DISCHARGE SUMMARY WILL BE DONE BY: Dr.  
ATTENDING PHYSICIAN IS: Dr.  

**ACTIVITY**  
[] No Restrictions  
[ ] Restricted (circle and explain) exercise, work, driving, walking, stairs lifting, bathing, sex.

1. Nothing in the vagina for 6 weeks - no sex, no tampons, no douching, etc.
2. No heavy lifting or strenuous exercise for 4 weeks (vaginal) or 6 weeks (cesarean)
3. Continue to use peribottles until bleeding stops.
4. Use sitz baths a minimum of three times per day.

**DIET**  
Resume usual diet  
[ ] Yes  
[ ] No (specify)

1. Breast Feeding: Drink 8 glasses or more of fluids, and eat 3 meals per day containing fruits, vegetables, and a least one serving of meat and foods high in calcium (milk products).  
2. C-Section: Eat extra protein and foods containing Vitamin C.
3. 

**MEDICATIONS**  
Prescriptions given  
[ ] Yes  
[ ] No (if yes list & include strength, dosage, and schedule)

1. Ibuprofen 400mg tabs. 1 or 2 every 6 to 8 hours as needed for pain.
2. Prenatal Vitamin once a day if breast feeding
3. Colace 100mg tab. one twice a day as needed
4. 
5. 
6. 

Instructions give to:  
[ ] Patient  
[ ] Other:

**FOLLOW-UP AND OTHER INSTRUCTIONS**

See Dr. ___________________________ in ___________ Phone # ___________________________

Call if: a) Temp. over 100.4, increased pain, heavy bleeding with clots and odor, dizziness, blurred vision, leg pain, or other concerns  
   b) Incision site red, oozing and tender to touch  
   c) Severe discomfort in episiotomy site  
   d) Burning on urination

I understand the above instructions which have been explained to me. I have received a copy. 

SIGNATURE ___________________________  PATIENT OR SIGNIFICANT OTHER ___________________________  DATE ___________________________  PHYSICIAN’S SIGNATURE ___________________________