

ANTEPARTUM FOCUSED ASSESSMENT

STUDENT'S NAME:			DATE OF CARE:		
Patient's Initials:		Age:	Hospital Day:		
Admitting Diagnosis:					
Weeks gestation:		Multiple gestation?		Twins:	Triplets:
Diet:					
PERNATAL HISTORY					
Problems with this pregnancy:					
Known fetal anomalies:			Yes:	No:	
Explain:					
Triple/Quad screen:			Yes:	No:	
Amnio:			Yes:	No:	
Results:					
Plans to:	Breastfeed:			Bottle feed:	
Significant other?		Yes	No	Relationship:	
List all the patient's medications (include dose, route, drug class, and 2 major side effects).					
Drug	Class	Dose	Route	Side Effects	
Steroids given:			Yes:	No:	
IV:			Rate:		
Activity:	Complete bed rest:	Bed rest with BR privileges:	BS commode:	Ad lib:	
May shower:	Yes:	No:			
Treatments:					

Student's Name:

Equipment:

SCDs

TEDs

IV pump

PCA

Foley

Fetal monitoring/testing ordered & frequency:

NST

CST

US

Notes:

What is the most life-threatening problem? (Think ABC's – This should always be our #1 diagnosis).

What is the most significant emotional issue:

If this patient is experiencing pain, list 2 ways to provide pain relief without using medication.

1.

2.

