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ANTENATAL ADMISSION DATABASE
ASSESSMENT PART I

PATIENT IDENTIFICATION

BASELINE INFORMATION

DATE: | **TIME:**

ADVANCED DIRECTIVES: ☐ YES ☐ NO | INFORMATION PROVIDED: ☐ YES ☐ NO

MODE OF ARRIVAL: ☐ Walking ☐ Wheelchair ☐ Stretcher

LANGUAGE: ☐ English ☐ Other (specify) _____

PHYSICIAN:

SUPPORT PERSON(S) PRESENT: ☐ YES ☐ NO

☐ PVT ☐ CFL ☐ MC ☐ FP

NAME:

RELATIONSHIP TO PATIENT:

TIME NOTIFIED: | TIME SEEN: | TIME RESPONDED:

REASON FOR ADMISSION:

EMOTIONAL STATUS: ☐ Angry ☐ Irritable ☐ Calm ☐ Anxious ☐ Crying ☐ Withdrawn

ALLERGIES:

CURRENT MEDICATIONS:

LAST P.O. INTAKE *(Solid)* : | DATE: | TIME:

LAST P.O. INTAKE *(Fluid)* : | DATE: | TIME:

VITAL SIGNS: → TIME: | T: | P: | R: | BP: | HT: | WT: *(current)* | WT: *(pre-preg)*

LMP: | EDC: | GESTATION:

Hx of CURRENT / PAST PREGNANCIES:

AGE: | G: | F: | P: | A: | L:

FHR: | MONITOR APPLIED: ☐ YES ☐ NO | MONITOR EXPLAINED TO: ☐ PT ☐ Support Person

Hx of CONGENITAL ANOMALIES *(Previous Pregnancy)* : ☐ YES ☐ NO

CONTRACTIONS

ONSET DATE: | **TIME:**

FREQUENCY: | **DURATION:** | **INTENSITY:**

PROBLEMS w/ CURRENT PREGNANCY? ☐ YES ☐ NO

SONOGRAM? ☐ YES ☐ NO

AMNIO? ☐ YES ☐ NO

NST? ☐ YES ☐ NO

LAST VAGINAL EXAM

KNOWN/SUSPECTED PROBLEMS w/ BABY? ☐ YES ☐ NO

PRENATAL CARE Date Started: _____ Place: _____

SUBSTANCE ABUSE: ☐ YES ☐ NO Type: _____

PROBLEMS w/ PRIOR PREGNANCIES? ☐ YES ☐ NO

Date	Type of Delivery	GA	Sex	Wt

BLOOD TYPE: | VERIFIED BY:

ANTENATAL RHOGAM GIVEN: ☐ YES ☐ NO | URINE SPECIMEN: ☐ YES ☐ NO

ADOLESCENT 12 - 19 YEARS OLD

SCHOOL GRADE: _____ WORK: _____

CONCERNS:

→ Initiate SOCIAL SERVICE CONSULT upon Admission

PATIENT DISPOSITION

☐ ADMITTED: TIME:

☐ TRANSFERRED TO: _____ TIME:

RN SIGNATURE / TITLE: | DATE: | TIME:

PART OF THE MEDICAL RECORD

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ANTENATAL ADMISSION DATABASE
ASSESSMENT PART I

PATIENT IDENTIFICATION

NURSING NOTES		
DATE:	**TIME:**	

PART OF THE MEDICAL RECORD