



नेपाल सरकार
स्वास्थ्य तथा जनसंख्या मन्त्रालय
स्वास्थ्य सेवा विभाग
स्वास्थ्य व्यवस्थापन सूचना प्रणाली

Client Personal Profile: Post Abortion Care (PAC) Services

HMIS 3.7 Reg. Number:.....

Date of Visit:.....

Facility Name:.....

Province/ District:.....

1. Personal History

Name and caste

Age:

Education.....

Contact No:

Palika:..... Rural Municipality Municipality Metropolitan City

Ward no:

2. Medical/Gynecological & Obstetrical History

LMP date:

Obstetric History: G..... P..... A..... L

Medical/surgical history:

Current medication or drug allergy:

Current complaint for seeking service:

3. General /Physical Examination

Blood pressure:

Pulse:

Temperature:

Respiration Rate:

Jaundice: Yes No

Pallor: Yes No

Lungs sound: Clear Abnormal sound

Heart sound: Normal Abnormal

Abdominal tenderness: Yes No

Abdominal mass palpable: Yes No

Uterus palpable: Yes No

If palpable, size of the uterus.....

4. Pelvic Examination (Speculum and Bimanual Examination)

Vulva: Normal Abnormal

Vaginal discharge: Normal Abnormal

If abnormal, foul smelling: Yes No

P/S examination: Cervix: Normal Abnormal

Unhealthy Cervix: Yes No

P/V examination: Uterine size (weeks).....

Position: A/V R/V

Fornix clear: Yes No

5. Diagnosis and Treatment Plan

Diagnosis:

Treatment Plan:

5.1 Manual Vacuum Aspiration

Medication given: Ibuprofen 400 mg Para cervical block (1% Lidocaine)
 Antibiotic (State)

Size of cannals used: Amount of blood loss (ml):

POC findings: Villi seen Yes No Scanty Sac Seen Yes No Fetal parts seen Yes No

5.2 Management and Misoprostol

1. Pain mangement(NSAID) regimen:

2. Misoprostol regimen:

5.3 Post Procedural Findings and Contraceptive Service

Blood pressure: Pulse: Temperature: Respiration Rate:

Abdomen: Non-tender Tender

Vaginal bleeding Scanty Moderate Heavy

Contraceptive provided: Minilap NSV Implant IUCD
 Depo Provera Pills Condom None Others.....

Name of Service Provider: Signature:

Name of Assistant: Signature:

6. Discharge and Follow up

Discharge Date:

Discharge Instruction:

Date of follow up:

7. Client Consent

अनुसूची १२

(नियम १८ को उपनियम (१) सँग सम्बन्धित)

सेवाग्राहीले दिने मञ्जुरीनामाको ढाँचा

सुरक्षित गर्भपतन सेवाको आवश्यकता, गर्भपतनका विविध प्रविधि, गर्भपतन सेवामा अन्तर्निहित जोखिम, त्यसका विकल्पहरू र यसबाट हुने फाइदा, बेफाइदा लगायतका प्राविधिक एवं व्यवहारिक पक्षमा पूर्ण परामर्श प्राप्त भएकोले सेवा प्राप्त गर्न सुरक्षित मातृत्व तथा प्रजनन स्वास्थ्य अधिकार नियमावली, २०७७ को नियम १८ को उपनियम (१) बमोजिम सम्बन्धित गर्भवती महिला वा निजको संरक्षक वा माथवरको हैसियतले यो मञ्जुरीनामा लेखी तपाईं स्वास्थ्य संस्था वा स्वास्थ्यकर्मीलाई दिएको छ । ☐

मञ्जुरीनामा दिने

| सेवाग्राहीको- | संरक्षक वा माथवरको - |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| नाम, थर: ठेगाना: उमेर: मिति: दस्तखत: औँठा छाप: | नाम, थर: ठेगाना: उमेर: मिति: दस्तखत: औँठा छाप: |
| <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 150px; height: 80px; text-align: center; line-height: 80px;">बायाँ</div> <div style="border: 1px solid black; width: 150px; height: 80px; text-align: center; line-height: 80px;">दायाँ</div> </div> | <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 150px; height: 80px; text-align: center; line-height: 80px;">बायाँ</div> <div style="border: 1px solid black; width: 150px; height: 80px; text-align: center; line-height: 80px;">दायाँ</div> </div> |

दस्तखत:

NOTE: