



**COLLEGE OF NURSING
UNIVERSITY OF THE PHILIPPINES
MANILA**



Student's Name: _____

Date: _____

WELL-BABY CLINIC
(MATERNAL DATA BASE AND NURSING CARE)

I. PATIENT'S DATA

Name: _____ (first name only) Age: _____ Sex: _____ Case No. _____

Address: _____

Mother's name: _____ Age: _____

Educational attainment: _____ Occupation: _____

Father's name: _____ Age: _____

Educational attainment: _____ Occupation: _____

Number, sex and age of children: _____

(ex. 3-F4 f3 M2)

Date of Interview: _____ Informant: _____

II. CHIEF REASON FOR CONSULTATION (exact words) _____

III. Present Illness: (check item as applied and note onset, severity, duration, method of relief)

Eye discharge	Jaundice
Ear discharge	Colic
Vomiting	Diarrhea
Mouth sores	Constipation
Nasal discharge	Parasitism
Cough	Fever
Colds	Skin lesions
Cyanosis	Wet navel
Others (specify)	

IV. PAST HISTORY

A. Maternal History

Gravida _____ Para _____ Prenatal check-up (for this pregnancy) Yes ___ No ___

Where: _____ No. of Prenatal visits _____

Illness during this pregnancy (specify) _____

X-ray exposure: _____ At what month/trimester of pregnancy: _____

Drug intake: Yes ___ No ___ Nature of drug _____

Reason for taking drug: _____ When (trimester) _____

B. Birth History

Full term _____ Premature _____ Weight _____ length _____

Place of birth: Hospital _____ home _____ others _____

Assisted by: Physician _____ Nurse _____ Nurse Midwife _____ others _____
 Manner of delivery: Cesarean _____ Forceps _____ Vaginal _____
 Indication: _____
 Presentation: cephalic _____ Breech _____ Others _____

C. Maternal complications during pregnancy (of this child)

Hypertension _____ Fever infection _____
 Bleeding _____ Others (specify) _____

D. Neonatal Complications

None _____ Incubator care _____
 Cyanosis _____ Jaundice _____
 Prematurity _____ Difficult respiration _____
 Others: (congenital anomalies) _____

E. Past Illness

Cough _____
 Colds _____
 Diarrhea _____
 Fever _____
 Hospitalization: Yes ____ No ____
 If yes, Where _____
 For what _____
 When _____ Duration _____

F. Family History (indicate if mother or father)

TB _____ Asthma _____ Allergy _____ Cardiac _____ Hypertension _____
 Others: _____

G. Feeding history

Breast? Yes _____ No _____
 If not, why? _____
 Bottle feeding? Yes _____ No _____
 If yes, brand of milk _____ Kind: Powder ____ evaporated ____ condensed ____

Formula: No. of scoops/ ounces of milk _____
 No. of ounces of water _____
 Amount consumed per feeding _____
 Frequency of feeding: 1-2 hrs., 2-3, 3-4 hours, others _____

Complementary Feeding:

Food	Date started	Frequency
Thin lugaw		
Fruit juices		
cereals		
Vegetable and fruits		
Egg		
Fish		

meat		
Vitamins		
Others		
remarks		

H. Immunization

	Date given			Reactions
	Dose 1	Dose 2	Dose 3	
BCG				
Hep B				
DPT				
Hib				
OPV / IPV				
MMR				
PCV				
Others				

I. Current medication

Drug _____

Prescribed by: _____ (Physician) _____ (others)

Purpose: _____

Date started: _____ remarks: _____

J. Growth and Development

	AGE in MONTHS	PROBLEM ENCOUNTERED
Smiles		
Turns over/rolls		
Crawls		
Sits		
Stands		
Walks with support		
Walks alone		
Runs		
teething		
Speaks		
Bowel control		
Bladder control		
Others		
Remarks		

V. PHYSICAL EXAM

T _____ P _____ R _____ Actual weight _____ (BW) _____ HC _____ cm
Actual length _____ (BL) _____ HC _____ cm

a. General condition

Appearance _____

Nutrition _____

Emotional _____

b. skin

c. head

d. eyes

e. nose

f. mouth, teeth, tongue, gums

g. throat, neck

h. chest

i. lungs

j. heart

k. abdomen

l. genitals

m. back and extremities

n. reflexes

remarks: _____

VI. Mother's Knowledge, attitudes, practices on baby care:

- A. Do you bathe the baby everyday? When should a baby be given his first bath? Why? What are the precautions to be taken when bathing a baby? What are the parts of the body that need special attention?
- B. How do you take care of the umbilical cord that is still on? What are your beliefs associated with the umbilical cord?
- C. Have you ever had experience with diaper rash? What do you do for its relief? What do you think is the cause of diaper rash?
- D. Do you breastfeed? If yes, how often? Do you think you have enough milk? How can you tell whether or not the baby is getting enough milk? Do you clean your breasts before feeding? If bottle-fed, see previous data and add: What do you know about supplementary feeding?

What are some of your beliefs regarding feeding? Do you have any problems in infant feeding?

- E. Enumerate the immunizations that a baby should have and what are they for. What are your beliefs about immunization?
 - F. What do you do when the baby cries? When a baby fusses or has tantrums? Can you give me an example of your child's behavior that you are unable to cope up with?
 - G. Do you return to the clinic when you are requested? What are some of the reasons for failure to comply with instructions?
 - H. Others
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- VII. Problems encountered by the mother related to parenthood/ family relationship:
 - VIII. Doctor's order
 - IX. Schedule of next visit