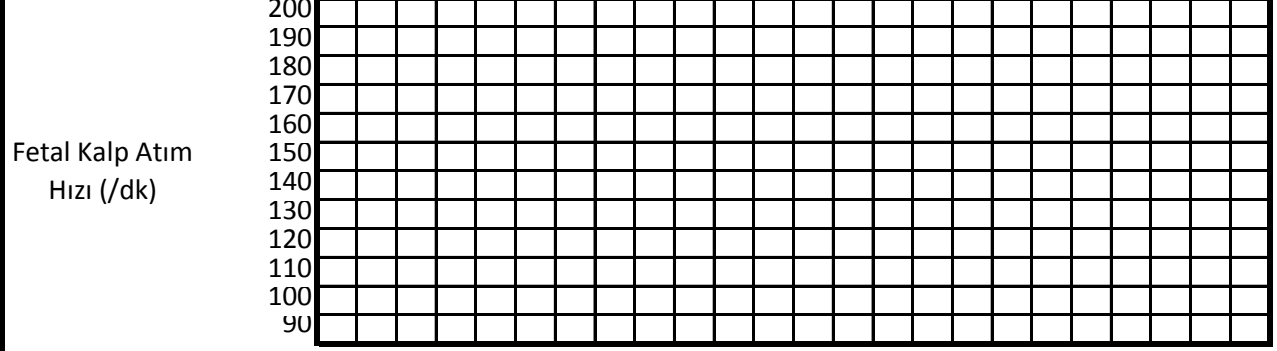
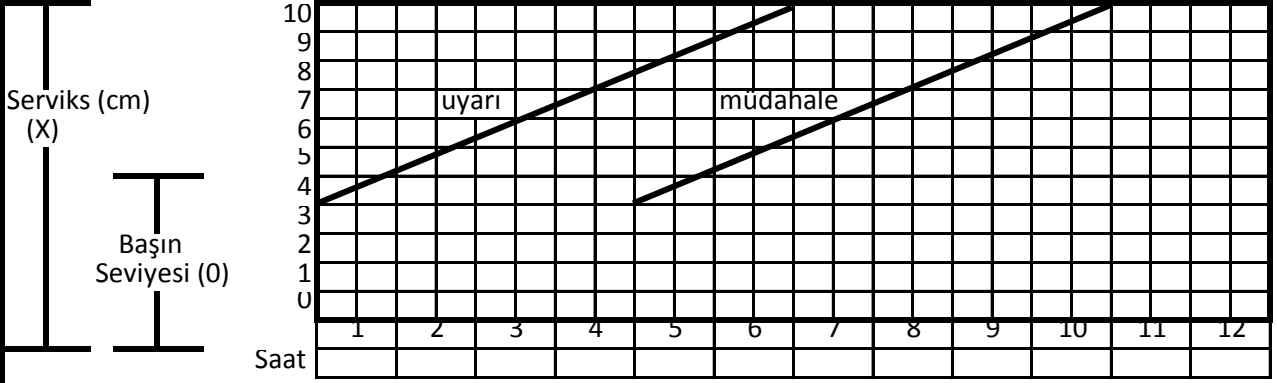


PARTOGRAF FORMU

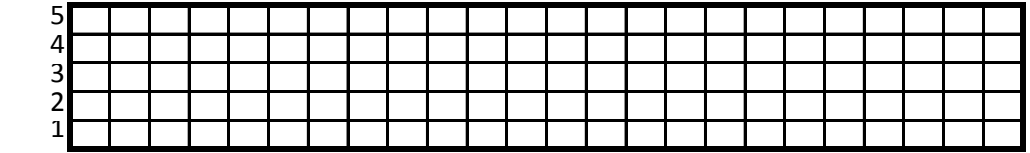
Hasta Adı Soyadı : Gravida : Parite :
 Yatış Tarihi :/...../..... Yatış Saat : Membran Rüptürü : Saat :



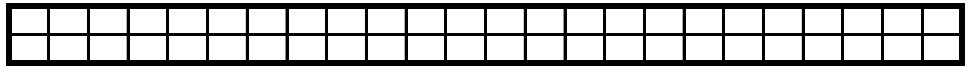
Amnion sıvısı Moulding



Kontraksiyon /10 dk



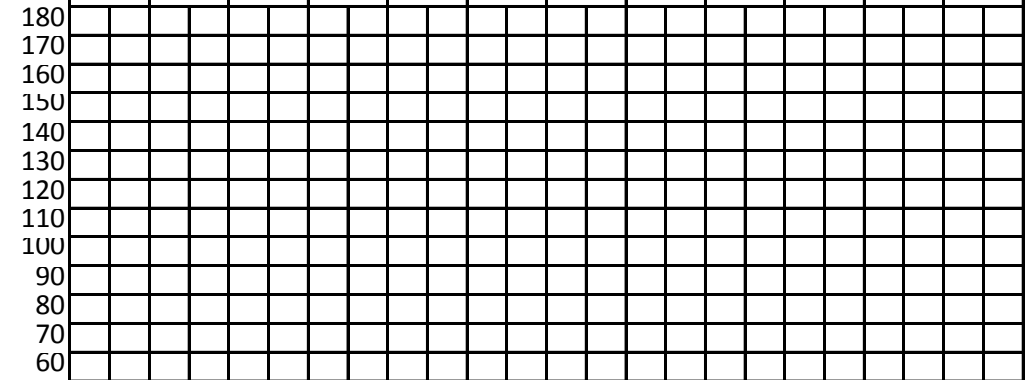
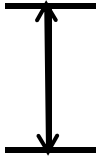
Oksitosin (U/L) Damla / dk



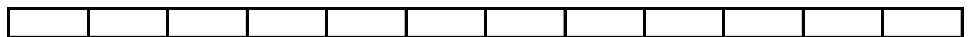
İntravenöz sıvı ve ilaçlar



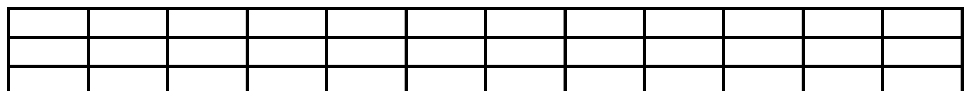
Nabız ve TA



Vücut Isısı (°C)



İdrar { Protein Aseton miktar



İzlemi yapanın adı soyadı :
 İzlemi devir alanın adı soyadı :

Başlama Saati:
 Başlama Saati: