Hospital Discharge / Information Plan

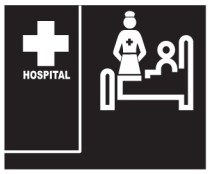
Oldham Community Health Services NHS
in partnership with
The Pennine Acute Hospitals NHS Trust

Patient's name: .....
Date of admission: .....
Date of discharge: .....
Ward / department: .....
Doctor's name: .....
Consultant's name: .....



Present:

Apologies:



Summary of what the person has been treated for / diagnosis:

.....
.....
.....



Have the person's needs changed at all?
(ie: PEG, Catheter, mobility, swallowing, diet):

.....
.....
.....



Is there any equipment needed? Who is providing it?
(ie: walking frame, raised toilet seat, nebuliser, inhaler, PEG feed, assistive technology).

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Do carers / support staff need extra training? Details (i.e. who will provide training etc?).

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