

# Hospital Discharge / Information Plan

Pennine Care **NHS**  
NHS Foundation Trust

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

Present:

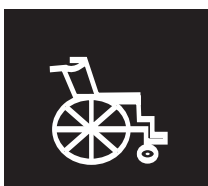


Apologies:



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).

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



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

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



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:

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



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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How is the person getting home from hospital? (ambulance/own transport?)

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Please outline any action plan agreed / any other issues:

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Agreed by the undersigned:

.....

Date: .....

**SEND COPIES TO ALL PARTIES**