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# ANTENATAL DAILY CARE RECORD

## PATIENT IDENTIFICATION

\* Abnormal Findings Require a Nursing Note

GESTATIONAL AGE:	EDC:	WT:
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Date								
Milit. Time								
VITAL SIGNS	T P	R BP	T P	R BP	T P	R BP	T P	R BP
BREATH SOUNDS (Clear, Rales, Rhonchi)								
HEART SOUNDS (Regular, Irregular)								
UTERINE Contractions (Mild, Moderate, Strong)	Frequency	Intensity	Frequency	Intensity	Frequency	Intensity	Frequency	Intensity
FETAL HEART Rate								
Location								
FETAL MOVEMENT (Active, Decreased)								
MEMBRANES Intact, Ruptured, Leaking								
Vag Discharge								
EDEMA (Generalized, Pitting)	Location	Amt	Location	Amt	Location	Amt	Location	Amt
HOMAN'S SIGN (Present, Absent)								
Reflexes	0 - 4	# Beats	0 - 4	# Beats	0 - 4	# Beats	0 - 4	# Beats
Clonus								
DIET								
URINE (Glucose, Protein, Ketones, etc.)								
POSITION (Lt Lateral, Trendel, Rt Lateral, S-Fow)								
<b>CHECK OFF</b>	Voids		Peri Care		Voids		Peri Care	
	Stool		Foley Care		Stool		Foley Care	
	IV Site / Care		# PADS		IV Site / Care		# PADS	
	Activity		# TEDS		Activity		# TEDS	
	Shower / Bath				Shower / Bath			
	Emesis				Emesis			
	Fetal Monitoring				Fetal Monitoring			
	Signature / Title:			Signature / Title:			Signature / Title:	

**PART OF THE MEDICAL RECORD**

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PATIENT IDENTIFICATION

## NURSING NOTES

DATE:	TIME:	

### PART OF THE MEDICAL RECORD