UNIT 2 ANTENATAL ASSESSMENT

Structure

2.0 OBJECTIVES

After going through this practical unit, you should be able to:

- give comprehensive antenatal care;
- explain the procedure of antenatal registration and collect necessary information;
- perform antenatal examination;
- identify normal and abnormal changes during antenatal examination;
- list the articles required for antenatal examination;
- conduct physical and abdominal examination;
- differentiate normal and abnormal findings during obstetrical examination;
- identify women at risk during antenatal examination; and
- assess health education needs of women and conduct need based health education.

2.1 INTRODUCTION

In India one woman dies every five minutes from pregnancy related causes. Most of these deaths can be prevented or can be avoided if preventive measures are taken and adequate care is available. Maternal death is a tragedy for the individual woman, family and community. In developed countries the maternal mortality is 27 maternal deaths per 1 lakh live births and in developing countries the ratio is nearly 20 times i.e. 480 maternal deaths per lakh live births. To reduce the maternal mortality **antenatal care** can play a very important role. In this practical unit we will tell you about antenatal examination and how you will perform antenatal examination.

2.2 ANTENATAL EXAMINATION AND CARE

You have read in unit 1 the magnitude of problem of maternal and infant mortality and morbidity. It becomes a major responsibility of nurse to provide excellent antenatal care to the mother from the day mother regards to the health worker in community hospital.

2.2.1 Definition and Meaning

Antenatal care is defined as the systematic examination and advices given to the pregnant women at regular and periodic intervals based on the individual needs starting from the beginning of pregnancy till delivery. Antenatal examination is carried out whenever a woman visits the clinic for antenatal check up.

2.2.2 Aims of Antenatal Care

i) Ensure normal pregnancy with healthy baby and mother.

ii) Monitor the progress of pregnancy by conducting regular examination

iii) Prepare and encourage the pregnant woman and her family to have a healthy psychological adjustment to child bearing.

iv) Prevent and detect any complication at the earliest and provide care as required.

v) Provide need based health education an all aspects of antenatal care and importance of planned parenthood.

vi) Prepare the mother for confinement and postnatal care and child rearing.

2.2.3 Components of Antenantal Care

- Setting up antenatal clinic with all essential facilities.
- Registration
- History taking
- Investigations
- Antenatal examination
- Abdominal examination (obstetric examination)
- Vaginal examination
- Health education on various aspects of (family centred maternity care.

Let us discuss how you can organize care for antenatal women.

A woman should be encouraged to register for antenatal check-up when she is confirmed of being pregnant, as soon as she misses her normal period.

2.3 SETTING UP ANTENATAL CLINIC

2.3.1 Articles Required for Antenatal Examination

— Examination Table-if in the clinic or on the bed at home

— Draping sheet

— Screen or curtain

— Urine testing articles and bottle for specimen

— Temperature tray

— Weighing scale

— BP apparatus

— Kidney tray

— Paper bag

— Torch

— Stethoscope

— Tape measure

The place where you would provide antenatal care should be clean, well ventilated and properly lighted.

2.3.2 History Taking

Registration: The women should be registered after confirming that she is pregnent (possibly). Afterwards midwife will carryout the following:

1) Identification data — age, marital status, education, occupation, family composition, housing etc. The data includes complete soicio-cultural and economic background of the client and her family.
2) Reason(s) for visiting the clinic.
3) History taking:
   a) Surgical history:
      - history of any operation,
      - injury or accidents,
      - history of blood transfusion, etc.
   b) Family history:
      - both maternal and paternal history of breech delivery,
      - twin delivery,
      - hypertension,
      - heart disease,
      - diabetes, and
      - congenital malformation
   c) Personal history — health habits like smoking, drinking, drugs or any other past medical history
      - History of heart disease any disease since childhood like,
      - rheumatic fever,
      - pulmonary disease,
      - convulsions,
      - allergies,
      - renal disease,
      - diabetes, etc.
   d) Menstrual history:
      - age at first menstrual period,
      - last menstrual period date,
      - duration of each period,
      - any complaints like dysmenorrhoea,
      - amount of blood flow
   e) Obstetrical history—
      - gravid para
        i) past obstetrical history nature of pregnancy (preterm full term)
           - labour
           - puerperium — (normal/afebrile)
           - new born sex, healthy
        ii) age at first pregnancy
      - present pregnancy — any specific health problems

2.3.3 Investigations

— Urine — Albumin and sugar every visit (Refer Skill Bag Technique)

— Blood — Hb testing on every visit, once a month to exclude anaemia.
Normal Hb 10-12 gm %

— Blood group

— VDRL for syphilis done on the first visit

— HIV test for high risk groups

— Ultrasound- To be done if indicated (If sending for an ultrasound make sure bladder is full)

— TORCH Test – To rule out the following infections (in selected cases)

T : Toxoplasmosis

O : Other Viral infections

R : Rubella

C : Cytomegalovirus

H : Herpesvirus

2.3.4 Physical Examination

This includes complete systematic examination of each system and assessing its function.

Physical measurements include:

- Height — Make the woman stand against the wall and measure the height. Average height of an Indian woman is 145-150 cms. Height indicates the pelvic size.
- Weight — Weight checking should be done at each visit. Obesity can lead to risk of gestational diabetes. Average weight of an Indian woman in the age group of 25-30 yrs is 60 kgs.

  During pregnancy the weight increase in the:

  First trimester — 1 kg.

  Second trimester and Third trimester — 5 kg. (2 kgs. a month)

  Total weight gain during pregnancy is approximately 11 kgs.

  The total weight gain during pregnancy indicates the birth weight of the child

  A higher than normal increase in weight indicates early manifestation of toxemia.

  Stationary weight for some period of pregnancy suggests intrauterine growth retardation or intrauterine death.

  Poor weight gain also indicates foetal abnormality.
- Blood pressure — Blood pressure should be recorded during each visit. Any reading above 140/90 should be reported.
- Vital signs — Temperature, pulse, respiration to be recorded in each visit

2.3.5 Head and Toe Examination

Complete systematic examination from head to toe.

i) Hair and Scalp — healthy or infection

ii) Eyes

— Observe the color of the conjunctiva – yellow, pink or normal.

— Sclera – normal, yellow tinge suggest anaemia

— Infection, discharge

iii) Mouth

— Hygiene

— Gums and teeth — healthy, cavities, infection

iv) Ear, Nose and Throat -— Healthy, enlargement or infection.

v) Breast changes—Normal changes during pregnancy

- 3-4 wks — Pricking and tingling sensation
- 6 wks — Enlarged, tense, painful
- 8 wks — Bluish surface, veins visible
- 8-12 wks— Montgomery glands become prominent on the areola
- 16 wks — Colostrum can be expressed

vi) Abdomen — Palpate for liver or spleen enlargement or any other abnormality

vii) Skin — Observe for any scar or infection

viii)Extremities — Upper: Check hands, color of nails-pink or pale, shape of nails
Lower : Any pain, tenderness, varicose veins, presence of oedema

ix) Back and Spine:

— Observe the back and spine for any deformity

— Observe the symmetry of the rhomboids of Michaelis which is a diamond shaped area formed anteriorly by the fifth lumbar vertebra laterally by the dimples, of the superior iliac spine and posteriorly by the gluteal cleft.

2.4 PROCEDURE FOR EXAMINATION

2.4.1 Physical Examination

- Collect all required articles
- Keep room ready — adequate light
  - — Privacy
  - — Warm or as per season
- Prepare the mother explain the procedure
  - — ensure that the bladder is empty
  - — give a comfortable and relaxed position
- Stand on the right side of the woman or the examination table
- Collect relevant history which includes identification data, socio-economic data, cultural, medical, surgical, family and personal history
- Collect information about previous pregnancies and the present one and record in the performa or the card
- Drape the mother and provide enough privacy by curtain or screen
- Do a thorough physical examination from head to toe and record the findings and also record on
- Bowel and bladder habits
- Any complaints related to pregnancy or minor ailments
- Explain and assist in routine investigation like urine, stool or blood.

2.4.2 Abdominal Examination

A thorough abdominal examination of pregnant woman helps to determine the lie, presentation, and position of the foetus.

General Instructions to be kept in mind during abdominal examination:

- Make your hands warm before examining
- Explain the procedure
- Touch the abdomen lightly to reduce reflexive reaction
- Explain the woman to lie down in dorsal position with thighs slightly flexed with upper part of the body supported by a small pillow and expose the abdomen fully

- Do systematic examination-inspection followed by palpation and finally auscultation
- Keep the fingers together and use the palms surface of the fingers
- Use smoothly applied pressure to palpate the returns
- Palpation should be continuous i.e. do not lift your hand till the whole palpation is done. Follow the four sequential steps of palpation (Leopolds manouever). This will help you to gain and improve accuracy of your findings manouever.
- Do not press hard with the fingers as it is painful.

1) **Inspection**

Which means observation of size, shape, contour, skin changes, foetal movements. The presence of scar, rashes, lesions, diluted veins, pulsations, presence of linea nigra can also be observed. Foetal movements can be observed as early as 18 to 20 wks. in primigravida and 16 wks in multigravida. Mother may be asked to report about foetal movements and report if excessive or lack of movement.

2) **Palpation**

Abdominal palpation should be done between 16-20 wks of gestation onwards, when foetal parts are palpable. Period of gestation can be assessed by noting the actual growth of the foetus in weeks by assessing the height of the fundus in weeks and by measuring the abdominal girth. These findings can be compared with actual period of pregnancy or amenorrhoea to estimate if it is normal.

a) ***Fundal Height***: can be measured by measuring the distance between the symphysis pubis and the fundal curve using tape measure or fingerbreadth. This measurement provides information about the progressive growth of pregnancy. Umbilicus is usually taken as a landmark for measuring or assessing fundal height. You can place the uterus border of your left hand over the abdomen just below the xiphisternum. Pressing gently move the hand down the abdomen until the curved uppermost border part of the fundus is felt by the examining hand.

McDonald's Measurement is done by using the tape measure. This measures the distance between the upper border of symphysis pubis to the uppermost curved level of the fundus in cms or in inches in the midline passing over the umbilicus. It is applicable beyond 24 wks of pregnancy. Measured fundal height divided by 3.5 gives the duration of pregnancy in lunar months.

Using 3 finger breadth — which is approximately equivalent to 5 cms or 2 inches or 4 wks of lunar months. In this also 3 fingers from upper border of the symphysis pubis till the uppermost curve of the fundus. The growth chart of the foetus as per finger measurement is given below.

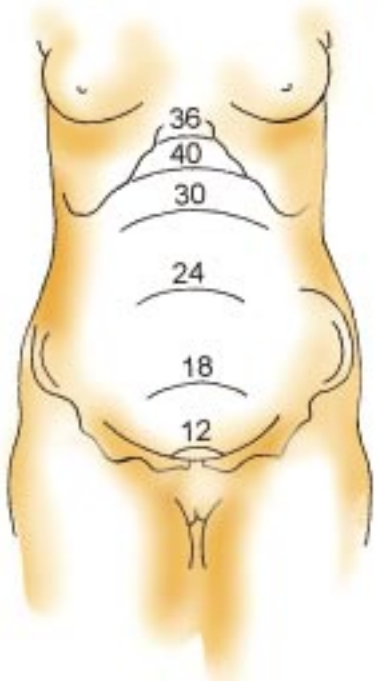


Fig. 2.1: Measurement of fundal height

- 12 weeks — Uterus is just about the symphysis pubis
- 18 weeks — Uterus half way between the symphysis pubis and umbilicus
- 20 weeks — above the half way but 2.5 cms below the umbilicus
- 24 weeks — fundus will be present at the upper margin of the umbilicus about 20 cms from the symphysis pubis or 3 finger breadth above 20 weeks.
- 28 weeks — fundus is 1/3rd from the umbilicus to the xiphisternum or 30 cms from the symphysis pubis approximately.
- 32 weeks — 2/3rd distance from the umbilicus and xiphisternum, 6 finger above the umbilicus
- 36 weeks — 3/3rd distance, which means at the level of xiphisternum approximately 35 cms or 13-14 inches
- 40 weeks — mostly lightening takes place and uterus descends down to the level of 32 wks.

Sometimes fundal height does not correspond with period of gestation and the reasons could be:

i) Multiple pregnancy

ii) Polyhydramnios

iii) Foetal macrosomias

iv) Big baby

v) Wrong dates

If the fundal height is less than the period of gestation then it could be due to:

i) Abnormal foetal presentation

ii) Growth retarded foetus

iii) Congenital malformations

iv) Oligohydramnios

v) IUD (Intrauterine Death)

vi) Wrong dates

Observe for lightening if it has occurred. Observe for presenting part if it has settled in the pelvis. At this time the fundal height decreases.

b) ***Assess Abdominal Girth*****:** Abdominal circumference is measured with help of tape measure. Normal increase of 1 inch or 2.5 cms. per week after 30 weeks. Measurement in inches is same as the wks of gestation after 32 wks in an average built woman. For example, the abdominal girth in a 32 weeks pregnant mother may be 32 or 31 inches.

c) ***Grips Used in Abdominal Palpation*****:** Abdominal palpation is done using 5 types of grips which are:

1) Fundal Grip

2) Lateral Grip

3) Pelvic Grip — Deep Pelvic palpation

4) Pelvic Grip — Pawlick Manoeuver

5) Combined Grip

Check Your Progress 1

1) Which all aspects of history should be taken during antenatal registration?

.....

.....

.....

.....

.....

.....

2) Fill in the blanks:

i) Height of woman indicate the ..... size.

ii) Total weight gain of woman during pregnancy indicate .....weight of baby

iii) Stationary weight for some period of pregnancy suggests ..... retardation or intrauterine .....

iv) Excessive weight gain during pregnancy is suggestive of manifestation of .....

v) Montogomery glands of the breast become prominent on the areola during ..... of pregnancy.

3) List six general instructions you will keep in mind during abdominal examination of pregnant women.

.....

.....

.....

.....

.....

.....

4) Mention the types of grips used during abdominal palpation.

.....

.....

.....

.....

.....

.....

First Palpation Using Fundal Grip

You should stand facing patient's head, use the tips of the fingers of both hands to palpate the uterine fundus.

— When foetal head is in the fundus, it will be felt as a smooth hard, globular, mobile and ballotable mass.

— When breech will be in the fundus, it will be felt as soft irregular, round and less mobile mass.

This manoeuver will enable to assess the lie of the foetus which is the relationship between the long axis of the foetus and the long axis of the uterus. The lie is mostly

longitudinal or transverse but occasionally it may be oblique. This palpation or manoeuver also helps in identifying the part of the foetus which lies over the inlet of the pelvis. The commonest presentation are mostly vertex (head)

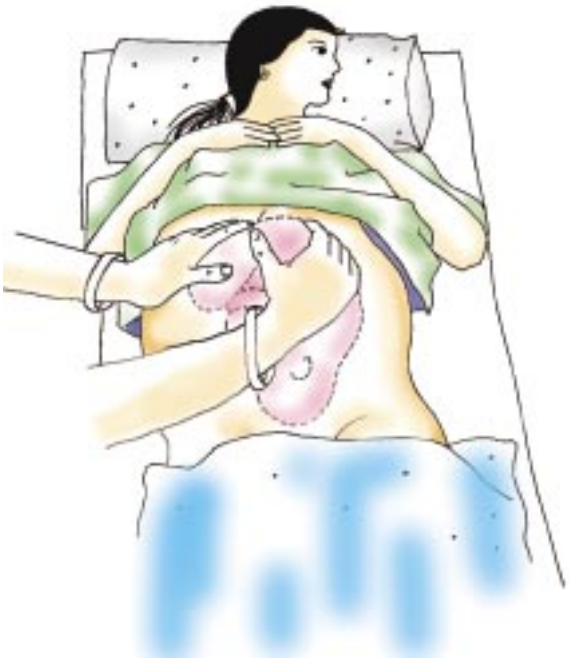


Fig. 2.2: Fundal palpation

Second Manoeuver — Lateral Palpation

For performing the lateral grip also you keep facing the patient's head and place your hands on either side of the abdomen. Steady the uterus with your hand on one side and palpate the opposite side to determine the location of the foetal back.

— The back area will feel firm

— Small baby parts like hands, arms and legs will be felt like irregular mass and may be actively or passively mobile.

This grip helps to identify the relationship of the foetal body to the front or back and sides of the maternal pelvis. The possible positions are anterior, posterior, etc.

(a) (b)

Fig. 2.3: Lateral palpation

Third Manoeuver — Deep Pelvic Palpation

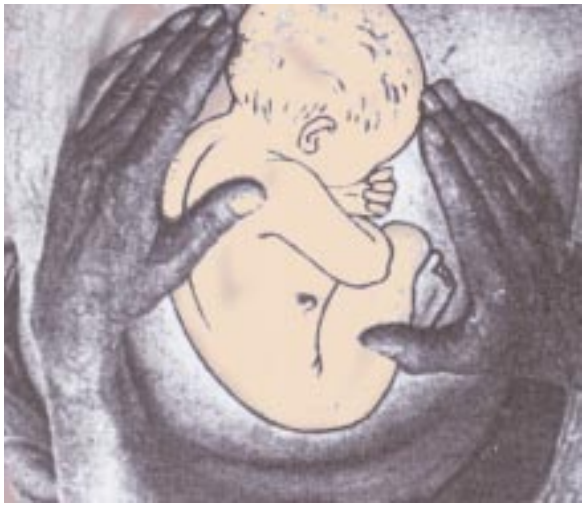
During this grip you will face the patient's feet. Gently move your fingers down the sides of the abdomen towards the pelvis until the fingers of one hand encounter the bony prominence.

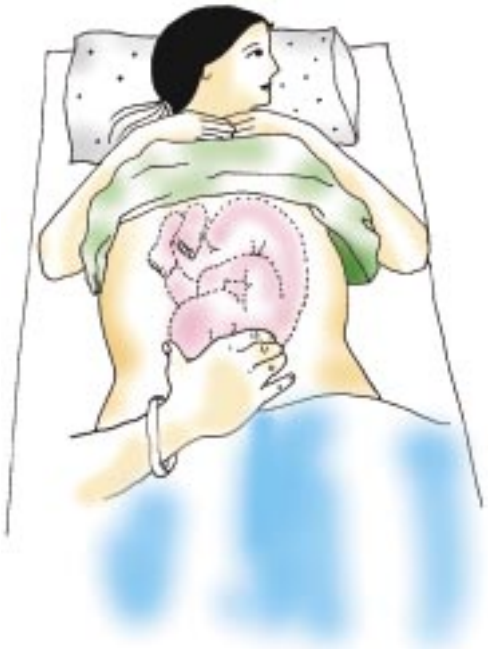
— If the prominence is on the opposite side of the back, it is the baby's brow and the head is flexed.

— If the head is extended then the cephalic prominence will be located on the same side as the back and will be the occiput.

— In this when there is cephalic prominence and the foetal head is felt over the brim of the pelvis it is Flexed Attitude.

— When the forehead forms the cephalic prominence and the head is extended it is called Extension Attitude.





(a) Pelvic palpation **(b) Deep pelvic Grip**

Fig. 2.4

Fourth Manoeuver — Pawlick Grip

Place the tips of the first three fingers of each hand on either side of the abdomen just above the symphysis pubis and ask the patient to take deep breath and exhale. As she exhales, sink your fingers down slowly and deeply around the presenting part. This grip will help you to identify the presenting part. This is the part that first contacts the finger in the vaginal examination most commonly it is the head or the breech.

Combined Grip

In this grip the fundal grip alternate with the Pawlick grip. It is done in cases where one is still doubtful about the above palpation. After abdominal examination vaginal examination may be done to assess the pelvis in later months.

3) **Auscultation**

Auscultation is done to monitor the foetal heart sounds. The rate and rythm of the foetal heart beat gives an indication of its general length. This may be possible after 18 to 20 weeks. Normal foetal heart rate is 120-140 beats per minute. If a doppler ultrasound device is used, it can be detected as easy as 10 weeks of gestation. The point of clearest heart tones for various foetal positions is shown. Heart tones are best heard through the fetus's back. Loudness of the foetal heart tones depends on the closeness of the foetal back to mother's abdomen.

When you are searching for heart tones, the normal rapid beats confirms that the examiner is learning the foetal heart beat rather than that of the mother. If the foetal

heart rate is less than 100/min or more than 160/min with the uterus at rest it may indicate foetal distress. Regularity of the beat is a normal finding; irregularity of the beat is abnormal finding.

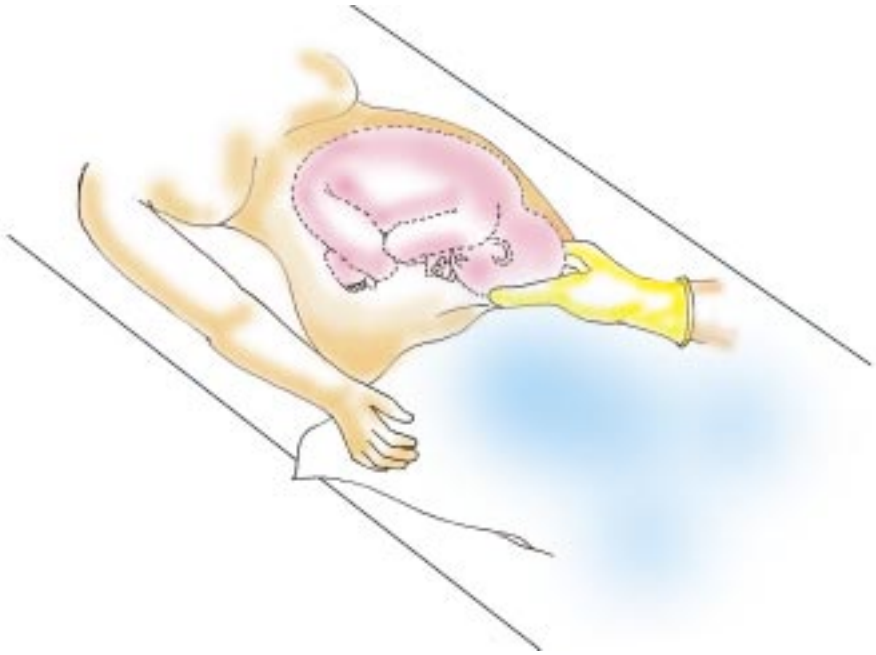


Fig. 2.5: Pawlick grip

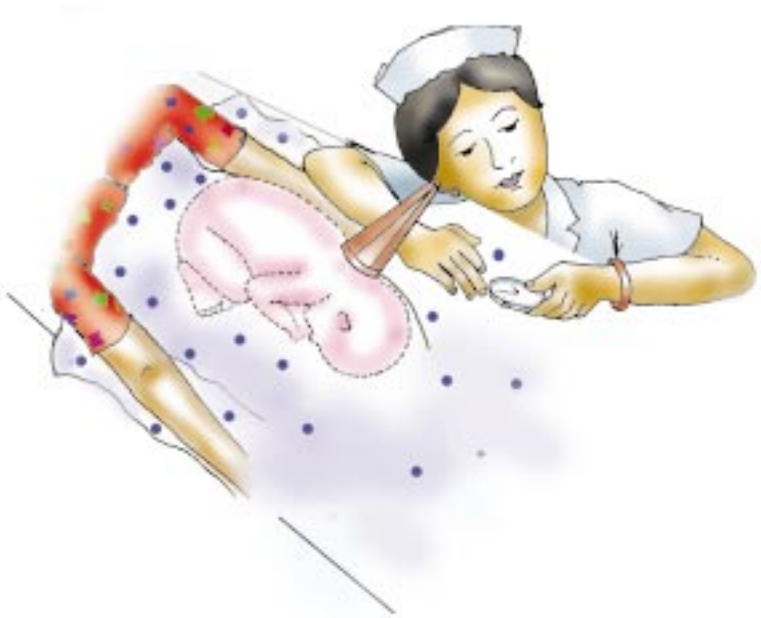


Fig. 2.6: Foetal heart auscultation using foetoscope

- Other sounds heard in the abdomen are tunic souffle, counted by the rushing of the blood through the umbilical arteries, and uterine souffle, caused by the gush of blood passing through the uterine blood vessels. Uterine souffle, is synchronous with FHR while uterine souffle 4th motional rules.
- Failure to hear foetal heart rates may be because to:
  - — Defector fetoscope or noising environment, anxiety of the examiner early
  - — Fetal death
  - — Obesity, hydrogenous, low placental souffle, posterior position of foetus

After palpation and auscultation findings, of the examination is recorded which includes:

1) Lie — Longitudinal/Oblique/Transverse
2) Period of Gestation in Weeks
3) Presentation — Cephalic/Breech

4) Attitude — Flexed/Extended
5) Position — Anterior/Posterior
6) Foetal Heart Rate — 120/140/Above or Below

After recording the findings explain the mother regarding various aspects of antenatal care.

2.5 ANTENATAL ADVICES

Need based health education should be given related to:

- Diet in pregnancy — Adequate, balanced, nutritious, easily digestible, rich in protein, minerals and vitamins. Be realistic and reasonable in the advice given keeping in mind the economic status of the patient.
- Personal Hygiene — Explain the importance of maintaining personal hygiene and wearing clean loose comfortable clothes. High heel shoes should be avoided.
- Care of the breast hygiene and supporting undergarments.
- Dental Care — If any dental problem is there refer to the dentist
- Antenatal Exercises — Demonstrate and advise the importance of antenatal exercise and of rest and sleep
- Regular medication and supplementation
- Care of the Bowel — Avoid constipation by taking in plenty of fluids and a balanced diet
- Posture — Maintain proper posture and change posture frequently. Avoid supine position if necessary keep a small pillow under lower back.
- Immunization — Advice about immunization; 2 doses of tetanus toxoid.
- Travel — Travel in jerky movements is to be avoided. Avoid long journeys.
- Explain about warning signs like:
  - — Bleeding per vagina
  - — Leaking per vagina
  - — Convulsions or coma
  - — Epigastric pain
  - — Blurring of vision
  - — Sever headache
  - — Oedema, etc.
- Advise about preparation for confinement and articles to be kept ready for delivery.
- Explain about signs of true labour and when to contact for help or confinement.

2.6 IDENTIFICATION OF RISK FACTORS

Identify the risk factors and assess the risk status of pregnant women.

Every pregnancy carries an element of risk even if the previous pregnancy is normal. Risk factors must be taken into account while examining the mother e.g.:

- Height — Short stature woman
- Age — Less than 20 or more than 35
- Parity — Multiparty or more than five
- Education — Illiterate or below primary level
- Socio-economic status — Low
- Weight gain during pregnancy — More or less more than normal range
- Weight of the mother less than 45 kg or than 90 kg.

- Previous pregnancy — Bad obstetrical history, previous caesarian
- Present pregnancy:
  - — Any medical problem — acute or chronic
  - — Bleeding per vagina
  - — Pregnancy induced hypertension
  - — Rh negative pregnancy
  - — Abnormal uterine growth — Big baby/IUGR
  - — Presentation — Abnormal presentation/multiple pregnancy
  - — Anaemia — Hb below 10 gms %
  - — Previous pregnancy — Prolonged labour
  - — Foetal Distress
  - — Post partum haemorrhage
  - — Previous factors, neonatal factors may be enquired like history of foetal distress, neonatal jaundice, low birth weight (<2500 gms), congenital malformations

These information will help in identifying mothers at risk and appropriate action may be taken.

- Prompt recognition of the problems
- Proper utilization of the health facilities
- Adequate care and referral
- Prevention of complications

Check Your Progress 2

1) Fill in the blanks:

   i) Fundal Grip helps to access the ..... of the foetus.

   ii) The lateral grip helps to identify the .....of foetal body to the front or back side of ..... pelvis.

   iii) Deep pelvic grip helps to know the ..... and .....

   iv) The Pawlick's grip helps you to identify the .....

   v) The normal foetal heart rate is .....

2) List the risk factors of pregnancy which help in assessment of risk status of women.

   .....

   .....

   .....

   .....

   .....

   .....

3) List the warning signs which you may explain the women during pregnancy.

   .....

   .....

   .....

   .....

   .....

   .....

2.7 LET US SUM UP

In this practical unit we have discussed how to conduct antenatal examination. You will come across various situations where you will make decisions about antenatal care that the mother should receive care based on antenatal examination conducted by you. Antenatal examination will also help you to identify high risk antenatal women and refer to the appropriate agency. You have learnt how to conduct physical and abdominal examination for antenatal women. This practical unit will also help you to set up antenatal clinic in the maternity department.

2.8 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress 1

1) — Personal History
   — Past Medical History
   — Surgical History
   — Family History
   — Previous Obstetrical History
2) i) pelvic
   ii) birth
   iii) intrauterine growth; death
   iv) toxemia
   v) 8-12 weeks
3) — Make your hands warm before examining
   — Explain the procedure
   — Explain the woman to lie down in dorsal position with thighs slightly flexed with upper part of the body supported by a small pillow and expose the abdomen fully.
   — Ensure that the bladder is emptied
   — Stand on the right side of the examination table
   — Do systematic examination — Inspection followed by palpation and finally auscultation
   — Finger pads should be used instead of the finger tips as the latter are painful
   — Palpation should be continuous i.e. do not lift your hand till the whole palpation is done
4) a) Fundal Grip
   b) Lateral Grip
   c) Pelvic Grip — Deep pelvic palpation
   d) Pelvic Grip — Pawlick's Manoeuver
   e) Combined Grip

Check Your Progress 2

1) i) lie
   ii) relationship; maternal
   iii) presentation; attitude.
   iv) presenting part.
   v) 120-140 per minute.

2) • Height — Short stature woman
   • Age — Less than 20 or more than 35
   • Parity — Multiparity or more than five
   • Education — Illiterate or below primary level
   • Socio-economic status — Low
   • Weight gain during pregnancy — More or less than normal range
   • Weight of the mother less than 45 kg or more than 90 kg.
   • Previous pregnancy — Bad obstetrical history, previous caesarian
   • Present pregnancy:
      — Any medical problem-acute or chronic
      — Bleeding per vagina
      — Pregnancy induced hypertension
      — Rh negative pregnancy
      — Abnormal uterine growth — Big baby/IUGR
      — Presentation — Abnormal presentation/multiple pregnancy
      — Anemia — Hb below 10 gms %
      — Previous pregnancy — Prolonged labour
      — Foetal Distress
      — Post Partum Haemorrhage
   — Previous factors neonatal factors may be enquired like history of foetal distress, neonatal jaundice, low birth weight (<2500 gms.), congenital malformations

3) • Bleeding per vagina
   • Leaking per vagina
   • Convulsions or coma
   • Epigastric pain
   • Blurring of vision
   • Severe headache
   • Oedema, etc

2.9 ACTIVITY

During your experience in clinical area select at least five antenatal women and carry out complete antenatal examination and report your finding.

Antenatal Examination and complete the proforma correctly with your findings.

Guideline

Assessment of pregnant women for risk factors

Follow the guidelines given below and fill it properly.

Name : ..... Wife of : .....

Age : ..... Family Income : .....

Occupation : Husband : .....

Wife : .....

1) Number of :

Gravida : .....Parity : ..... Abortions : .....

2) Physical Assessment : .....

- Weight : ..... Height : ..... Gait : .....
- Weight gain during pregnancy (till the time of examination):

  .....
- Vital signs : .....

3) Investigations ..... Urine: Sugar .....

- Blood : Hb ..... Albumin .....

  Group .....

  Others .....
- Ultrasound ..... Date .....
- Any Other ..... Findings .....

4) History

- Medical : .....
- Surgical : .....
- Family History : .....

  .....

  Obstetric History

  Previous/Past : .....

  i) Pregnancy : .....

  ii) Labour : .....

  iii) Puerperium : .....

  Present history with complaints : .....

  .....

5) Make an observation for high risk in present pregnancy:

a) Anaemia .....

b) Hydramnios .....

c) Hypertension .....

d) Pre-eclampsia .....

e) Eclampsia .....

f) RH Incompatibility .....

g) Abnormal uterine growth big badby/IUGR .....

h) Ante partum hemorrhage .....

i) Infections .....

j) Any other .....

6) Utilization of Health Facilities by Client/Family:

.....

Referred from : .....

7) Information regarding appropriate action (taken by you):

In community : .....

In hospital : .....

8) High risk score : .....

9) Health Education - Given .....

Remarks : .....

.....