

APPENDIX Q: SAMPLE: DISCHARGE SHEET FOR PREECLAMPSIA, ECLAMPSIA AND
HELLP SYNDROME PATIENTS

**Discharge Information for Patients with Diagnosis of Preeclampsia,
HELLP Syndrome or Eclampsia**

Your Medications include the following:

1) _____ To be taken every ____ hours.

2) _____ To be taken every ____ hours.

3) _____ To be taken every ____ hours.

Your postpartum follow-up appointment has been made with Dr. _____ in ____ days.

Date: _____ Time: _____

You have been instructed to check your blood pressure at home daily: Yes ____ No ____

Call your healthcare provider _____ Phone Number: _____

if your blood pressure is greater than _____ systolic (top number)

and/or

If your blood pressure is greater than _____ diastolic (bottom number)

Call your healthcare provider if:

- Your temperature is greater than 100.4.
- Your bleeding is greater than a heavy menses.
- You have any headache that is not relieved with Tylenol™ or ibuprofen (e.g., Advil™, Motrin™).
- You have pain in your belly, especially the upper area below your ribs.
- You have blurry or double vision, see spots or flashing lights.
- Your swelling is worse.
- You gain more than 3 pounds in 3 days.
- You have serious difficulty catching your breath.
- You have any new or unusual symptoms.
- You have any questions or concerns.

