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| 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 FAKÜLTESİ EBELİK BÖLÜMÜ 3. SINIF**  **DOĞUM EYLEM SÜRECİ VE YENİDOĞAN İZLEM FORMU**  **Anamnezi Alan Öğrenci:..................................... Tarih:...../...../..........**  **Form Teslim Tarihi:**  **A.TANITICI BİLGİLER**   |  | | --- | | Adı Soyadı:........................................... Hastaneye Yatış Tarihi: ...../...../..........  Yaşı:............................ Tıbbi Tanısı:........................  Boy:............................. Allerji Durumu:...................  Kilo:............................ Eğitimi:...............................  Medeni Durumu:................... Sağlık Güvence Durumu:..............................  Kan Grubu:............................ Gerektiğinde Başvurulacak Birey/Telefon:......................................  Eşinin Kan Grubu:................. Adresi: .............................................................................................  Eşler Arası Akrabalık Durumu:......... ......................................................................................................... |   **B.SAĞLIK ÖYKÜSÜ:**   |  | | --- | | G: P: A: Y: Ölü Doğum: D&C: Önceki Gebelik-Doğuma İlişkin Bilgi:.....................................  Son Adet Tarihi (SAT): ...../...../..........  Tahmini Doğum Tarihi:...../...../.......... Şimdiye Kadar Geçirdiği Operasyonlar:........................................  Gebelik Haftası:...................................  Mevcut Hastalık ya/ya da şikayetleri:.............................................. |   **C. DOĞUMUN I.EVRESİNDE YAPILAN UYGULAMALARI**   |  |  | | --- | --- | | Kontraksiyonların başlama tarihi: ...../...../..........  Kontraksiyonların başlama saati:.............  Show (nişane): atılmış atılmamış  Kanama: var yok  **Poş: açılmış açılmamış**  **Membran Rüptürü:**  **Amniyotomi:**  Amniotik sıvının özelliği:..................  Leopold manevraları  Fundus yüksekliği:..............cm ............... hf  Fetüsün pozisyonu:...........................  Fetüsün prezantasyonu:....................  Angajman:.......................................  Kontraksiyonların Özelliği:  Normal Hipotonik Hipertonik | Perine temizliği ve vulvanın hazırlığı:  yapıldı yapılmadı /..........  Kişisel hijyen gereksinimi:  sağlandı sağlanmadı /.......  Mesane kontrolü:  sağlandı sağlanmadı /..........  Barsak kontrolü ve lavman:  yapıldı yapılmadı /..........  Doğuma Hazırlık Egzersizlerinin Yaptırılması:  yapıldı yapılmadı /..........  Pozisyon verme: ...............................................................  Emosyonel durum: ...........................................................  Doğum ağrılarıyla başetme durumu: ................................ |   **Ağrı:**  Azaltan / Artıran faktörler:  Baş etme mekanizmaları ve uygulamaları:  0 (yok) 1 2 3 4 5 6 7 8 9 10 (çok fazla)  **D.DOĞUMUN İKİNCİ EVRESİNDE YAPILAN UYGULAMALARI:**   |  |  | | --- | --- | | İkinci evrenin başlama saati:......................................  İkinci evrenin başladığını gösteren işaretler:  silinme ve dilatasyon tamamlanması  kontraksiyonların süre ve şiddetinin artması  ıkınma hissinin başlaması  rektum üzerindeki basının artması  perinenin taçlanması  diğer ............................................................  Annenin masaya alınması pozisyon verme:  sağlandı sağlanmadı /..........  Doğuma ilişkin açıklamalar:..............................................  ...........................................................................................  Perine temizliği:  yapıldı yapılmadı /.......... | Araç-gereçlerin hazırlığının kontrolü:  yapıldı yapılmadı /..........  Yenidoğanın solunum yolları açıklığının sağlanması:  yapıldı yapılmadı /..........  Göbek kordonunun klemplenmesi ve kesilmesi:  yapıldı yapılmadı /..........  Anne bebek ilişkisinin başlatılması:  sağlandı sağlanmadı /..........  Yapılan müdehaleler:  Vakum Epizyotomi Diğer ................  Fundal basınç Forseps  İkinci evrenin bitiş saati:........................................... |   **E. YENİDOĞANIN DEĞERLENDİRİLMESİ**   |  |  | | --- | --- | | Apgar skoru: 1.dk.............. 5.dk....................  Bebek kan grubu: ……………  Aspirasyon: yapılmadı yapıldı /.............  O2  verilmesi: verilmedi verildi /.............  Göbek bakımı: yapıldı yapılmadı /..........  Kimlik tespiti: yapıldı yapılmadı / .........  Boy:................cm  Kilo:................gr  Baş çevresi:.....................cm  Göğüs çevresi:................cm | Fontanellerin değerlendirilmesi:  normal anormal /.............  Anomali:  yok var /..............  Bebeğin giydirilmesi ve vücut ısısının kontrolü:  yapıldı yapılmadı /............  Erken beslenmenin sağlanması:  sağlandı sağlanmadı /............ |   **Apgar Ölçümü**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | ***PUAN*** | | PUANLAMA | | | | **KRİTERLER** | **1.dk** | **5.dk** | 0 | 1 | 2 | | Kalp Hızı |  |  | **Yok** | 100/dk’nın altında | 100/dk’nın üzerinde | | Solunum |  |  | Yok | Yavaş, düzensiz, yüzeysel | İyi, güçlü ağlama, düzenli solunum | | Kas Tonüsü |  |  | Gevşek | Ekstremitelerde hafif fleksiyon | Aktif hareketli iyi kas tonusu, ekstremitelerde spontan fleksiyon | | Refleks |  |  | Tepki yok | Yüz buruşturma, kaş çatma | Ağlama, öksürme aksırma | | Cilt Rengi |  |  | Mavi-soluk | Vücut pembe ekstremiteler mavi | Tüm vücut pembe | | Toplam Puan |  |  | 0-3 puan olan bebeklerde ciddi asfiksi vardır. Acilen resesute edilmesi gerekir.  4-6 puan olan bebekler genellikle mukus, verniks koseoze ve mekonyum aspirasyonu olan bebeklerdir. Aspirasyonla solunum yollarının açılması ve O2 tedavisinden sonra bebeğin durumu düzelmeye başlar.  7-10 puan sağlıklı olarak değerlendirilir | | |   **F. DOĞUMUN ÜÇÜNCÜ EVRESİNDE YAPILAN UYGULAMALAR:**   |  |  | | --- | --- | | Plasentanın ayrıldığını gösteren işaretler:  umblikal kordun boyunun uzaması  uterusun fundusunun umblikus hizasına yükselmesi  ani vajinal kanama olması  uterusun küre şeklini alması  plasentanın vajinada palpe edilmesi  Plasentanın doğumu ve kontrolü:  yapıldı yapılmadı /.......... | Umblikal kordun kontrolü:  yapıldı yapılmadı /..........  Fundus kontrolü ve masajı:  yapıldı yapılmadı /..........  Kanama kontrolü:  yapıldı yapılmadı /..........  Perine bakımı:  yapıldı yapılmadı /..........  Hematom kontrolü:  yapıldı yapılmadı /.......... |   **G. DOĞUMUN DÖRDÜNCÜ EVRESİNDE YAPILAN UYGULAMALAR:**   |  |  | | --- | --- | | Perine bakımı:  yapıldı yapılmadı /.............  Üşümenin engellenmesi:  sağlandı sağlanamadı /.............  Dinlenmenin sağlanması:  sağlandı sağlanamadı /............. | Ağrı kontrolü:  sağlandı sağlanamadı /..........  Anne bebek ilişkisinin sürdürülmesi:  sağlandı sağlanamadı /............. |   ERKEN POSTPARTUM DÖNEMDE İZLEM ve TEDAVİ   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Saat | Tansiyon | Nabız | Beden Isısı | Tedavi | Ped kontrolü | Vulva Kontrolü | Uterus Kontrolü | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |   **H.EĞİTİM VE DANIŞMANLIK**   |  |  | | --- | --- | | Emzirme: | Aile planlaması: | | Doğum sonu kendi bakımı: | Doğum sonu yeni doğan bakımı: |   **İlaç Kullanımı Ve Tedavi:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **İlaç tedavisi** | **Dozu ve Sıklığı** | **Saatleri** | **Verilme Yolu** | **NOTLAR** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **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** |  | | | | | | |   **Sıvı Dengesi İzlemi:**  **Tarih:**  **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 EYLEM SÜRECİ VE YENİDOĞAN İZLEM FORMU  **Anamnezi Alan Öğrenci:..................................... Tarih:...../...../..........**  **Form Teslim Tarihi:** A.TANITICI BİLGİLER  |  | | --- | | Adı Soyadı:........................................... Hastaneye Yatış Tarihi: ...../...../..........  Yaşı:............................ Tıbbi Tanısı:........................  Boy:............................. Allerji Durumu:...................  Kilo:............................ Eğitimi:...............................  Medeni Durumu:................... Sağlık Güvence Durumu:..............................  Kan Grubu:............................ Gerektiğinde Başvurulacak Birey/Telefon:......................................  Eşinin Kan Grubu:................. Adresi: .............................................................................................  Eşler Arası Akrabalık Durumu:......... ......................................................................................................... |   **B.SAĞLIK ÖYKÜSÜ:**   |  | | --- | | G: P: A: Y: Ölü Doğum: D&C: Önceki Gebelik-Doğuma İlişkin Bilgi:.....................................  Son Adet Tarihi (SAT): ...../...../.......... ...............................................................................................  Tahmini Doğum Tarihi:...../...../.......... Şimdiye Kadar Geçirdiği Operasyonlar:..................................  Gebelik Haftası:................................... ................................................................................................  Mevcut Hastalık ya/ya da şikayetleri:......................................  ..………………………………………………………..………………………………… |  C. DOĞUMUN I.EVRESİNDE YAPILAN UYGULAMALARI  |  |  | | --- | --- | | Kontraksiyonların başlama tarihi: ...../...../..........  Kontraksiyonların başlama saati:.............  Show (nişane): atılmış atılmamış  Kanama: var yok  Poş: açılmış açılmamış  Membran Rüptürü:  Amniyotomi:  Amniotik sıvının özelliği:..................  Leopold manevraları  Fundus yüksekliği:..............cm ............... hf  Fetüsün pozisyonu:...........................  Fetüsün prezantasyonu:....................  Angajman:.......................................  Kontraksiyonların Özelliği:  Normal Hipotonik Hipertonik | Perine temizliği ve vulvanın hazırlığı:  yapıldı yapılmadı /..........  Kişisel hijyen gereksinimi:  sağlandı sağlanmadı /.......  Mesane kontrolü:  sağlandı sağlanmadı /..........  Barsak kontrolü ve lavman:  yapıldı yapılmadı /..........  Doğuma Hazırlık Egzersizlerinin Yaptırılması:  yapıldı yapılmadı /..........  Pozisyon verme: ...............................................................  Emosyonel durum: ...........................................................  Doğum ağrılarıyla başetme durumu: ................................ |     Ağrı:  Azaltan / Artıran faktörler:  Baş etme mekanizmaları ve uygulamaları:  0 (yok) 1 2 3 4 5 6 7 8 9 10 (çok fazla)  **D.DOĞUMUN İKİNCİ EVRESİNDE YAPILAN UYGULAMALARI:**   |  |  | | --- | --- | | İkinci evrenin başlama saati:......................................  İkinci evrenin başladığını gösteren işaretler:  silinme ve dilatasyon tamamlanması  kontraksiyonların süre ve şiddetinin artması  ıkınma hissinin başlaması  rektum üzerindeki basının artması  perinenin taçlanması  diğer ............................................................  Annenin masaya alınması pozisyon verme:  sağlandı sağlanmadı /..........  Doğuma ilişkin açıklamalar:..............................................  ...........................................................................................  Perine temizliği:  yapıldı yapılmadı /.......... | Araç-gereçlerin hazırlığının kontrolü:  yapıldı yapılmadı /..........  Yenidoğanın solunum yolları açıklığının sağlanması:  yapıldı yapılmadı /..........  Göbek kordonunun klemplenmesi ve kesilmesi:  yapıldı yapılmadı /..........  Anne bebek ilişkisinin başlatılması:  sağlandı sağlanmadı /..........  Yapılan müdehaleler:  Vakum Epizyotomi Diğer ................  Fundal basınç Forseps  İkinci evrenin bitiş saati:........................................... |   **E. YENİDOĞANIN DEĞERLENDİRİLMESİ:**   |  |  | | --- | --- | | Apgar skoru: 1.dk.............. 5.dk....................  Bebek kan grubu: ……………  Aspirasyon: yapılmadı yapıldı /.............  O2  verilmesi: verilmedi verildi /.............  Göbek bakımı: yapıldı yapılmadı /..........  Kimlik tespiti: yapıldı yapılmadı / .........  Boy:................cm  Kilo:................gr  Baş çevresi:.....................cm  Göğüs çevresi:................cm | Fontanellerin değerlendirilmesi:  normal anormal /.............  Anomali:  yok var /..............  Bebeğin giydirilmesi ve vücut ısısının kontrolü:  yapıldı yapılmadı /............  Erken beslenmenin sağlanması:  sağlandı sağlanmadı /............ |  Apgar Ölçümü  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **PUAN** | | PUANLAMA | | | | **KRİTERLER** | **1.dk** | **5.dk** | 0 | 1 | 2 | | Kalp Hızı |  |  | Yok | 100/dk’nın altında | 100/dk’nın üzerinde | | Solunum |  |  | Yok | Yavaş, düzensiz, yüzeysel | İyi, güçlü ağlama, düzenli solunum | | Kas Tonüsü |  |  | Gevşek | Ekstremitelerde hafif fleksiyon | Aktif hareketli iyi kas tonusu, ekstremitelerde spontan fleksiyon | | Refleks |  |  | Tepki yok | Yüz buruşturma, kaş çatma | Ağlama, öksürme aksırma | | Cilt Rengi |  |  | Mavi-soluk | Vücut pembe ekstremiteler mavi | Tüm vücut pembe | | Toplam Puan |  |  | 0-3 puan olan bebeklerde ciddi asfiksi vardır. Acilen resesute edilmesi gerekir.  4-6 puan olan bebekler genellikle mukus, verniks koseoze ve mekonyum aspirasyonu olan bebeklerdir. Aspirasyonla solunum yollarının açılması ve O2 tedavisinden sonra bebeğin durumu düzelmeye başlar.  7-10 puan sağlıklı olarak değerlendirilir | | |   **F. DOĞUMUN ÜÇÜNCÜ EVRESİNDE YAPILAN UYGULAMALAR:**   |  |  | | --- | --- | | Plasentanın ayrıldığını gösteren işaretler:  umblikal kordun boyunun uzaması  uterusun fundusunun umblikus hizasına yükselmesi  ani vajinal kanama olması  uterusun küre şeklini alması  plasentanın vajinada palpe edilmesi  Plasentanın doğumu ve kontrolü:  yapıldı yapılmadı /.......... | Umblikal kordun kontrolü:  yapıldı yapılmadı /..........  Fundus kontrolü ve masajı:  yapıldı yapılmadı /..........  Kanama kontrolü:  yapıldı yapılmadı /..........  Perine bakımı:  yapıldı yapılmadı /..........  Hematom kontrolü:  yapıldı yapılmadı /.......... |   **G. DOĞUMUN DÖRDÜNCÜ EVRESİNDE YAPILAN UYGULAMALAR:**   |  |  | | --- | --- | | Perine bakımı:  yapıldı yapılmadı /.............  Üşümenin engellenmesi:  sağlandı sağlanamadı /.............  Dinlenmenin sağlanması:  sağlandı sağlanamadı /............. | Ağrı kontrolü:  sağlandı sağlanamadı /..........  Anne bebek ilişkisinin sürdürülmesi:  sağlandı sağlanamadı /............. |   ERKEN POSTPARTUM DÖNEMDE İZLEM ve TEDAVİ   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Saat | Tansiyon | Nabız | Beden Isısı | Tedavi | Ped kontrolü | Vulva Kontrolü | Uterus Kontrolü | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  H.EĞİTİM VE DANIŞMANLIK  |  |  | | --- | --- | | Emzirme: | Aile planlaması: | | Doğum sonu kendi bakımı: | Doğum sonu yeni doğan bakımı: |   **İlaç Kullanımı Ve Tedavi:**  **Sıvı Dengesi İzlemi**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **İlaç tedavisi** | **Dozu ve Sıklığı** | **Saatleri** | **Verilme Yolu** | **NOTLAR** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   **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 PARTOGRAF DEĞERLENDİRME**  C:\Users\meltem.karaman.LOCALHOST\Desktop\CİHAN.png   |  |  |  | | --- | --- | --- | | 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 İmzasıUYGULAMA 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 Bakım**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | | **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: |