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.

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