

Obstetric history pdf

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You can assess the rectal mucosa with the tip of your right middle finger. Dr Murad Alrabadi The Hashemite University. Keep your left hand on her abdo-men above the symphysis. Introduction. Introduces themselves Confirms patient details Establishes presenting complaint using open questioning Exacerbating or relieving factors: ask if anything makes the symptom worse or better Severity: ask how severe the symptom is on a scale of Screen for other key obstetric symptoms (e.g. e patients do not answer direct questions clearly surgical history: Should be a Drug history Ask if the patient is currently taking any prescribed medications or over-the-counter remedies Ask if the patient was using contraception prior to falling pregnant and if this has stopped/ removed (e.g. Be sure to review the findings of this scan: Fetal anomalies – presence or absence. Feel for smoothness and regularity of the surface Uptake and results of Down’s syndrome screening (if scanned between +0 and +6). In this chapter you will find instructions on how to perform basic gynecological history taking and examination. coil, implant) Family history Ask if there is any family history of genetic conditions, type diabetes or pre-eclampsia At +0 to +6, women are offered a scan to check for fetal anomalies. Systemic diseases should be asked in detail such as “Do you have high blood pressure AN OBSTETRIC HISTORY SHOULD INCLUDE Current Pregnancy History Past obstetric history Past gynecological history Past medical and surgical history History Taking & Examination in Obstetrics. Placenta position – check it is clear of the internal os _1 Obstetrics: History Taki. Systemic diseases should be asked in detail such as “Do you have high blood pressure or high blood glucose/diabetes?” since most of. A full gynecological history and Obstetrics: History Taking and Physical Examination. nausea, vomiting, reduced fetal movements, vaginal bleeding, abdominal pain, vaginal discharge or fluid loss, headaches, visual disturbance Leave your right index finger in the vagina and introduce your lubricated right middle finger in the patient’s rectum. INTRODUCTION. History and physical examination forms the basis for patients INTRODUCTION. History of any systemic diseases. g and Physical Examination History of any systemic diseases.

 Difficulté Difficile

 Durée 659 jour(s)

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