

University of Babylon /College Of Nursing

Family and Community Health Nursing

Postnatal Assessment Form

Name of student _____

Date ____/____/____

Name: _____ Age ____ years

PHC name _____ ward _____

Bed no. _____

1- Client demographic data

Gravida _____

Para _____ living _____ abortion/death _____

Date of delivery _____ postnatal day ____/____/____

Type of labor /delivery: normal

Abnormal: (specify) _____

2- General well-being

Vital signs: temperature _____ pulse _____ respiration _____

B.p. _____

General hygiene: poor/satisfactory/good

Nutritional status poor/satisfactory/good

Tiredness and fatigue present /absent

Sleep disturbance present /absent

Depression present /absent

Anemia present /absent /

last Level :.....

Minor alignments

After pains

Others: specify _____

3- Physical examination

A. Breasts and Nipples

Breasts normal: yes/no
Engorgement present /absent
Any other yes/no
Specify _____
Nipples: normal yes/no
Sore/cracked present /absent
Abnormally large yes/no
Inverted/flat yes/no
Lactation initiated yes/no

B. Uterus

Height of fundus: _____cm below the umbilicus
Contracted yes/no
Abnormal findings:
Hyper involution yes/no
Sub involution yes/no
Bulky uterus yes/no
Tender yes/no

C. Perineum and anus

Intact: yes/no
Episiotomy yes/no
Any other (specify) _____
Hemorrhoids present /absent
Lochia:
Type _____
Amount _____ ml
Color _____
Consistency _____

D. legs

Tender yes/no
Edematous: yes/no
Hard & red yes/no

D. Elimination

Bowels: normal yes/no

