



DISCHARGE SUMMARY

NAME : MRS. MONA SINGH UHID : 232222574
AGE / SEX : 28 YEARS / FEMALE IP. NO : CN23/196
ADMISSION DATE : 06.02.2023 DISCHARGE DATE: 08.02.2023
WARD / BED : EXECUTIVE ROOM- 303
DOCTOR : DR. KAVYA KRISHNAKUMAR
(CONSULTANT OBSTETRICIAN & GYNAECOLOGIST)

DIAGNOSIS:

PRIMI / 36 WEEKS 6 DAYS GESTATION/ IN EARLY LABOUR.

Blood group

"A" Positive

Allergies

Nil

PROCEDURE:

NORMAL VAGINAL DELIVERY WITH RIGHT MEDIOLATERAL EPISIOTOMY

HISTORY OF PRESENT ILLNESS:

Patient admitted for

- Complaints of abdominal pain on and off
- No complaints of leaking or bleeding PV
- Able to perceive fetal movements well.

Obstetric History:

Primi

- Spontaneous conception
- Booked and immunized.
- Folic acid, Iron and calcium supplements taken.
- NT, Anomaly, Growth scan – Normal
- Inj. T.T 2 doses taken
- OGTT- Normal, BP- Normal throughout pregnancy

Menstrual History:

Regular menstrual cycles

- LMP : 24.05.2022
- EDD : 28.02.2023

Marital History:

- Married since 4 years, non-consanguineous marriage.

Past Medical History:

- Nil

Surgical History:

- Nil



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**Family History:**

➤ Nil

Condition on Admission:

No pallor

| | | |
|-------------------|---|---|
| General condition | - | Fair |
| Temperature | - | Normal |
| PR | - | 84 / min |
| BP | - | 120 / 80 mm Hg |
| RR | - | 14 / min |
| Breast / Thyroid | - | Normal |
| CVS / RS | - | Normal |
| P/A | - | uterus ~ term, mild acting, cephalic, FHR- good, |
| P/V | - | cervix well effaced, 4 cm dilated, vertex at -2 station, membranes Bulging, no show / draining PV. |

COURSE IN THE HOSPITAL:

A case of primi, came with complaints of abdominal pain on and off. Patient was let for spontaneous progress of labour. During labour continuous CTG monitoring done. Patient delivered vaginally. Post natal period uneventful. Hence discharged.

INVESTIGATION:

➤ Reports enclosed

NORMAL VAGINAL DELIVERY WITH RIGHT MEDIOLATERAL EPISIOTOMY

Under strict aseptic precaution, patient in dorsal lithotomy position, parts painted and draped. With good uterine contractions and full dilatation of cervix with good maternal bearing down efforts, RMLE given after local infiltration of 2% lignocaine during crowning of head. Patient delivered an alive term girl baby @ 2.59 PM. 2.806 kg cried immediately after birth. Immediate cord clamping done. Baby handed over to paediatrician. Inj. Syntocin 10 units IM given and IV given, inj methergine 0.2 mg IV given, live cell. Cord blood collection done. Placenta and membranes delivered in toto. Episiotomy wound closed in layers.

P/A – Uterus contracted

P/V – No undue bleeding.

BABY DETAILS:

B – Alive girl baby

A – 06.02.2023 at 2.59 PM

B – 2.806 kgs

Y – 8 / 10, 9 / 10

POST NATAL PERIOD:

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Patient stable. Hence discharged with following advice.

CONDITION ON DISCHARGE:

General Condition - Fair

PR - 86 / min
BP - 110 / 80 mm Hg
RR - 22 / min
CVS - Normal
RS - Normal
P/A - Soft, uterus contracted well
L/E - Episiotomy wound healthy, No undue bleeding PV, No abnormal discharge P/V

ADVICE ON DISCHARGE:

- | | | | | |
|---|--------|-----------|-----|--------|
| ➤ T. Phexin | 750 mg | 1 - 0 - 1 | A/F | 2 days |
| ➤ T. Pan | 40mg | 1 - 0 - 1 | B/F | 4 days |
| ➤ T. Lyser D | | 1 - 0 - 1 | A/F | 4 days |
| ➤ T. Bact ointment | | | | |
| ➤ To continue Iron and Calcium supplements for 6 months | | | | |

To review with **Dr. Kavya Krishnakumar** after 2 weeks with prior appointment.

In case of emergency: 044-4915 4444

(1) Kindly contact your consultant if require urgent advice on medical problems such as

- (i) Fever above 101deg F**
- (ii) Onset of pain, vomiting or any other complaints you think should be discussed with the doctor urgently.**
- (iii) Heavy bleeding.**
- (iv) Discharge or gaping in episiotomy wound**
- (v) Urinary symptoms.**
- (vi) Foul swelling vaginal discharge.**
- (vii) Breast engorgement.**

It is very important to get all the diagnostic reports checked by your doctor.

Kindly ensure to collect all the pending diagnostic reports and bring them during the follow up visit to get checked by your doctor without fail.



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Advisory for COVID -19 prevention.

*Practice good personal hygiene. * Wash hands frequently with soap and water or an alcohol-based hand rub. *Avoid touching your eyes, nose and mouth. *Wear a mask if sick, and when in public.*Avoid going out in public and stay at home.*Clean your surrounding with disinfectants regularly.*If coughing or sneezing use a mask or a cloth barrier.*If you are unwell avoid contact with family, friends and public.*If you have fever, cold or breathing difficulty seek medical attention. *Use an online consultation to avoid public exposure until necessary.

Don't panic and stay healthy ☺

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