

# Discharge summary — normal (vaginal) delivery

Mother · Template — replace bracketed text; delete rows you do not use.

## Patient & admission details

|                                           |                                                                                      |
|-------------------------------------------|--------------------------------------------------------------------------------------|
| Hospital / clinic name & registration no. | [letterhead — include Clinical Establishments Act registration no. where applicable] |
| Patient name                              |                                                                                      |
| Age / Sex                                 | [ ] years / Female                                                                   |
| UHID / IPD no.                            |                                                                                      |
| Address & contact                         |                                                                                      |
| Date & time of admission                  |                                                                                      |
| Date & time of discharge                  |                                                                                      |
| Consultant in charge                      | [name · qualification · registration no.]                                            |
| Insurance / TPA (if applicable)           | [insurer · policy no. · TPA · pre-authorisation no.]                                 |

## Obstetric details

|                                          |                                                          |
|------------------------------------------|----------------------------------------------------------|
| Gravida / Para / Living / Abortions      | G[ ] P[ ] L[ ] A[ ]                                      |
| LMP / EDD                                |                                                          |
| Gestational age at delivery              | [ ] weeks [ ] days                                       |
| Blood group & Rh                         | [ ] — anti-D given: Yes / No / N/A                       |
| Antenatal risk factors                   | [e.g. anaemia, PIH, GDM, previous LSCS, none]            |
| Date & time of delivery                  |                                                          |
| Mode of delivery                         | Spontaneous vaginal / assisted (vacuum / forceps)        |
| Onset of labour                          | Spontaneous / induced — [method]                         |
| Duration of labour                       | 1st stage [ ] 2nd stage [ ] 3rd stage [ ]                |
| Perineum                                 | Intact / episiotomy / tear (degree) — repaired: Yes / No |
| Placenta & membranes                     | Complete / incomplete — [action if incomplete]           |
| Estimated blood loss                     | [ ] ml                                                   |
| Complications (intrapartum / postpartum) | [none / PPH / retained products / other]                 |

## Final diagnosis

|                                                        |                                                                       |
|--------------------------------------------------------|-----------------------------------------------------------------------|
| Diagnosis (with ICD-10 code where required by insurer) | [e.g. Term pregnancy, spontaneous vaginal delivery, live birth — O80] |
|--------------------------------------------------------|-----------------------------------------------------------------------|

## Course in hospital

|                             |                                                                                     |
|-----------------------------|-------------------------------------------------------------------------------------|
| Investigations with results | [Hb, blood group, HIV/HBsAg/VDRL, urine, others]                                    |
| Treatment given             | [drugs with dose & route · oxytocics · antibiotics · analgesia · blood transfusion] |
| Procedures performed        | [episiotomy · manual removal · others]                                              |
| Vital signs at discharge    | BP [ ] Pulse [ ] Temp [ ] Hb [ ]                                                    |

## Condition at discharge

|                                    |                              |
|------------------------------------|------------------------------|
| <b>General condition</b>           | Stable / [other]             |
| <b>Lactation</b>                   | Established / support needed |
| <b>Lochia / uterine involution</b> | Normal / [other]             |
| <b>Perineal wound</b>              | Healthy / [other]            |

## Advice on discharge

|                                             |                                                                                                                                     |
|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| <b>Medications</b>                          | [drug · dose · frequency · duration]                                                                                                |
| <b>Diet &amp; activity</b>                  |                                                                                                                                     |
| <b>Perineal care &amp; hygiene</b>          |                                                                                                                                     |
| <b>Contraception counselling</b>            | [method discussed · chosen · when to start]                                                                                         |
| <b>Danger signs — return immediately if</b> | Heavy bleeding · fever · foul discharge · severe headache / blurred vision · breast redness · calf pain · breathlessness · low mood |
| <b>Follow-up</b>                            | Date [ ] · with [ ] · postnatal check at 6 weeks                                                                                    |

## Sign-off

|                                                               |                                                                    |
|---------------------------------------------------------------|--------------------------------------------------------------------|
| <b>Discharging doctor — name, registration no., signature</b> |                                                                    |
| <b>Nurse in charge — name, signature</b>                      |                                                                    |
| <b>Patient / attendant acknowledgement — signature</b>        | [received summary and advice explained in a language I understand] |

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# Discharge summary — LSCS (caesarean section)

Mother · Template — replace bracketed text; delete rows you do not use.

## Patient & admission details

|                                           |                                                                                      |
|-------------------------------------------|--------------------------------------------------------------------------------------|
| Hospital / clinic name & registration no. | [letterhead — include Clinical Establishments Act registration no. where applicable] |
| Patient name                              |                                                                                      |
| Age / Sex                                 | [ ] years / Female                                                                   |
| UHID / IPD no.                            |                                                                                      |
| Address & contact                         |                                                                                      |
| Date & time of admission                  |                                                                                      |
| Date & time of discharge                  |                                                                                      |
| Consultant in charge                      | [name · qualification · registration no.]                                            |
| Insurance / TPA (if applicable)           | [insurer · policy no. · TPA · pre-authorisation no.]                                 |

## Obstetric & operative details

|                                     |                                                                                             |
|-------------------------------------|---------------------------------------------------------------------------------------------|
| Gravida / Para / Living / Abortions | G[ ] P[ ] L[ ] A[ ]                                                                         |
| LMP / EDD                           |                                                                                             |
| Gestational age at delivery         | [ ] weeks [ ] days                                                                          |
| Blood group & Rh                    | [ ] — anti-D given: Yes / No / N/A                                                          |
| Indication for LSCS                 | [e.g. foetal distress · CPD · previous LSCS · breech · failed induction · placenta praevia] |
| Elective / emergency                |                                                                                             |
| Date & time of surgery              |                                                                                             |
| Type of incision (skin / uterine)   | [Pfannenstiel / midline · lower segment transverse / other]                                 |
| Anaesthesia                         | Spinal / epidural / general — anaesthetist: [name]                                          |
| Surgeon / assistant                 |                                                                                             |
| Intra-operative findings & events   | [adhesions · uterine extension · bladder/bowel status · none]                               |
| Estimated blood loss / transfusion  | [ ] ml — units transfused: [ ]                                                              |
| Tubal ligation performed            | Yes (consent on file) / No                                                                  |
| Complications                       | [none / other]                                                                              |

## Final diagnosis

|                                             |                                                                                   |
|---------------------------------------------|-----------------------------------------------------------------------------------|
| Diagnosis (with ICD-10 code where required) | [e.g. Term pregnancy delivered by emergency LSCS for foetal distress — O82 / O68] |
|---------------------------------------------|-----------------------------------------------------------------------------------|

## Course in hospital

|                                                        |                                                                        |
|--------------------------------------------------------|------------------------------------------------------------------------|
| <b>Investigations with results</b>                     | [Hb pre/post-op, blood group, coagulation, HIV/HBsAg/VDRL, others]     |
| <b>Treatment given</b>                                 | [antibiotics · analgesia · thromboprophylaxis · oxytocics · IV fluids] |
| <b>Catheter removed / bowel &amp; bladder function</b> | Date [ ] · normal                                                      |
| <b>Wound status at discharge</b>                       | Healthy / [other] — sutures / staples removal date [ ]                 |
| <b>Vital signs at discharge</b>                        | BP [ ] Pulse [ ] Temp [ ] Hb [ ]                                       |

## Condition at discharge

|                          |                              |
|--------------------------|------------------------------|
| <b>General condition</b> | Stable / [other]             |
| <b>Ambulation</b>        | Independent / assisted       |
| <b>Lactation</b>         | Established / support needed |

## Advice on discharge

|                                                                 |                                                                                                                           |
|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>Medications</b>                                              | [drug · dose · frequency · duration]                                                                                      |
| <b>Wound care</b>                                               | [keep dry · dressing · when to remove sutures]                                                                            |
| <b>Activity restrictions</b>                                    | [no heavy lifting · driving · stairs]                                                                                     |
| <b>Contraception counselling &amp; inter-pregnancy interval</b> | [method · advised gap before next pregnancy · note previous LSCS for future deliveries]                                   |
| <b>Danger signs — return immediately if</b>                     | Wound redness / discharge · fever · heavy bleeding · severe abdominal pain · calf pain · breathlessness · severe headache |
| <b>Follow-up</b>                                                | Date [ ] · suture removal [ ] · postnatal check at 6 weeks                                                                |

## Sign-off

|                                                              |  |
|--------------------------------------------------------------|--|
| <b>Operating surgeon — name, registration no., signature</b> |  |
| <b>Anaesthetist — name, signature</b>                        |  |
| <b>Patient / attendant acknowledgement — signature</b>       |  |

# Discharge summary — newborn

Baby · Template — replace bracketed text; delete rows you do not use.

## Baby & admission details

|                                           |                                           |
|-------------------------------------------|-------------------------------------------|
| Hospital / clinic name & registration no. | [letterhead]                              |
| Baby of (mother's name) · mother's UHID   |                                           |
| Baby's name (if given) · UHID             |                                           |
| Sex                                       | Male / Female                             |
| Date & time of birth                      |                                           |
| Date & time of discharge                  |                                           |
| Paediatrician / attending doctor          | [name · qualification · registration no.] |

## Birth details

|                                                          |                                        |
|----------------------------------------------------------|----------------------------------------|
| Gestational age                                          | [ ] weeks — term / preterm / post-term |
| Mode of delivery                                         | Vaginal / assisted / LSCS              |
| Birth weight · length · head circumference               | [ ] g · [ ] cm · [ ] cm                |
| APGAR score                                              | 1 min [ ] · 5 min [ ]                  |
| Resuscitation required                                   | No / Yes — [details]                   |
| Cord / placenta abnormalities                            | [none / other]                         |
| Mother's blood group & Rh · baby's blood group (if done) |                                        |

## Course in hospital

|                                   |                                                                          |
|-----------------------------------|--------------------------------------------------------------------------|
| Feeding                           | Exclusive breastfeeding established / supplemented — [reason]            |
| Urine & stool passed              | Yes — within [ ] hours                                                   |
| Jaundice                          | None / physiological — bilirubin [ ] on day [ ] · phototherapy: Yes / No |
| Vitamin K given                   | Yes — dose [ ] · date [ ]                                                |
| Immunisations given (birth doses) | BCG [ ] · OPV-0 [ ] · Hepatitis B birth dose [ ] — dates                 |
| Screening done                    | [hearing · metabolic / TSH · pulse oximetry — as per hospital protocol]  |
| Any illness / treatment           | [none / other]                                                           |
| Weight at discharge               | [ ] g                                                                    |

## Advice on discharge

|                                      |                                                                                                                      |
|--------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Feeding advice                       | Exclusive breastfeeding for 6 months · on demand                                                                     |
| Cord care & hygiene                  |                                                                                                                      |
| Temperature / warmth                 |                                                                                                                      |
| Danger signs — return immediately if | Poor feeding · fever or cold to touch · fast breathing · yellow palms/soles · lethargy · convulsions · no urine 24 h |
| Next immunisation due                | 6 weeks — [date] · immunisation card issued: Yes / No                                                                |
| Follow-up                            | Date [ ] · weight check                                                                                              |

# Sign-off

|                                            |                                               |
|--------------------------------------------|-----------------------------------------------|
| Doctor — name, registration no., signature |                                               |
| Nurse — name, signature                    |                                               |
| Parent acknowledgement — signature         | [advice explained in a language I understand] |

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