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OB DISCHARGE SUMMARY

PATIENT IDENTIFICATION

ANTEPARTUM COURSE: NORMAL ABNORMAL COMMENTS: _____

DIAGNOSIS: _____

LABOR AND DELIVERY

ANALGESIA: _____

ANESTHESIA: _____

ONSET OF LABOR: SPONTANEOUS INDUCED STIMULATION CESAREAN

LABOR: NORMAL ABNORMAL

TYPE OF DELIVERY: _____

COMMENTS ON LABOR AND DELIVERY: _____

MANDATORY

Infant SEX: F M Infant WEIGHT: _____ lbs _____ ozs _____ gms

CONDITION AT BIRTH: _____

EPISIOTOMY: YES NO LACERATION: _____

THIRD STAGE: NORMAL Blood Loss ABNORMAL Blood Loss SPECIFY: _____

COMMENTS AND DIAGNOSES: _____

PUERPERAL COURSE: NORMAL ABNORMAL SPECIFY: _____

DISCHARGE EXAM: NORMAL ABNORMAL SPECIFY: _____

DISCHARGE MEDICATIONS: **PERCOCET:** 1 - 2 Tabs; PO q 3 - 4 Hrs; PRN **TYLENOL #3:** 1 - 2 Tabs; PO q 3 - 4 Hrs; PRN
 MOTRIN: 800 mg; PO q 4 - 6 Hrs; PRN **MOTRIN:** 600 mg; PO q 6 - 8 Hrs; PRN
 OTHER (Describe:)

DISCHARGE INSTRUCTIONS: NOTHING PER VAGINA: MAY SHOWER ANYTIME OTHER: _____

RETURN TO CLINIC / OFFICE: 2 WKS 4 WKS 6 WKS OTHER: _____

BLOOD TYPE: _____ RUBELLA STATUS: IMMUNE NON - IMMUNE

RHO GAM: YES NO DATE: _____ RUBELLA VACCINE: YES NO DATE: _____

DOCTOR'S SIGNATURE: _____

WHITE-Patient's Chart

YELLOW-OB Clinic

PART OF THE MEDICAL RECORD