

Hospital Discharge / Information Plan

Patient's name:

Date of admission:

Date of discharge:

Ward / department:

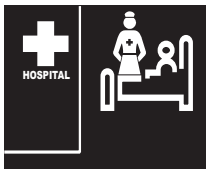
Doctor's name:

Consultant's name:

Present:



Apologies:

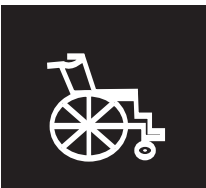


Summary of what the person has been treated for / diagnosis:

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

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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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List of medication including changes / additions (inc. liquid feed).
Do carers understand what these are for / how to administer / side effects?



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Any follow-up appointments / out patients / District Nurse referral?

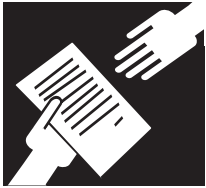


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Any other referrals required / additional funding required:
(Physio, swallowing assessment, Dietitian, Community Learning Disability Nurse, Transfer of Care Team, care management)

Referral to:

Named person responsible:



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Any infections / pressure areas (MRSA, C.Difficile, other infections) who is managing these / have carers seen relevant policies / need training / resources?



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Please outline any action plan agreed / any other issues:



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Agreed by the undersigned:

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Date:

SEND COPIES TO ALL PARTIES