

DISCHARGE SUMMARY WILL BE DONE BY: Dr. \_\_\_\_\_

Discharge Date: \_\_\_\_\_

ATTENDING PHYSICIAN IS: Dr. \_\_\_\_\_

**ACTIVITY**

No Restrictions

Restricted (circle and explain) exercise, work, driving, walking, stairs lifting, bathing, sex.

1. Nothing in the vagina for 6 weeks - no sex, no tampons, no douching, etc.
2. No heavy lifting or strenuous exercise for 4 weeks (vaginal) or 6 weeks (cesarean)
3. Continue to use peribottles until bleeding stops.
4. Use sitz baths a minimum of three times per day.

**DIET**

Resume usual diet

Yes

No (specify)

1. Breast Feeding: Drink 8 glasses or more of fluids, and eat 3 meals per day containing fruits, vegetables, and a least one serving of meat and foods high in calcium (milk products).
2. C-Section: Eat extra protein and foods containing Vitamin C.
- 3.

**MEDICATIONS**

Prescriptions given

Yes

No (if yes list & include strength, dosage, and schedule)

1. Ibuprofen 400mg tabs. 1 or 2 every 6 to 8 hours as needed for pain.
2. Prenatal Vitamin once a day if breast feeding
3. Colace 100mg tab. one twice a day as needed
- 4.
- 5.
- 6.

Instructions give to:

Patient

Other:

**FOLLOW-UP AND OTHER INSTRUCTIONS**

See Dr. \_\_\_\_\_ in \_\_\_\_\_ 6 weeks \_\_\_\_\_ Phone # \_\_\_\_\_

- Call if: a) Temp. over 100.4, increased pain, heavy bleeding with clots and odor, dizziness, blurred vision, leg pain, or other concerns
- b) Incision site red, oozing and tender to touch
- c) Severe discomfort in episiotomy site
- d) Burning on urination

I understand the above instructions which have been explained to me. I have received a copy.

SIGNATURE PATIENT OR SIGNIFICANT OTHER

DATE

PHYSICIAN'S SIGNATURE

Patient Label

**PATIENT DISCHARGE INSTRUCTIONS**  
VAGINAL/CESAREAN DELIVERY  
Circle all that apply