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| EBELİK BÖLÜMÜ 2. SINIF KLİNİK 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** |  |   SAĞLIK BİLİMLERİ FAKÜLTESİ EBELİK BÖLÜMÜ 2. SINIF  **GEBE TANILAMA FORMU**  **Anamnezi Alan Öğrenci: Form Teslim Tarihi:**  **Öğrenci No:**  **Tarih: Servis: Yatak No: Tıbbi Ön Tanı:**  **Allerjisi (İlaç, Besin vs):**  **A.Tanıtıcı Bilgiler:**  Adı Soyadı: Kan Grubu :  Yaşı: Eşinin Kan Grubu:  Eğitimi: Eşler Arasındaki Akrabalık Durumu:  Mesleği: Eşinin Mesleği:  Medeni Durumu:  Evlenme Yaşı:  Sağlık Güvencesi: Hastaneye Başvuru Tarihi:  Gebelik Öncesi Kilo: Kilo: Boy: BKI:  **B.Özgeçmiş:**  Geçirdiği Hastalıklar:  Geçirdiği Ameliyatlar:  Gebelik Öncesi Kullandığı İlaçlar:  Alışkanlıkları ve Sıklığı (çay, sigara, kahve, alkol, vb.):  Diğer:  **C.Ailesinde /Kendisinde Bulunan Hastalıklar**  Tbc: Astım:  AIDS: Hepatit B:  Kanser: Diabet:  Hipertansiyon: Epilepsi:  Genetik Hastalıklar: Diğerleri:  KKY: Yok:    **D.Sağlık Öyküsü:**  1. Sağlık Merkezine Geliş Nedeni:  2. Şu Andaki Yakınmaları:  3. Hastalığın Başlangıcı ve Bu Yakınmalar Ortaya Çıktığında Neler Yaptığı:  4. Hastanın Sorunları ve Hastalığı Algılayışı:  **E.Obstetrik Öykü:**  İlk adet Yaşı:…….. Ölü Doğum Sayısı:……  Son Adet Tarihi:……. Ölü Doğum Nedeni:…….  Gebelik Süresi:……. Beklenen Doğum Tarihi:……  Planlı Gebelik:  Kontraseptif Kullanma Durumu:  Cinsel Yolla Bulaşan Hastalık Öyküsü:  G: P: A: Y: D/C:  **Önceki Doğum Öyküsü**   |  |  | | --- | --- | | **Yılı** | **Doğum Şekli** | |  |  | |  |  | |  |  | |  |  | |  |  |     **F.Fizik Değerlendirme:**  **Genel Değerlendirme:**  Renk: Duruş: Göze Çarpan Anomali: Diğer:  **Ağrı:**  Azaltan / Artıran faktörler:  Baş etme mekanizmaları ve uygulamaları:  0 (yok) 1 2 3 4 5 6 7 8 9 10 (çok fazla)  **Dolaşım Sistemi:**  **Yaşam Bulguları**:   |  |  |  |  | | --- | --- | --- | --- | | **Kan Basıncı** | **Solunum Sayısı** | **Nabız** | **Ateş** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   Varis: Ödem:  Bacaklarda Tromboflebit Belirtisi: Diğer:  Human’s Belirtisi:  **Solunum Sistemi:**  Solunum Tipi:  Siyanoz: ( ) var ( ) yok Dispne: ( ) var ( ) yok  Diğer:  **Gastrointestinal Sistem:**  Defekasyon Sıklığı: Konstipasyon: Distansiyon:  Diare: Hemoroid: Diğer:  **Genito-Üriner Sistem:**  İdrar Boşaltımı: ( ) Normal Sıklığı: /günde  Proteinüri: Glukozüri: Akıntı: Dizüri: Pollaküri:  Bakteriüri: İnkontinans: Poliüri: Diğer:    **Meme Muayenesi:**  Hassasiyet: Kızarıklık: Dolgunluk: Meme Ucu Çatlağı:  Sutyen Kullanımı: Diğer:  **Leopold Manevraları:**   1. Leopold: Fundus Yüksekliği: cm Gebelik Haftası: 2. Leopold: Fetüsün Pozisyonu: FKA: /dk 3. Leopold: Fetüsün Prezantasyonu: 4. Leopold: Angajman:   **G.Hastaya Uygulanan Labrotuvar Testleri ve Radyolojik Bulgular:**  Kan:  İdrar:  USG:  NST:  Pap Smear Tarih ve Sonucu:  Diğer:    **H. Kadına Verilen Eğitimler:**  - Beslenme:  - Emzirme:  - Hijyen (Perine Hijyeni/Kullanılan Malzeme):  - Aile Planlaması:  - Antenatal Kontroller:  - Cinsellik:  - İlaç Kullanımı (Demir Preperatlarının Kullanımı):  **I. Aileye İlişkin Bilgiler:**  Birlikte yaşadığı Kişiler:  Aile İçi İlişkiler:  Ailenin destek alabileceği kişi/kişiler (arkadaş, akraba):  Gelir düzeyi yeterli mi?:  Aile içi güçlük, sıkıntı ve engellerle nasıl baş ediyorlar?:  Bireyin hastalığına ilişkin ailenin geleneksel uygulamaları:  Ailenin sağlık/hastalıkla ilgili tutumu ve bilgisi:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **İlaç tedavisi** | **Dozu ve Sıklığı** | **Saatleri** | **Verilme Yolu** | **NOTLAR** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   **İlaç Kullanımı Ve Tedavi:**  **Sıvı Dengesi İzlemi**  **Tarih:**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Saat** | **Aldığı** | | | **Çıkardığı** | | | | |  | **IV** | **Oral** | **NG** | **İdrar** | **Kusma** | **Dışkı** | **NG** | | **09.00-10.00** |  |  |  |  |  |  |  | | **10.00-11.00** |  |  |  |  |  |  |  | | **11.00-12.00** |  |  |  |  |  |  |  | | **12.00-13.00** |  |  |  |  |  |  |  | | **13.00-14.00** |  |  |  |  |  |  |  | | **14.00-15.00** |  |  |  |  |  |  |  | | **15.00-16.00** |  |  |  |  |  |  |  | | **Toplam** |  |  |  |  |  |  |  | | **Denge** |  | | | | | | |   **EBELİK BAKIM PLANI**  **Tarih:**   |  |  |  | | --- | --- | --- | | □ Mevcut Tanı □ Potansiyel Tanı □ Olası tanı | | SAAT | | **Ebelik/Hemşirelik Tanısı** |  |  | | Etyolojik Faktörler |  |  | | Tanımlayıcı kriterler: |  |  | | Amaç |  |  | | Yapılan  Ebelik/Hemşirelik  Girişimleri |  |  | | Değerlendirme |  |  |   SAĞLIK BİLİMLERİ FAKÜLTESİ EBELİK BÖLÜMÜ 3. SINIF  DOĞUM SONU DÖNEM HASTA TANILAMA FORMU  Tarih: Servis: Yatak No: Anamnezi Alan Öğrenci: Allerji: Form Teslim Tarihi: Doğum Yaptığı Tarih/Saat:  Doğum Şekli: NSD Sezaryen (Endikasyonu..................)  Müdehaleli doğum  Tıbbi Ön Tanı:    **A.Tanıtıcı Bilgiler:**  Adı Soyadı: Yaşı: Eğitimi:  Mesleği: Medeni Durumu: Evlenme Yaşı:  Kan Grubu: Eşinin Kan Grubu: Eşinin Mesleği:  Sağlık Güvencesi: Eşler Arasındaki Akrabalık Durumu: B.Özgeçmiş: Geçirdiği Hastalıklar:  Geçirdiği Ameliyatlar:  Kullandığı İlaçlar:  Alışkanlıkları ve Sıklığı (çay, sigara, kahve, alkol, vb.):  Diğer:  **C.Ailesinde ve Kendisinde Bulunan Hastalıklar :**  Tbc: Astım: AIDS:  Hepatit B: Kanser: Diabet:  Hipertansiyon: Epilepsi: Genetik Hastalıklar:  KKY: Diğerleri: Yok:  **D.Menstrual/Obstetrik Öykü:**  Menarş Yaşı: Evlenme Yaşı:  Son Adet Tarihi: Beklenen Doğum Tarihi:  Ölü Doğum Sayısı: Ölü Doğum Nedeni:  Planlı Gebelik: Antenatal İzlem Sıklığı (Toplam kaç kez)  Kontraseptif Kullanma Durumu:  Cinsel Yolla Bulaşan Hastalık Öyküsü:  G: P: A: Y: D&C:  **Önceki Doğum Öyküsü**   |  |  | | --- | --- | | **Yılı** | **Doğum Şekli** | |  |  | |  |  | |  |  | |  |  | |  |  |     **E.Fizik Değerlendirme:**  Genel Değerlendirme: Renk: Duruş: Göze Çarpan Anomali: Diğer:  Ağrı:  Azaltan / Artıran faktörler:  Baş etme mekanizmaları ve uygulamaları:  0 (yok) 1 2 3 4 5 6 7 8 9 10 (çok fazla)  **Dolaşım Sistemi:**  **Yaşam Bulguları**:   |  |  |  |  | | --- | --- | --- | --- | | **Kan Basıncı** | **Solunum Sayısı** | **Nabız** | **Ateş** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   Varis:  Bacaklarda Tromboflebit Belirtisi: Ödem: Diğer:  Human’s Belirtisi:  Solunum Sistemi: Sayısı: Regüler: İrregüler: Diğer:  Gastrointestinal Sistem: Defekasyon Sıklığı: Gaz Çıkışı: Konstipasyon:  Distansiyon: Diare: Hemoroid: Diğer:  Genito-Üriner Sistem:  Doğum Sonrası Miksiyon: Mesane Distansiyonu: Diğer:  Meme Muayenesi: Hassasiyet: Kızarıklık: Dolgunluk:  Meme Ucu: Sütyen Kullanımı: Diğer:  **Kadının Şu anda Kullandığı İlaçlar:**  **G.Hastaya Uygulanan Labrotuvar Testleri ve Radyolojik Bulgular:**  Kan:  İdrar:  Pap Smear Tarih ve Sonucu:  Diğer: **Post Partum Dönem:** Postpartum Gün:  İlk Mobilizasyon Zamanı:  **İnvolüsyonun Değerlendirilmesi:** **Loşia’nın Değerlendirilmesi:**  Uterusun Seviyesi: Rubra:  Uterusun Kıvamı: Seroza:  Uterusun Yeri: Alba:  Sutür Değerlendirmesi:  Hematom:  Hemoroid:  Loşia miktarı: ped/gün  Enfeksiyon Belirtileri: **YENİDOĞANIN DEĞERLENDİRİLMESİ** Doğum Tarihi/Saati: Gestastasyon Yaşı: Cinsiyeti:  Kan Grubu: Apgar Skoru : 1 dk (…..) 5 dk (……) Umblikal Kord Bakımı:  Boy: Kilo : Göğüs Çevresi:  Baş Çevresi: Fontonellerin Değerlendirilmesi :  Fizyolojik Sarılık:  Anomalilerin Gözlenmesi :  Tavşan Dudak: Yarık Damak: Sindaktili: Polidaktili:  Down Sendromu: Spina Bifida: Diğer:  **Fenilketonüri Testi İçin Kan Alınması:**  Beslenmenin Değerlendirilmesi :  Doğum Sonu İlk Beslenme Zamanı:  İlk Beslenmeye Yardım Eden Kişi:  Son 6 Saat İçindeki Emme Sayısı:  Emzirmenin Gözlenmesi: Emzirmiyorsa:  İlk Emzirme Zamanı:  Annenin Pozisyonu: Emzirmeme nedeni:  Bebeğin Pozisyonu: Bebeği ne ile beslediği:  Bebeğin Memeye Yerleşmesi: Besini ne kadar ve nasıl verdiği:  **Kadına Verilen Eğitimler:**  - Beslenme:  - Emzirme:  - Hijyen (Perine bakımı vs/Kullanılan malzeme):  - Aile Planlaması:  - Yenidoğan Bakımı:  - Cinsellik:  - İlaç Kullanımı (Demir Preparatları Kullanımı):  - KKMM ve Kanserden Korunma Yolları:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **İlaç tedavisi** | **Dozu ve Sıklığı** | **Saatleri** | **Verilme Yolu** | **NOTLAR** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |     **İlaç Kullanımı Ve Tedavi:**  **Sıvı Dengesi İzlemi**  **Tarih:**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Saat** | **Aldığı** | | | **Çıkardığı** | | | | |  | **IV** | **Oral** | **NG** | **İdrar** | **Kusma** | **Dışkı** | **NG** | | **09.00-10.00** |  |  |  |  |  |  |  | | **10.00-11.00** |  |  |  |  |  |  |  | | **11.00-12.00** |  |  |  |  |  |  |  | | **12.00-13.00** |  |  |  |  |  |  |  | | **13.00-14.00** |  |  |  |  |  |  |  | | **14.00-15.00** |  |  |  |  |  |  |  | | **15.00-16.00** |  |  |  |  |  |  |  | | **Toplam** |  |  |  |  |  |  |  | | **Denge** |  | | | | | | |   **EBELİK BAKIM PLANI Tarih:**   |  |  |  | | --- | --- | --- | | □ Mevcut Tanı □ Potansiyel Tanı □ Olası tanı | | SAAT | | **Ebelik/Hemşirelik Tanısı** |  |  | | Etyolojik Faktörler |  |  | | Tanımlayıcı kriterler: |  |  | | Amaç |  |  | | Yapılan  Ebelik/Hemşirelik  Girişimleri |  |  | | Değerlendirme |  |  |  |  |  |  | | --- | --- | --- | | SAĞLIK BİLİMLERİ ÜNİVERSİTESİ ile ilgili görsel sonucu | **SAĞLIK BİLİMLERİ ÜNİVERSİTESİ**  **SAĞLIK BİLİMLERİ FAKÜLTESİ**  **EBELİK BÖLÜMÜ 2.-3.-4. SINIF**  **UYGULAMA DEĞERLENDİRME FORMU** | | | **A-PROFESYONEL DAVRANIŞLAR (20 puan)** | | **Verilen Puan:** | | Üniforma düzeni | | | | Çalışma saatlerine uyma | | | | Karar verme yeteneği | | | | Eksikleri fark etme, hatalarını düzeltmek için çaba gösterme | | | | **B- KİŞİLERARASI İLİŞKİLER (15 puan)** | | **Verilen Puan:** | | Bakım verdiği hasta/sağlıklı birey ve ailesi ile iletişim | | | | Sağlık ekibi ile iletişim | | | | Eğitimcilerle iletişim | | | | **C- SAĞLIK EĞİTİMİ VE ARAŞTIRMA (15 puan)** | | **Verilen Puan:** | | Bakım verdiği birey ve ailesinin sağlık eğitimi gereksinimlerini belirleme | | | | Sağlık eğitimi planlama, uygulama | | | | Sağlık eğitiminde uygun teknik ve araçları kullanabilme | | | | **D- UYGULAMA BECERİLERİ (50 puan)** | | **Verilen Puan:** | | Uygulamaya özel uygun, eksiksiz malzeme seçimi | | | | Aseptik tekniği kullanma becerisi | | | | İşlem öncesi hastaya gerekli açıklamayı yapma | | | | Uygulama basamaklarını eksiksiz ve doğru gerçekleştirme | | | | Uygulamanın hasta yönünden etkisini değerlendirme | | | | Araç gereçleri temiz olarak kaldırması | | | | İşlemlerin kayıt edilmesi | | | | Bilgiyi kullanma becerisi | | | | Birey merkezli bakım verme | | | | Hastaya bütüncül yaklaşım ile bakım verme | | | | **TOPLAM PUAN:** | | |   **Öğrencinin Adı-Soyadı : Uygulamaya Çıkılan Hastane:**  **Öğrenci Numarası: Uygulamaya Çıkılan Klinik:**  **Tarih: Klinik Sorumlu Hemşire/Ebe**  **Adı Soyadı/İmzası:**    **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. 5. **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 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  KRİTER: Jinekolojik ve Obstetrik Patolojisi Olan Kadının Bakımı  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **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: |