

PATIENT DISCHARGE SUMMARY

Patient Name: Mei-Ling Chen

Date of Birth: 11/09/1993

MRN: UCSF-2026-77542

Admission Date: 01/20/2026

Discharge Date: 01/24/2026

Attending Physician: Dr. Amanda Foster, MD
(OB/GYN - Maternal Fetal Medicine)

Primary Language: Chinese (Mandarin)

Discharge Disposition: Home with newborn

PRINCIPAL DIAGNOSIS

Preeclampsia with severe features, diagnosed at 36 weeks 4 days gestation. Blood pressure on admission: 168/104 mmHg. 24-hour urine protein: 4.2 g. Elevated liver enzymes (AST 156 U/L, ALT 189 U/L). Platelet count 118,000/uL. Decision made for urgent cesarean delivery due to worsening maternal condition.

PROCEDURE

Low transverse cesarean section performed on 01/20/2026. Delivery of a viable male infant, 5 lbs 14 oz, Apgar scores 7 and 9. Infant admitted to well-baby nursery, no NICU admission required. Estimated blood loss 700 mL.

HOSPITAL COURSE

Patient received IV magnesium sulfate for 24 hours post-delivery for seizure prophylaxis. Blood pressures were managed with IV labetalol then transitioned to oral nifedipine. Liver enzymes and platelet count trended toward normal by hospital day 3. Breastfeeding initiated successfully with lactation support. Lochia normal. C-section incision healing well with steri-strips intact.

DISCHARGE MEDICATIONS

- Nifedipine ER (Procardia XL) 30 mg - Take by mouth once daily for blood pressure. Continue until cleared by OB. CRITICAL: Do not stop without doctor approval.
- Ibuprofen (Motrin) 600 mg - Take by mouth every 6 hours as needed for pain. Take with food.
- Oxycodone 5 mg - Take 1 tablet by mouth every 6 hours as needed for breakthrough pain not controlled by ibuprofen. Limit use to 5 days.
- Docusate sodium (Colace) 100 mg - Take by mouth twice daily to prevent constipation.
- Prenatal vitamins - Continue taking once daily while breastfeeding.
- Ferrous sulfate 325 mg - Take by mouth once daily for post-delivery anemia. Take on empty stomach with vitamin C for better absorption.

FOLLOW-UP APPOINTMENTS

- OB/GYN Postpartum: Dr. Amanda Foster - February 3, 2026 at 1:30 PM - UCSF Women's Health, 1635 Divisadero St, Suite 600 - Blood pressure check and incision evaluation (URGENT - do not miss)
- Pediatrics (Baby): Dr. Wilson Park - January 28, 2026 at 10:00 AM - UCSF Pediatrics, 400 Parnassus - Newborn weight check and jaundice screening
- Lactation Consultant: Available by phone at (415) 476-2229, Mon-Fri 8am-5pm

POSTPARTUM CARE INSTRUCTIONS

- Monitor your blood pressure at home twice daily (morning and evening). Record all readings. Target: below 140/90 mmHg.

- C-section incision: Keep clean and dry. Steri-strips will fall off on their own in 7-10 days. No heavy lifting over 10 pounds (except the baby) for 6 weeks.
- You may take a shower. Do not submerge the incision (no baths, swimming) for 4 weeks.
- Breastfeeding: Nifedipine and ibuprofen are safe during breastfeeding. Limit oxycodone use. Contact lactation support if you have difficulties.
- Avoid driving for 2 weeks post-cesarean or while taking oxycodone.
- No sexual intercourse for 6 weeks or until cleared by your doctor.
- Drink plenty of fluids and eat a balanced diet to support recovery and breastfeeding.

WARNING SIGNS - GO TO EMERGENCY ROOM IMMEDIATELY

- **Blood pressure reading above 160/110 at home**
- **Severe headache that does not respond to Tylenol, especially with vision changes**
- **Visual disturbances: blurred vision, seeing spots, or flashing lights**
- **Upper right abdominal pain (under the ribs) or severe stomach pain**
- **Seizures or loss of consciousness**
- **Heavy vaginal bleeding (soaking more than 1 pad per hour)**
- **Fever over 100.4 degrees Fahrenheit, redness/swelling/drainage from incision**
- **Difficulty breathing or chest pain**

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