

DISCHARGE SUMMARY

DISCHARGE DATE _____ TIME _____

DEATH DATE _____ TIME _____ PRONOUNCED BY _____

AUTOPSY YES NO BODY RELEASE SIGNED. YES NO NA TO MORGUE YES NO TIME _____

FUNERAL HOME NOTIFIED YES NO FUNERAL HOME _____

COMMENTS _____

DISCHARGE VITAL SIGNS DATA

D/C V/S T _____ P _____ R _____ BP _____ MD NOTIFIED IF TEMP. ELEVATED WITHIN LAST 24 HOURS

MD NOTIFIED OF PRBP OUTSIDE OF NORMAL LIMITS _____

NURSES ASSESSMENT OF PATIENT AT DISCHARGE/DISCHARGE NOTE

MENTAL STATUS ALERT ORIENTED OTHER _____

PERSONAL INDEPENDENT SELF CARE NEEDS ASSISTANCE DEPENDENT

ELIMINATION CONTINENT INCONTINENT LAST BM _____ CATHETER YES NO

SKIN CONDITION SURGICAL SITE DRY & HEALING OPEN DRAINING DESCRIBE _____

DRESSING DRY & INTACT DECUBITIS _____

OTHER _____

HAS ALL PERSONAL BELONGINGS FROM UNIT VALUABLES SLIP # _____

RECEIVED MEDICATIONS BROUGHT FROM HOME YES NO NA PRESCRIPTIONS YES NA

DISCHARGE DATA REGULAR TRANSFER AMA

MODE OF DISCHARGE FROM UNIT AMBULATORY WHEELCHAIR STRETCHER OTHER

ACCOMPANIED BY _____

DISCHARGE TO HOME NURSING HOME HOME HEALTH FACILITY HOSPITAL

OTHER _____

MODE OF TRANSPORTATION CAR AMBULANCE CAB OTHER _____

SUMMARY OF HOSPITALIZATION PATIENT PROGRESS, NURSING CARE, STATUS OF UNRESOLVED PROBLEMS

SUMMARY OF PATIENT/SIGNIFICANT OTHERS KNOWLEDGE TO HEALTH/NURSING INSTRUCTIONS AND ABILITY TO CARE FOR SELF

NURSES SIGNATURE/TITLE/DATE