

Your
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MATERNAL / NEWBORN DISCHARGE SUMMARY

PATIENT IDENTIFICATION

MATERNAL HISTORY

MATERNAL HISTORY	GRAVIDA:	PARA:	BLOOD TYPE:
DELIVERY TYPE	VAGINAL:	C / BIRTH:	DATE / TIME:
DISCHARGE MEDICATIONS	MEDICATION / DOSAGE:	REASON:	
	MEDICATION / DOSAGE:	REASON:	
	MEDICATION / DOSAGE:	REASON:	
FOLLOW - UP APPOINTMENT	DOCTOR / CLINIC:	APPT DATE:	
SPECIAL INSTRUCTIONS			
Discharged TO	HOME WITH:	DATE / TIME:	
Discharged BY	AMBULATORY:	WHEELCHAIR:	OTHER:

NEWBORN HISTORY

NEWBORN HISTORY	APGARS 1 MIN:	APGARS 5 MIN:	BLOOD TYPE / COOMBS:	BIRTHDAY:
	ADMIT WEIGHT:	LENGTH:	HEAD CIRCUM:	DISCHARGE WEIGHT:
FEEDING INSTRUCTIONS	BOTTLE:			BREAST:
HEPATITIS B VACCINE	DOSE / TYPE:			DATE GIVEN:
PKU SCREEN	DATE:	TIME:		
SPECIAL INSTRUCTIONS				
HEARING SCREEN	COMPLETED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED			APPT DATE:
FOLLOW - UP APPOINTMENT	DOCTOR / CLINIC:			APPT DATE:
INFANT STATUS	<input type="checkbox"/> DISCHARGED WITH MOTHER <input type="checkbox"/> OTHER		CAR SEAT: <input type="checkbox"/> OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO
WRITTEN INSTRUCTIONS	<input type="checkbox"/> NO <input type="checkbox"/> YES (if "YES", indicate Instructions Language):		<input type="checkbox"/> ENGLISH	<input type="checkbox"/> SPANISH
PATIENT / FAMILY VERBALIZES UNDERSTANDING OF INSTRUCTIONS			<input type="checkbox"/> YES	<input type="checkbox"/> NO
PATIENT SIGNATURE:		DATE:	NURSE SIGNATURE / TITLE:	
			DATE:	

WHITE - Maternal Chart

YELLOW - Newborn Chart

PINK - Mother / Physician

PART OF THE MEDICAL RECORD