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| EBELİK BÖLÜMÜ 1. SINIF DAHİLİYE VE CERRAHİ HASTALIKLAR VE EBELİKTE TEMEL UYGULAMALAR DEĞERLENDİRME FORMU   |  |  | | --- | --- | | Öğrencinin Adı SoyadıÖğrencinin No Öğretim Yılı/Dönemi: | **Değerlendirme** | | **GENEL (10p)** |  | | Sorumluluğu yerine getirme |  | | Geliş-gidiş saatlerine uyma |  | | İletişim |  | | Kendine güvenme ve sorunlarla başa çıkma |  | | Öğrenmeye istekli olma |  | | Kuramsal bilgilerini uygulamaya aktarma |  | | Genel görünüm |  | | HASTA BAKIM SÜRECİNİ UYGULAMA (30p) |  | | Veri toplama |  | | Sorun saptama |  | | Planlama |  | | Uygulama ve değerlendirme |  | | Rapor ve kayıt |  | | UYGULAMALAR (25p) |  | | **A-Vital bulgular** |  | | Vital bulguların alınması |  | | Anormal bulguların değerlendirilmesi |  | | B-Hijyenik bakım |  | | Bakımın saptanması ve zamanlaması |  | | Malzemenin hazırlanması |  | | Uygulama |  | | C-İlaç uygulama |  | | Oral ilaç kartı çıkarma |  | | Parenteral kart çıkarma |  | | Serum kartı çıkarma |  | | IM ilaç uygulama |  | | IV ilaç uygulama |  | | D-Tanı ve tedaviye yardımcı uygulamalar (25p) |  | | Aldığı-çıkardığı takibi |  | | Mesane kateteri uygulama ve bakımı |  | | NG uygulama ve bakımı |  | | Solunum ve öksürme egzersizi uygulama |  | | Pansuman (kateter, yatak yarası vb) |  | | Oksijen tedavisi uygulama |  | | Sıcak- soğuk uygulanma |  | | Lavman ve rektal tüp uygulama |  | | **E Hasta ve Ailenin Eğitimi (10)** |  | | Hastalık hakkında bilgilendirme |  | | Tedavisi ve evde bakımı hakkında bilgilendirme |  | | Kontrol edilmesi gereken parametreler, sıklığı ve bildirilmesi gereken durumlar ile ilgili bilgilendirme |  | | **Toplam** |  |   **HASTA TANILAMA FORMU**   |  |  | | --- | --- | | **Hasta Kabul Bilgileri**  Adı – Soyad:Yapılan Ameliyatın Adı:  Tanı: Yatış Tarih:  Tel: Acil Durumda Aranacak Kişi:  Adres: Tel:  Adres: | | | **Biyografik Özellikleri**  Cinsiyet: E ( ) K ( )  Yaş:  Boy: Kilo:  Eğitim: | Alerjiler:  Medeni Durum:  Kan Grubu:  Sağlık Güvencesi: | | **Hastaneye Kabul Biçimi**  ( ) Yürüyerek ( ) Tekerl.iskemle ile ( ) Sedye ile ( ) Ambulans ile  **Nereden Geldi?**  ( ) Ev ( ) Başka bir Hastane ( ) Yoğun bakım ( ) Acil Servis | |   **Hastaneye gelmeden önce kullandığı ilaçlar**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | İlaç ismi | Günlük doz | En son aldığı doz | Tarih | Neden alıyor | |  |  |  |  |  |   Hastanın hastalık hakkındaki bilgisi:  Ailenin hastalık hakkındaki bilgisi:  Hastanın doktora başvuru şikayetleri ve başlama zamanı:   Özgeçmişi (Geçirdiği Hastalıklar ve Tedavi Şekli, Medikal, İnterne edilerek, cerrahi vb.):   Soy Geçmişi (Diabet, kalp hastalıkları, kanser, Tbc...v.b)  Anne: Kardeş:  Baba: Yakın Akraba:  **Öğrencinin Adı, Soyadı:**  **GÜNLÜK YAŞAM AKTİVİTELERİ TANILAMA FORMU**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Ad, Soyad:  Tanı:  Operasyon Adı: | | | | | | | | | | | | | | Yatış Tarihi:  Operasyon Tarihi:  Çıkış Tarihi: | | | | | | | | | | | | | **GÜVENLİ ÇEVRE** | **Deri** | | * Kızarıklık * Kaşıntı | | | | | | * Ödem * Döküntü | | | | | | * Peteşi | | | | * Morarma | | | | | | * Solgunluk | | **Şuur** | | * Açık | | | | | | * Kapalı | | | | | | * Kolay Uyarılabilir | | | | | | | | | | | | **Bozulma** | | | | | | | | | | | | | | **Protez** | | | | | | | | | | | | **Görme** | | | * Var | | | | * Yok | | | | | | | * Var | | | * Yok | | | | | | ..................... | | | **İşitme** | | | * Var | | | | * Yok | | | | | | | * Var | | | * Yok | | | | | | ..................... | | | **Yürüme** | | | * Var | | | | * Yok | | | | | | | * Var | | | * Yok | | | | | | ..................... | | | **Hareket Kısıtlılığı**  **Baş Dönmesi** | | | | * Var * Var | | | | | * Yok * Yok | | | | | **Yatak İstirahati** | | | | | | | * Tam * Kısmi | | | | | **İLETİŞİM** | Konuşmada Bozulma | | | | | | | * Var | | | | | * Yok | | | | | | | | | | | | | | Sağlık ekibi ile iletişim  Diğer hastalar ile iletişim  Aile içi iletişim | | | | | | | * İyi * İyi * İyi | | | | | * Kötü * Kötü * Kötü | | | | * Orta * Orta * Orta | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | **SOLUNUM** | Öksürük  Balgam  Dispne | * Var * Var * Var | | | * Yok * Yok * Yok | | | | | | **Solunum Tipi** | | | | | * Normal * Taşipne * Apne | | | | | * Hipoventilasyon * Hiperventilasyon * Cheyne Stokes | | | | | | **BESLENME** | **Beslenme Yolu** | | | | | * Oral | | | | | * NGS | | | | | * Parenteral | | | | | | | * Jujenostomi | | | | **Bulantı-Kusma**  **Yutma Güçlüğü**  **Mide Ağrısı**  **Mide Yanması**  **Ağız Mukozasında Lezyon** | | | | | | * Var * Var * Var * Var * Var | | | | | * Yok * Yok * Yok * Yok * Yok | | | **İştah**  **Besin Alımı**  **Hematemez** | | | | | * Azalmış * Az * Var | | | | | * + Artmış   + Fazla   + Yok |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **BOŞALTIM** | **Diyare**  **Konstipasyon**  **Gaita İnkontinans**  **Melena**  **Mesane Kateteri** | | | * Var * Var * Var * Var * Var | | | | * Yok * Yok * Yok * Yok * Yok | | | | **Ostomi** | | | | | * + Gastrik | | | * + Üriner | | * + Intestinal | | | | **Dizüri**  **Hematüri**  **Piyüri**  **Anüri**  **Oligüri** | | | | | | | * Var * Var * Var * Var * Var | | | | * Yok * Yok * Yok * Yok * Yok | | | **HİJYEN** | **El-Yüz Temizliği**  **Ağız Bakımı**  **Saç Banyosu**  **Tam Vücut Banyosu**  **Kısmi Vücut Banyosu** | | | | | * Bağımlı * Bağımlı * Bağımlı * Bağımlı * Bağımlı | | | | | | | * Bağımsız * Bağımsız * Bağımsız * Bağımsız * Bağımsız | | | | | | * Yardımla * Yardımla * Yardımla * Yardımla * Yardımla | | | | | | | **BEDEN ISISI** | **Terleme**  **Nemli Deri** | * Var * Var | | | | | | | * Yok * Yok | | | | | | **Hipotermi**  **Hipertermi** | | | | * Var * Var | | | * Yok * Yok | | | | **HAREKET** | **Yürümede Güçlük**  **Eklemlerde Ağrı**  **T. İskemle ile Hareket**  **Koltuk Değneği ile Hareket** | | | | | | * Var * Var * Var * Var | | | | * Yok * Yok * Yok * Yok | | | | | **Ekstremite Kırığı**  **Kalp Yetmezliği**  **Kas-İskelet Hastalığı** | | | | | * Var * Var * Var | | | * Yok * Yok * Yok | | **ÇALIŞMA ve EĞLENCE** | **Boş vakitlerinde** | | * + - **Kitap okuyor**     - **Gazete okuyor**     - **T.V. izliyor**     - **Ziyaretçi kabul ediyor**     - **Diğer ( Belirtiniz)...............................................** | | | | | | | | | | | | | | | | | | | | | | | **CİNSELLİĞİN İFADESİ** | **Beden imajında bozulma**  **Hastalığı kabullenme**  **Kendini ifade etme** | | | | | | | | * **Var** * **Var** * **İyi** | | | | | * **Yok** * **Yok** * **Kötü** | | | | | | | | | | | | **UYKU** | **Gece Aralıklı Uyanma**  **Uykuya Dalmada Zorluk**  **Uykuya Yardımcı Uygulamalar** | | | | | | | | * Var * Var * Var | | | | | | | | | * Yok * Yok * Yok | | | | | | | | **ÖLÜM** | **Ölüm Korkusu**  **Anksiyete**  **Umutsuzluk** | | | | * Var * Var * Var | | | | | * Yok * Yok * Yok | | | | | | | | | | | | | | |   **YAŞAM BULGULARI**   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Tarih** | **Saat** | **Vücut Sıcaklığı** | **Nabız / dk** | | **TA**  **mmHg** | **Solunum/dk** | | **Şuur** | **Cilt Rengi** | **CVP cm/H2O** | | **Sayı** | **Tipi** | **Sayı** | **Tipi** | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |   **LABORATUVAR BULGULARI**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Tarih** | **Lökosit**  **(WBC)** | **Eritrosit**  **(RBC)** | **Hemotokrit**  **(Hct)** | **Hemoğlobin**  **(Hbg)** | **Trombosit**  **(PLT)** | **BUN** | **Kreatinin** | **Elektrolitler** | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | | **Diğer** |  | | | | | | | |   **ALDIĞI ÇIKARDIĞI**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Saat** | **Serum**  **Adı** | **Giden Serum Miktarı** | **Oral** | **Total** | **İdrar** | **Kusma** | **Total** | **Denge** | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Vital Bulgular** | **Hijyen Gereksinimi** | | **Koruyucu Önlemler** | | | **Diyet** | | **Hareket** | **Boşaltım** | | **Beden Sıcaklığı x1**   * **Rektal** * **Oral** * **Axiller**   **Nabız x1**   * **Radyal** * **Apikal**   **Solunum x1**  **Tansiyon x1**  **CVP x1** | * **Yatak Banyosu** * **Özel Ağız Bakımı** * **Saç Banyosu** * **Sabah Tuvaleti** * **Akşam Tuvaleti** * **Diğer** | | * **Masaj** * **Çevirme** * **Derin Solunum** * **Öksürme** * **Kenarlık** * **İzolasyon** * **Pozisyon** * **Diğer** | | | * **Aç Kalacak** * **Normal** * **Tuzsuz** * **Diabetik** * **Protein Kısıtlaması** * **Sıvı Takibi** * **Diğer** | | * **Bağımlı** * **Bağımsız** * **Yarı Bağımlı** | * **Üriner İnkontinans** * **Dışkı İnkontinans** * **Kolostomi** * **Ürostomi** * **Mesane Kateter**   **Aldığı-Çıkardığı Takibi**   * **Var** * **Yok**   **Aldığı-Çıkardığı Takibi Sıklığı**  **X** | | **ORAL İLAÇLAR** | | | | **PARENTERAL İLAÇLAR** | | | | | **TANI VE TEDAVİYE YARDIMCI UYGULAMALAR**  **Tarih Saat**  **Periferik Venöz Kateter**  **Santral Venöz Kateter**  **Mesane Kateteri**  **Nazogastrik Sonda**  **Pansuman**  **Diğer** | | **İLAÇ ADI** | **DOZ** | **UYGULAMA SAATLERİ** | | **İLAÇ ADI** | **DOZ** | | **UYGULAMA YOLU** | **UYGULAMA SAATLERİ** | |  |  |  | |  |  | |  |  | |  |  |  | |  |  | |  |  | |  |  |  | |  |  | |  |  | |  |  |  | |  |  | |  |  | |  |  |  | |  |  | |  |  | |  |  |  | |  |  | |  |  | |  |  |  | |  |  | |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Tarih | Tanı | Neden | Amaç | Girişimler | Saat | Değerlendirme | |  |  |  |  |  |  |  |   Öğrencinin Adı Soyadı :   |  |  |  |  | | --- | --- | --- | --- | | **TARİH** | **SAAT** | **RAPOR** | **İMZA** | |  |  |  |  |     **SAĞLIK BİLİMLERİ ÜNİVERSİTESİ**  **HAMİDİYE**  **SAĞLIK BİLİMLERİ FAKÜLTESİ**  **EBELİK BÖLÜMÜ**  **ÖĞRENCİ UYGULAMA KARNESİ**   |  | | --- | | FOTOĞRAF |   **ÖĞRENCİNİN KİMLİĞİ**  **Adı ve Soyadı** : ...............................................................  **Öğrenci No** : ...............................................................  **Baba Adı** : ...............................................................  **Ana Adı** : ...............................................................  **Doğum Yeri ve Yılı** : ...............................................................  **Uyruğu**  : ...............................................................  **Nüfusa Kayıtlı Olduğu Yer** : ...............................................................  **Mezun Olduğu Lise, Tarih** : ...............................................................  **Fakülte Kayıt Yılı** : ...............................................................  **Telefon No** : ...............................................................  **Yabancı Dil Durumu** : ............................................................... Öğrenci İmzası Danışman İmzası **UYGULAMA KRİTERLERİ**  **Ebelik öğrencisi en az;**   1. 100 doğum öncesi muayene ve danışmanlık yapmalı 2. 40 gebe kadının gebelik takibi ve bakımını yapmalı 3. 40 normal doğum yaptırmalı (20 doğuma yardım ile bu sayı 30’a inebilir=50 doğum) 4. 100 lohusa bakımı vermeli 5. 100 yenidoğan muayenesi yapmalı 6. Gebelik, doğum ya da doğum sonrası dönemde risk altında olan 40 kadının izlemi ve bakımı   6a) 15 riskli gebe kadın izlemeli  6b) 10 riskli doğum izlemeli  6c) 15 riskli lohusa kadın izlemeli   1. 20 Riskli yenidoğan izlemeli 2. Jinekolojik ve obstetrik patolojisi olan kadına bakım vermeli 3. Epizyotomi uygulamalı 4. Makat doğuma aktif olarak (Makat doğum mümkün olmadığı takdirde simülasyon uygulama) katılmalıdır.   **1.KRİTER: 100 Doğum Öncesi Muayene ve Danışmanlık**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Vaka No.** | **Protokol No** | **Tarih** | **Gebelik**  **Haftası** | **Ağırlık** | **Kan**  **Basıncı** | **Tetanoz Aşısı** | **Ödem** | **Varis** | **Nabız** | **Hg** | **Leopold**  **Manevralar** | **FKA** | **Prezentasyon**  **Pozisyon** | **Kan grubu** | **Danışmanlık** | **Gözlemci**  **Ebe,dr,hemş**  **İmza** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  2. KRİTER: 40 Gebe Kadının Gebelik Takibi ve Bakımı  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Vaka No.** | **Protokol No** | **Tarih** | **Gebelik**  **Haftası** | **Gebelik öncesi ağırlık** | **Gebelikte alınan kilo** | **Kan**  **Basıncı** | **Tetanoz Aşısı** | **Ödem** | **Varis** | **Nabız** | **Hg** | **Leopold**  **Manevralar** | **FKA** | **Prezentasyon**  **Pozisyon** | **Kan grubu** | **Gözlemci**  **Ebe,dr,hemş**  **İmza** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **3. KRİTER: 40 Normal Doğum (20 yardım ile bu sayı 30’a inebilir=50 doğum)**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Vaka No.** | **Protokol No** | **Tarih** | **Ağrı Takibi** | **Leopold**  **Manevraları** | **FKA** | **Silinme** | **Dilatasyon** | **İndiksiyon** | **Boşaltım** | **Eğitim** | **Solunum**  **Egzersizi** | **Epizyotomi**  **Açma** | **Doğum**  **Yaptırma** | **Plesenta**  **Çıkarma** | **Vakum veya çan uygulaması** | **Gözlemci**  **Ebe,Dr,Hemş. İmza** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **4. KRİTER: 100 Lohusa Bakımı**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | | **ERKEN POSTPARTUM** | | | | | | | | **GEÇ POSTPARTUM** | | | | | | | | | | **Vaka No.** | **Protokol No** | **Tarih** | | **Epizyo**  **Tamiri** | **Vital (TA,Na,Ateş )**  **Bulgular** | **Kanama**  **Kontrolü** | **Uterus**  **Masajı** | **Pozisyon**  **Verme** | **Emzirme** | **Eğitim** | **Perine**  **Bakımı** | **Kanama**  **Kontrolü** | **Vital (TA,Na,Ateş )**  **Bulgular** | **Uterus**  **İvolüsyonu** | **Meme**  **Bakımı** | **Emzirme** | **Mobilizyon** | **Boşaltım** | **Gözlemci**  **Dr,Ebe,Hem**  **İmza** | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  5. KRİTER: 100 Yenidoğan Muayenesi  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **DOĞUMHANEDE** | | | | | | | | | | | **SERVİSTE** | | | | | | | **Vaka No.** | **Protokol No** | **Tarih** | **Solunum yolunun**  **açıklığı** | **Isının Korunması** | **Apgar ( 1 - 5 dk)** | **Göbek Bakımı** | **Anne-bebek İletişiminin**  **başlatılması** | **Kimlik**  **Belirlemesi** | **K vit**  **Uygulaması** | **Emzirme** | **Anne Eğitimi** | **Yenidoğan**  **Muayenesi** | **Tarama Testler** | **Göbek Bakımı** | **Emzirme** | **Anne Eğitimi** | **Gözlemci**  **Ebe,dr,hemş**  **İmza** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **6A-KRİTER: 15 Riskli Gebe Kadın**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Vaka No.** | **Protokol No** | **Tarih** | **Tanı** | **Anamnez**  **Alma** | **Gebelik Haftası** | **Kilo** | **Kan**  **Basıncı** | **Ödem** | **Varis** | **FKA** | **Tetkik** | **Tedavi** | **Gözlemci**  **Ebe,dr,hemş** İ**mza** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **6B- KRİTER: 10 Riskli Doğum**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Vaka No.** | **Protokol No** | **Tarih** | **Doğum sayısı** | **Membran rüptürü** | **FKA** | **Amnion sıvıvı** | **Silinme** | **Dilatasyon** | **10 dk kontraksiyon**  **sayısı** | **Oksitosin dm/dk** | **Verilen ilaçlar** | **Tansiyon** | **Nabız** | **Ateş** | **Tanı** | **Tedavi** | **Doğum şekli** | **Gözlemci**  **Ebe,Dr,Hemş. İmza** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  6C- KRİTER: 15 Riskli Lohusa Kadın  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Vaka No.** | **Protokol No** | **Tarih** | **Atoni Kanaması** | **Plasenta Retansiyonu** | **Hematom** | **Kuagülasyon Bozukluğu** | **Subinvolüsyon** | **Uterus İnversiyonu** | **Üreme Sistemi Enfeksiyonu** | **Septisemi** | **Meme Sorunları** | **Üriner Sistem Sorunları** | **Tromboflebit** | **Epizyotomi Sorunları** | **Gözlemci**  **Ebe,Dr,Hemş. İmza** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  7. KRİTER: Riskli Yenidoğan İzlemi  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Vaka No.** | **Prototkol No** | **Tarih** | **Tanı** | **Doğum Şekli** | **Gestasyon**  **Yaşı** | **Muayene**  **Sonuçları** | **Beslenme** | **Bakım**  **Uygulamaları** | **Kilo** | **Boy** | **Baş Çevresi** | **Göğüs Çevresi** | **Laboratuvar**  **Sonuçları** | **Tedavi** | **Gözlemci**  **Ebe,dr,hemş**  İmza | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  8. KRİTER: Jinekolojik ve Obstetrik Patolojisi Olan Kadının Bakım  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Vaka No.** | **Prototkol No** | **Tarih** | **Tanı** | **Anamnez alma** | **Jin. muayeneye hazırlama** | **Spekulum uygulama** | **Bimanuel muayene yapma** | **Smear alma** | **Preop hasta bakımı** | **Postop hasta bakımı** | **Tedavi** | **Gözlemci**  **Ebe, dr, hemş**  İmza | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  1. **KRİTER:** **Epizyotomi Uygulaması**  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Vaka No.** | **Protokol No** | **Tarih** | **Tanı** | **Epizyotomi endikasyonu** | **Epizyotomi için anestezi uygulma** | | **Epizyo açma** | | **Epizyotomi tamiri** | | **Tedavi** | **Gözlemci** Ebe, dr, hemş **İmza** | |  | | | | | **Kendisi** | **Yardımla** | **Kendisi** | **Yardımla** | **Kendisi** | **Yardımla** |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |     **10. KRİTER: Makat Doğuma Aktif Olarak Katılım**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Vaka No.** | **Protokol No** | **Tarih** | **Anamnez**  **Alma** | **Ağrı Takibi** | **Leopold**  **Manevraları** | **Makat prezentasyon şekli** | **FKA** | **Silinme -**  **Dilatasyon** | **İndiksiyon** | **Boşaltım** | **Eğitim** | **Solunum**  **Egzersizi** | **Epizyotomi**  **Açma** | **Doğum**  **Yaptırma** | **Plesenta**  **Çıkarma** | **Gözlemci**  **Ebe,Dr,Hemş. İmza** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  * Sınıfta makat doğum simülasyonuna katılım:  |  | | --- | |  | |