MNRS
Maternal/Newborn Record System™

# Obstetric Discharge Summary

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## Admitting Diagnosis

☐ **IUP**_____ **Wks** ☐ _____

## Reasons For Admission on Date_____ Time_____

- ☐ **Onset of Labor**
- ☐ Induction of Labor
- ☐ Spontaneous Abortion
- ☐ Cesarean Section ☐ Primary ☐ Repeat
- ☐ Preeclampsia
- ☐ Vaginal Bleeding
- ☐ ROM ☐ Premature ☐ Prolonged
- ☐ Hyperemesis
- ☐ Preterm Labor
- ☐ _____
- ☐ ↓ Fetal Activity_____
- ☐ Observation/Evaluation
  - ☐ Fetal Status
  - ☐ Medical Complications _____
  - ☐ Obstetric Complications _____

## Prenatal Procedures ☐ None

- ☐ No Prenatal Care ☐ Late Prenatal Care
- ☐ Cerclage
- ☐ Ultrasound #_____
- ☐ NST ☐ CST ☐ Fast
- ☐ Amniocentesis
- ☐ Chronic Villi Sampling (CVS)
- ☐ Percutaneous Umbilical Blood Sampling (PUBS)
- ☐ Management of Medical Complications _____
- ☐ Management of Obstetric Complications _____

## Intrapartum Procedures Del Date_____ Time_____ ☐ **Undelivered**

- ☐ **Multiple Birth** • _____
- ☐ **Spontaneous Vaginal Delivery**
- ☐ VBAC
- ☐ Episiotomy: _____
- ☐ Vacuum Extraction
- ☐ Forceps (Low) (Mid)
- ☐ Rotation_____ to_____
- ☐ Breech Extraction (Partial) (Total)
- ☐ Forceps to Extract Breech
- ☐ Curettage
- ☐ **Cesarean Delivery** ☐ Primary ☐ Repeat
  - ☐ Cesarean: Low Cervical, Transverse
  - ☐ Cesarean: Low Cervical, Vertical
  - ☐ Cesarean: Classical
  - ☐ Cesarean Hysterectomy
  - ☐ Uterine Exploration
  - ☐ Tubal Ligation
  - ☐ Anesthesia _____
  - ☐ See Labor and Delivery Summary
  - ☐ _____

## Postpartum Procedures ☐ None

- ☐ Transfusion _____
- ☐ Tubal Ligation
- ☐ Curettage
- ☐ _____
- ☐ RHo (D) Ig
- ☐ Rubella Ig _____
- ☐ Antibiotics
- ☐ _____

## Postpartum/Operative Complications ☐ None

- ☐ ____° Perineal Laceration
- ☐ (Vaginal) (Cervical) Laceration
- ☐ Infection (site) _____
- ☐ Abnormal Lab _____
- ☐ Hematoma _____
- ☐ Spinal Headache
- ☐ Psychological Maladaptation
- ☐ Drug/Transfusion Reaction
- ☐ Eclampsia
- ☐ Hemorrhage ☐ Uterine Atony ☐ Retained Placenta
- ☐ Phlebitis
- ☐ Morbidity (undetermined)
- ☐ Febrile
- ☐ _____
- ☐ _____

## Discharge Diagnosis ☐ **Term Pregnancy-Delivered**

- ☐ Amnionitis
- ☐ Antepartum Bleeding
- ☐ Failed Induction
- ☐ False Labor
- ☐ Hyperemesis Gravidarum
- ☐ Placenta Previa
- ☐ Postterm Pregnancy
- ☐ Preeclampsia
- ☐ Premature Labor
- ☐ Preterm Delivery
- ☐ Postterm Delivery
- ☐ PROM _____ Hours
- ☐ Spontaneous Abortion
- ☐ Incompetent Cervix
- ☐ _____
- ☐ _____

Comments

| G | T | Pt | A | L |
|---|---|---|---|---|
| | | | | |

## Newborn Data

☐ Female ☐ Male ☐ See Newborn Discharge Summary

Weight_____

Discharge ☐ With Mother ☐ Other_____

Complications ☐ No ☐ Yes _____

## Discharge Information

Medications ☐ **None**
(or)_____
_____

Diet ☐ **General**
(or)_____

Activity ☐ **Unrestricted**
(or)_____

Instructions ☐ See Education/Discharge Planning Sheet
☐ Routine (or)_____

Discharge to ☐ **Home**
(or) _____ Follow up in _____Wks at_____

Accompanied by_____

• Referred to ☐ Home Care ☐ _____

Discharge Date:_____/_____/_____ Time_____

Signature _____