



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 विकल्पहरु 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 । १

मञ्जुरीनामा दिने

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

दस्तखत:

NOTE: