

PHYSICIAN'S OBSTETRICAL DISCHARGE SUMMARY

Patient Name: \_\_\_\_\_

**Final Diagnosis/Reason for Hospitalization:** \_\_\_\_\_

Gravidity: \_\_\_\_\_ Parity: \_\_\_\_\_

VDRL:  Non- Reactive ABO Blood Group: \_\_\_\_\_ Rh:  Negative Rubella:  Immune  
 Reactive  Positive  Non- Immune  
HIV:  Negative  Immunized in hospital  
 Positive

**Hospital Course /Procedures:**

Delivery:  Vaginal Delivery  Primary Cesarean Section  Repeat Cesarean Section  
 Vacuum Assisted Vaginal Delivery  Vaginal Birth after Cesarean  
 Forceps Assisted Vaginal Delivery  Other: \_\_\_\_\_

Infant Sex:  Male Infant Weight: \_\_\_\_\_ lbs. \_\_\_\_\_ oz. OR \_\_\_\_\_ gms.  
 Female Apgar 1 min. \_\_\_\_\_ 5 min. \_\_\_\_\_

Anesthesia:  Spinal  Epidural  Other: \_\_\_\_\_

Episiotomy:  Yes  No Laceration repair:  Yes  No Other: \_\_\_\_\_

Post Partum Course:  No Complications

If complications, list: \_\_\_\_\_  
\_\_\_\_\_

Hemoglobin at Admission: \_\_\_\_\_ Postpartum Hemoglobin: \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Condition at Discharge:**  Stable  Other: \_\_\_\_\_

**Discharge Disposition:**  Home  Other: \_\_\_\_\_

**Discharge Instructions Discussed with:**  Patient  Family

**Follow up with Physician:**  1-2 weeks  6 weeks  Other \_\_\_\_\_

Activity:  No Sex, douches, tampons x 6 weeks  No heavy lifting x 6 weeks

Medications:  See Medication Reconciliation

Diet:  Normal  Other: \_\_\_\_\_

Resident Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Attending Physician Signature:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

