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| **SAĞLIK BİLİMLERİ ÜNİVERSİTESİ**  **HAMİDİYE SAĞLIK BİLİMLERİ FAKÜLTESİ**  **EBELİK BÖLÜMÜ**  **ÖĞRENCİ UYGULAMA KARNESİ**   |  | | --- | | FOTOĞRAF |   **ÖĞRENCİNİN KİMLİĞİ**  **Adı ve Soyadı** : ...............................................................  **Öğrenci No** : ...............................................................  **Baba Adı** : ...............................................................  **Ana Adı** : ...............................................................  **Doğum Yeri ve Yılı** : ...............................................................  **Uyruğu**  : ...............................................................  **Nüfusa Kayıtlı Olduğu Yer** : ...............................................................  **Mezun Olduğu Lise, Tarih** : ...............................................................  **Fakülte Kayıt Yılı** : ...............................................................  **Telefon No** : ...............................................................  **Yabancı Dil Durumu** : ............................................................... Öğrenci İmzası Danışman İmzası **UYGULAMA KRİTERLERİ**  **Ebelik öğrencisi en az;**   1. 100 doğum öncesi muayene ve danışmanlık yapmalı 2. 40 gebe kadının gebelik takibi ve bakımını yapmalı 3. 40 normal doğum yaptırmalı (20 doğuma yardım ile bu sayı 30’a inebilir=50 doğum) 4. 100 lohusa bakımı vermeli 5. 100 yenidoğan muayenesi yapmalı 6. Gebelik, doğum ya da doğum sonrası dönemde risk altında olan 40 kadının izlemi ve bakımı   6a) 15 riskli gebe kadın izlemeli  6b) 10 riskli doğum izlemeli  6c) 15 riskli lohusa kadın izlemeli   1. 20 Riskli yenidoğan izlemeli 2. Jinekolojik ve obstetrik patolojisi olan kadına bakım vermeli 3. Epizyotomi uygulamalı 4. Makat doğuma aktif olarak (Makat doğum mümkün olmadığı takdirde simülasyon uygulama) katılmalıdır.   **1.KRİTER: 100 Doğum Öncesi Muayene ve Danışmanlık**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Vaka No.** | **Protokol No** | **Tarih** | **Gebelik**  **Haftası** | **Ağırlık** | **Kan**  **Basıncı** | **Tetanoz Aşısı** | **Ödem** | **Varis** | **Nabız** | **Hg** | **Leopold**  **Manevralar** | **FKA** | **Prezentasyon**  **Pozisyon** | **Kan grubu** | **Danışmanlık** | **Gözlemci**  **Ebe,dr,hemş**  **İmza** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      2. KRİTER: 40 Gebe Kadının Gebelik Takibi ve Bakımı  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Vaka No.** | **Protokol No** | **Tarih** | **Gebelik**  **Haftası** | **Gebelik öncesi ağırlık** | **Gebelikte alınan kilo** | **Kan**  **Basıncı** | **Tetanoz Aşısı** | **Ödem** | **Varis** | **Nabız** | **Hg** | **Leopold**  **Manevralar** | **FKA** | **Prezentasyon**  **Pozisyon** | **Kan grubu** | **Gözlemci**  **Ebe,dr,hemş**  **İmza** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **3. KRİTER: 40 Normal Doğum (20 yardım ile bu sayı 30’a inebilir=50 doğum)**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Vaka No.** | **Protokol No** | **Tarih** | **Ağrı Takibi** | **Leopold**  **Manevraları** | **FKA** | **Silinme** | **Dilatasyon** | **İndiksiyon** | **Boşaltım** | **Eğitim** | **Solunum**  **Egzersizi** | **Epizyotomi**  **Açma** | **Doğum**  **Yaptırma** | **Plesenta**  **Çıkarma** | **Vakum veya çan uygulaması** | **Gözlemci**  **Ebe,Dr,Hemş. İmza** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **4. KRİTER: 100 Lohusa Bakımı**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | | **ERKEN POSTPARTUM** | | | | | | | | **GEÇ POSTPARTUM** | | | | | | | | | | **Vaka No.** | **Protokol No** | **Tarih** | | **Epizyo**  **Tamiri** | **Vital (TA,Na,Ateş )**  **Bulgular** | **Kanama**  **Kontrolü** | **Uterus**  **Masajı** | **Pozisyon**  **Verme** | **Emzirme** | **Eğitim** | **Perine**  **Bakımı** | **Kanama**  **Kontrolü** | **Vital (TA,Na,Ateş )**  **Bulgular** | **Uterus**  **İvolüsyonu** | **Meme**  **Bakımı** | **Emzirme** | **Mobilizyon** | **Boşaltım** | **Gözlemci**  **Dr,Ebe,Hem**  **İmza** | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  5. KRİTER: 100 Yenidoğan Muayenesi  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **DOĞUMHANEDE** | | | | | | | | | | | **SERVİSTE** | | | | | | | **Vaka No.** | **Protokol No** | **Tarih** | **Solunum yolunun**  **açıklığı** | **Isının Korunması** | **Apgar ( 1 - 5 dk)** | **Göbek Bakımı** | **Anne-bebek İletişiminin**  **başlatılması** | **Kimlik**  **Belirlemesi** | **K vit**  **Uygulaması** | **Emzirme** | **Anne Eğitimi** | **Yenidoğan**  **Muayenesi** | **Tarama Testler** | **Göbek Bakımı** | **Emzirme** | **Anne Eğitimi** | **Gözlemci**  **Ebe,dr,hemş**  **İmza** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **6A-KRİTER: 15 Riskli Gebe Kadın**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Vaka No.** | **Protokol No** | **Tarih** | **Tanı** | **Anamnez**  **Alma** | **Gebelik Haftası** | **Kilo** | **Kan**  **Basıncı** | **Ödem** | **Varis** | **FKA** | **Tetkik** | **Tedavi** | **Gözlemci**  **Ebe,dr,hemş** İ**mza** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **6B- KRİTER: 10 Riskli Doğum**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Vaka No.** | **Protokol No** | **Tarih** | **Doğum sayısı** | **Membran rüptürü** | **FKA** | **Amnion sıvıvı** | **Silinme** | **Dilatasyon** | **10 dk kontraksiyon**  **sayısı** | **Oksitosin dm/dk** | **Verilen ilaçlar** | **Tansiyon** | **Nabız** | **Ateş** | **Tanı** | **Tedavi** | **Doğum şekli** | **Gözlemci**  **Ebe,Dr,Hemş. İmza** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  6C- KRİTER: 15 Riskli Lohusa Kadın  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Vaka No.** | **Protokol No** | **Tarih** | **Atoni Kanaması** | **Plasenta Retansiyonu** | **Hematom** | **Kuagülasyon Bozukluğu** | **Subinvolüsyon** | **Uterus İnversiyonu** | **Üreme Sistemi Enfeksiyonu** | **Septisemi** | **Meme Sorunları** | **Üriner Sistem Sorunları** | **Tromboflebit** | **Epizyotomi Sorunları** | **Gözlemci**  **Ebe,Dr,Hemş. İmza** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  7. KRİTER: Riskli Yenidoğan İzlemi  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Vaka No.** | **Prototkol No** | **Tarih** | **Tanı** | **Doğum Şekli** | **Gestasyon**  **Yaşı** | **Muayene**  **Sonuçları** | **Beslenme** | **Bakım**  **Uygulamaları** | **Kilo** | **Boy** | **Baş Çevresi** | **Göğüs Çevresi** | **Laboratuvar**  **Sonuçları** | **Tedavi** | **Gözlemci**  **Ebe,dr,hemş**  İmza | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  8. KRİTER: Jinekolojik ve Obstetrik Patolojisi Olan Kadının Bakım  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Vaka No.** | **Prototkol No** | **Tarih** | **Tanı** | **Anamnez alma** | **Jin. muayeneye hazırlama** | **Spekulum uygulama** | **Bimanuel muayene yapma** | **Smear alma** | **Preop hasta bakımı** | **Postop hasta bakımı** | **Tedavi** | **Gözlemci**  **Ebe, dr, hemş**  İmza | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  1. **KRİTER:** **Epizyotomi Uygulaması**  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Vaka No.** | **Protokol No** | **Tarih** | **Tanı** | **Epizyotomi endikasyonu** | **Epizyotomi için anestezi uygulma** | | **Epizyo açma** | | **Epizyotomi tamiri** | | **Tedavi** | **Gözlemci** Ebe, dr, hemş **İmza** | |  | | | | | **Kendisi** | **Yardımla** | **Kendisi** | **Yardımla** | **Kendisi** | **Yardımla** |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |   **10. KRİTER: Makat Doğuma Aktif Olarak Katılım**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Vaka No.** | **Protokol No** | **Tarih** | **Anamnez**  **Alma** | **Ağrı Takibi** | **Leopold**  **Manevraları** | **Makat prezentasyon şekli** | **FKA** | **Silinme -**  **Dilatasyon** | **İndiksiyon** | **Boşaltım** | **Eğitim** | **Solunum**  **Egzersizi** | **Epizyotomi**  **Açma** | **Doğum**  **Yaptırma** | **Plesenta**  **Çıkarma** | **Gözlemci**  **Ebe,Dr,Hemş. İmza** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  * Sınıfta makat doğum simülasyonuna katılım: |