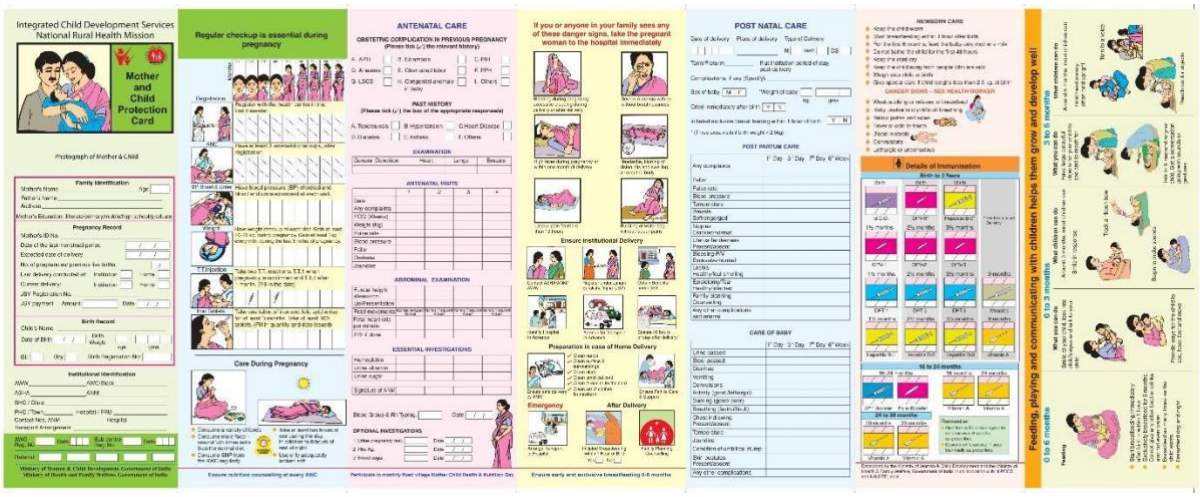
Ante - Natal Services

ANC PNC Card



Nutrition Assessment for Pregnant Patients

Patient Name: Age: … Reg. No.:…….

Date of Visit: Ht. ……. Wt. ……. BMI:

Diagnosis:

Nutrition Screening

Pre pregnancy weight (kg)		
Pre-Pregnancy BMI (kg/m2)		
Pregnancy trimester		
Current weight (kg)		
Weight gain with respect to trimester	Kgs	weeks of gestation
Trimester weight gain score	0	4
	For normal weight gain	For less weight gain
Biomedical parameter (Fe/Ca)	0	2
	If normal	If less
Any other complication (HTN/GDM)	0	2
	No complication	For complication
Total Score		

	Score (0-2)	Low Risk	No action is required, but nutritional reassessment should be continued once in ten days

	Score (2-6	Medium Risk	Patients are encouraged to eat balanced- diet, nutritional reassessment should be continued.
	Score >6	High Risk	Nutritional care plan should be initiated (calorie charting/Enteral nutrition form)

Patient / Patient attendant food preferences & allergies (if any):……

Nutrition Care Plan:
……
….

Diet Recommended:……
……

Dietician Name: Time: Date:

Re-assessment due on:……

Nutrition Care Plan (High Risk Patients)

Kcal Goal: Protein Goal:……

Any other nutrient goal:…….

Daily Round Follow Up for patient who are on calorie charting (Enteral nutrition chart separate)

Date						
Energy Intake (kcal)						
Protein Intake (gm)						

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Reference only (Weight gain score)

Weight status before pregnancy	Desired weight gain (kgs)	1st trimester weight gain (kgs)	2nd and 3rd trimester (kgs)
Underweight (<19.8 BMI)	13-18	2.3	0.47
Average (19.8-26 BMI)	11-16	1.6	0.44
Overweight (26-29 BMI)	7-11	0.9	0.3
Obese (BMI=29)	6-7		

Twin gestation	16-20		
Triplet gestation	20-25		

Reference only Cut Off Point for the diagnosis of Anemia

	Hb (g/dl)	Calcium (mg)
Adult, Females, Non-Pregnant	12	8.5-10.1
Adult, Females, Pregnant	11	8.5-10

Reference kcal and Protein Goal

	Energy (kcal)	Protein (gm)	Calcium (mg)	Iron (mg)
Pregnancy	+350	+18 g	1200	35
Lactation 0-6 month	+600	+14 g	1200	21
6-12 month	+520	+8 g	1200	21

MATERNITY PROGRESS PROFILE

Dr. in charge: .

_____

Patient's Name: .

_____

Age: _____ Registration No.:_____

Husband Name: _____

Address: .

_____

_____Tel No.

Menstrual History:_____

LMP: _____EDD: _____

Cycles:_____

Obstetric History:_____

Gravida: _____Parity: _____

FULL TERM	PRE-TERM	ABORTIONS	LIVE ISSUES

History of previous deliveries:

Mode Of Delivery	Indications for LSCS (if any)	Sex	Baby Weight	Present Age	Place of Delivery	Complications

History of previous abortions:

Trimester	Induced/Spontaneous	Year of Abortion	D&C. don

Past surgical history including Blood Transfusion:		
Past Medical History:		
1) DM	4) Allergies	7) Thyroid Disorder
2) HT	5) Asthma	
3) TB	6) Any Other	
Family History		
1) DM	3) Twins	5) Genetic Defects
2) HT	4) Thalassemia	6) Any Other
Significant Risk Factor/s in this Pregnancy:		

Breast: _____ CVS: _____RS: _____Others: _____ Inj. TT: 1st Dose_____ 2nd dose

Visit No.	Date	Wt.	Pulse	BP	Temp	Edema	Pallor	POG (D)	POG (USG)	Funchal Height	FHS	Presentation	FM	Hb	Urine R/M	P/V

Antenatal Investigations:

Test	Result	Date
CBC (Thal Screen)		
Blood Group (Patient)		
Blood Group (Husband)		
Urine C/S		
VDRL		
Rubella (leggy)		
Blood Sugar (1 hr. after 50 gm)		
Glucose		
HIV		
Bhag		
MSAFP Triple Panel		
TSH		
Blood Urea		
Serum Creatinine		
Serum Uric Acid		
Platelet Count		

ANTENATAL ULTRASOUND:

Date	Findings

NST:

Date	Findings

SPECIAL INVESTIGATION:

Date	Findings

Disclaimer

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