GOVERNMENT OF MEGHALAYA HEALTH & FAMILY WELFARE DEPARTMENT

DELIVERY CASE DISCHARGE SUMMARY

Patient's Name:		MRD No./UHID No.	
Age:		Ward No.	
Date of Admission	DD/MM/YY	Bed No.	
Date of Delivery	DD/MM/YY	Time of Delivery	AM/PM
Date of Discharge	DD/MM/YY	Time of Discharge	AM/PM
Attending Physician			

Date of Discharge		D/MM/YY	Time of Dis	scharge	AM/PM
Attending Physician					
1. Presenting Complaints:					
9 3 9 3 9 3 9 3 9 3 9 3 9 3 9 3 9 3 9 3					
2. Physical Findings:					
3. Diagnosis:					
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4. Laboratory Investigation	on Done:				
Particulars		НВ	RBS	АВО	Other
Mother					

Particulars	НВ	RBS	ABO	Other
Mother		_		
Baby				

5. Mode of Delivery:		
6 Indication for Instrumental Deliver	arv.	

7. Delivery Outcome:

	ALIVE				DEAD					
Delivery Outcome	Sing Bor		Twin Born		Any Other:	Single Born		Twin Born		Any Other:
	М	F	М	F		М	F	М	F	

	For Single/Twin Born			For Any Other
Weight	Kgs		Gms	
	Kgs		Gms	

BF Initiation within 1 Hour of Birth: Yes No	
8. Delivery Note:	
9. Any Complications:	
10. Immunisation given to Baby at Birth:	
11. Patient's Condition at the Time of Discharge:	
12. Condition of the Baby at the Time of Discharge:	
13. Treatment Given:	
Treatment for Mother	Treatment for Baby
14. Instructions for Follow-Up:	
15. Additional Notes for DAMA/LAMA Cases (if applicable):	

16. Name of the Medical Officer/Attending Physician	·
17. Signature of the Medical Officer/Physician:	
18. Date:	