

Your  
Hospital's  
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# DISCHARGE INSTRUCTION SHEET

## PRE-TERM LABOR TREATMENT INSTRUCTIONS

PATIENT IDENTIFICATION

**DATE**

After checking you, your doctor thinks that you do not need to stay in the hospital for now. However, to be sure that everything comes out best for you and your baby, it is important that you follow the instructions below:

1. You may eat your regular diet; however, drink more fluids - 6 to 8 glasses of water each day.
2. Stay on bedrest. Get up only to go to the bathroom, until you receive other instructions from your doctor.
3. Avoid all sexual contact. Avoid any foreplay: stimulation of your breasts, nipples or clitoris, until advised otherwise by your doctor. No vaginal penetration or sexual intercourse until advised otherwise by your doctor.
4. Medications:

Your medication is: \_\_\_\_\_

Dose: \_\_\_\_\_ Time: \_\_\_\_\_

You have been given this prescription for medicine to stop your premature labor pains. Have this prescription filled as soon as possible. It is very important to continue to take this medicine every day **around the clock** as directed. **DO NOT** let the pills run out. Call your doctor's office when your supply is low.

The medicine may give you a pounding pulse rate. This is normal. Your heart rate will be very fast. You have been taught how to count your pulse. It should run between 100-120 beats / minute if you are taking your medication as directed. **Do not stop taking the medicine** until advised by your doctor. This medicine is very important for giving your baby it's best chance to live.

5. Call your doctor or the clinic if any of the following things happen to you:
  - a) A gush of water or leaking of fluid on the underwear
  - b) Hard to urinate or a burning sensation when urinating
  - c) Contractions or cramping
  - d) Vaginal bleeding similar to a period

Your doctor has decided that you have round ligament pain. This is caused by stretching of the ligaments that hold the uterus as the baby grows. The only treatment for this is rest, as the pain usually gets worse while walking.

### SPECIAL INSTRUCTIONS

### FINDINGS / RECOMMENDATIONS

**I have read these instructions, and understand them as they have been explained to me.**

\_\_\_\_\_  
PATIENT'S SIGNATURE

\_\_\_\_\_  
DATE / TIME

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE

\_\_\_\_\_  
DATE / TIME

\_\_\_\_\_  
NURSE'S SIGNATURE / TITLE

\_\_\_\_\_  
DATE / TIME

**WHITE** - Medical Records

**YELLOW** - Patient

## PART OF THE MEDICAL RECORD