks

Signature of the Student

Signature of the Supervisor



ANTENATAL ASSESSMENT AND CARE SHEET-2

IDENTIFICATION	NC								
Reg. No.:	Name of Hospital:								
Date:	OPD/Ward:								
Name:	Age:								
Husband's Name:	;								
Address:									
	Telephone No.:								
SOCIOECONO	MIC STATUS								
Religion:									
Education: Self:	Husband:								
Occupation: Self:	ccupation: Self: Husband:								
Total family incom	me:								
	nbers:								
	p:								
Dietary Habits:	Vegetarian								
PAST HEALTH	HISTORY								
Heart diseases Renal diseases HIV/AIDS	□ Rheumatic fever □ Thyroid disorders □ Hypertension □ Tuberculosis □ Diabetes □ Asthma □ Epilepsy □ Allergy □ Blood transfusion □ Mental illness □								
	er condition:								
	ent:								
Any surgery:	Specify:								
FAMILY HISTO	DRY								
Diabetes Hypertension	☐ Multiple births☐ Mental illness☐ Genetic disorders								
Any other, specify	··								





ADDICTIONS						
Smoking		Drugs		Alcohol	\square Any other	
Any other, specify:						
MENSTRUAL HIST	ГORY					
Age at menarche:		Cy	rcle:		Duration:	
Amount of blood flow	:					
MARITAL HISTOR	Υ					
Age at marriage:		Γ	ouration of marr	iage:	Contraceptives used:	

OBSTETRIC HISTORY

HISTORY OF PREVIOUS PREGNANCIES

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



Specify if any compli	cation in previous ar	itenatal/intr	anatal/postnatal	period: _			
Treatment:							
HISTOR	Y OF PRESENT	Γ PREGN	ANCY: ABN	ORMAI	L SIG	NS/SYMPTOMS	
Gravida:				_ Parity: _			
LMP:	EDI):		POG:			
Digestion:	Normal		Heartburn			Nausea	
	Vomiting		Constipation			Diarrhea	
Nervous system:	Headache		Sleeplessness			Giddiness	
Vision:	Normal		Blurred vision	L			
Heart/Lungs:	Palpitations		Dyspnea				
Micturition:	Normal		Painful			Frequent	
Pain:	Abdominal		Back			Extremities (cramps)	
Discharge P/V:	Red \Box	Yellow	□ White		Thick	Watery	
Any other:		Sp	ecify:				
Any high-risk condit	ion, specify:						
Signs and symptom	s of associated medi	cal/surgical	l illness:				
Drugs and treatment	taken:						
ROUTINE INVEST	TIGATIONS						
Blood test:							
Hb%:	gar: F:			PP:			
ABO/Rh:Self:		_ Husband	:			Relevant investigati	ion:
HIV:Self:		_ Husband	:				
HBsAg: Self:		_ Husband	:				
VDRL: Self:	_ Husband	:					



Urine test:	Albumin:		Sugar:	
USG:	Date:	Findings:		
Any other, s	pecify:			
GENERAL	. EXAMINATIC	DNS		
Height:		Built:	Weight:	Weight gain:
Vitals: T	emp:	Pulse:	Resp.:	BP:
HEAD-TO	-TOE ASSESS	SMENT		
Appearance	»:	Face:	Eyes:	
Nose:		Lips:	Gums:	
Teeth:	Tongue:	Ears:	Neck:	Axilla:
BREAST				
Size and con	ntour:	Tingling sensat	ion: Tubercles: _	Secondary areola:
Nipples: N	Normal:	Inverted/Flat: _	Big/Small: _	Colostrum:
SKIN				
Condition: _			Pigmentation:	
EXTREMI [*]	TIES			
Varicose vei	ins:			
Edema: Hai	nds:	Legs:	Fee	et:
GENITAL A	AREA			
Vulvar eden	na:	Perineal hygiene	e:	Vaginal discharge:
ANUS:	Hemorrhoids: _			
OBSTETR	ICAL INSPECT	ΓΙΟΝ		
Shape of abo	domen:	Linea nigra:	;	Striae gravidarum:
Drovious sur	raery coart		Fatal movements	



PALPATION/AUSCULTATION

Date	Fundal height (cm)	Fundal height (weeks)	lominal th (cm)	Fetal position		entation ad lie	Engagement	Fetal ovements	FHS	Remarks
Chief co	omplaints/c	oncerns:								
Nursinş	g diagnosis:							 		
Health	Education	n								
Breastfeeding			Diet in pregnancy			Rest and	d activity [Shoes and	d clothii	ng 🗆
Fe, FA and Ca supplement			Immun	ization		Newbor	n care	Family pl	anning	
Prepara	tion for deli	very	Signs of	f onset of lab	or \square					
Any oth	er teaching,	specify:						 		



Nursing diagnosis	Health teaching/intervention	Remarks

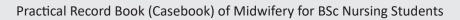
Signature of the Student

Signature of the Supervisor



ANTENATAL ASSESSMENT AND CARE SHEET-3

IDENTIFICATION	N	
Reg. No.:	Name of Hospital:	
Date:	OPD/Ward:	
Name:	Age:	
Husband's Name:		
Address:		
	Telephone No.:	
SOCIOECONO	MIC STATUS	
Religion:		
Education: Self:	Husband:	
Occupation: Self:	Husband:	
Total family incon	ne:	
	nbers:	
	::	
Dietary Habits:	Vegetarian	
PAST HEALTH	HISTORY	
Heart diseases Renal diseases HIV/AIDS	□ Rheumatic fever □ Thyroid disorders □ Hypertension □ Tuberculosis □ Diabetes □ Asthma □ Epilepsy □ Allergy □ Blood transfusion □ Mental illness □	
	er condition:	
	ent:	
Any surgery:	Specify:	
FAMILY HISTO	PRY	
Diabetes Hypertension	☐ Multiple births☐ Mental illness☐ Genetic disorders	
Any other, specify	:	





ADDICTIONS							
Smoking		Drugs		Alcohol		Any other	
Any other, specify:							
MENSTRUAL HIST	ORY						
Age at menarche:			Eycle:		Duration: _		
Amount of blood flow:	:						
MARITAL HISTOR	Y						
Age at marriage:			Duration of marri	age:	Contracep	otives used:	

OBSTETRIC HISTORY

HISTORY OF PREVIOUS PREGNANCIES

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



	-		-					
Treatment:								
HISTOR	Y OF PRESENT	Γ PREGN	ANCY: ABNO	RMAL	SIG	NS/SYMPTOMS		
Gravida:			Parity:					
LMP:	EDI	D:	I	POG:				
Digestion:	Normal Vomiting		Heartburn Constipation			Nausea 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 \square	Yellow	□ White		Thick	Watery		
Any other:		Sp	ecify:					
Any high-risk conditi	ion, specify:							
Signs and symptoms	s of associated medi	ical/surgical	l illness:					
Drugs and treatment	taken:							
ROUTINE INVEST	TIGATIONS							
Blood test:								
Hb%:	_ Blood Su	gar: F:		PP:				
ABO/Rh:Self:		_ Husband	Husband:			Relevant investigati	ion:	
HIV:Self:		_ Husband	l:					
HBsAg: Self:		_ Husband	l:					
VDDI - Solf-		Huchand	ı .					



Urine test: Albumin:		Sugar:	
USG: Date:	Findings:		
Any other, specify:			
GENERAL EXAMINATION	DNS		
Height:	Built:	Weight:	Weight gain:
Vitals: Temp:	Pulse:	Resp.:	BP:
HEAD-TO-TOE ASSESS	SMENT		
Appearance:	Face:	Eyes:	
Nose:	Lips:	Gums:	
Teeth: Tongue:	Ears:	Neck:	Axilla:
BREAST			
Size and contour:	Tingling sensa	tion: Tubercles: _	Secondary areola:
Nipples: Normal:	Inverted/Flat:	Big/Small: _	Colostrum:
SKIN			
Condition:		_ Pigmentation:	
EXTREMITIES			
Varicose veins:			
Edema: Hands:	Legs:	Fee	t:
GENITAL AREA			
Vulvar edema:	Perineal hygier	ne: V	/aginal discharge:
ANUS: Hemorrhoids: _			
OBSTETRICAL INSPEC	ΓΙΟΝ		
Shape of abdomen:	Linea nigra:	8	Striae gravidarum:
Previous surgery scar:		Fetal movements:	