DISCHARGE RECORD

PATIENT NAME _____

SS# _____ DOB _____

PHYSICIAN'S NAME _____

DATE OF SURGERY _____

DATE / TIME	NURSING PROGRESS NOTES

DRUG	DOSE	RT	TIME	INITIALS

DRUG	DOSE	RT	TIME	INITIALS

MEETS TRANSFER CRITERIA ☐ Yes ☐ No (See Notes)

DISCHARGED TO: ☐ PACU II ☐ Other: Time:

DISCHARGED: ☐ Home ☐ Other

MODE: ☐ Wheelchair ☐ Ambulatory ☐ Carried by Parents

TRANSFER SUMMARY REPORT (check areas covered in report)

☐ Surgery
☐ Anesthesia
☐ Complications
☐ I&O Status
☐ Dressings
☐ Resp. Status
☐ Vital Signs
☐ Neuro Status
☐ Review of Orders
☐ Medications
☐ Pain Management

TRANSFERRED WITH: ☐ DENTURES ☐ GLASSES ☐ OTHER: _____

PRE-TRANSFER VITAL SIGNS: BP _____ P _____ R _____ TEMP _____

R.N.	R.N.

ADMITTED TO HOSPITAL: ☐ Yes ☐ No	TIME:	ADMISSION DIAGNOSIS:

OUTCOME CRITERIA FOR DISCHARGE

Vital Signs: _____ TEMPERATURE _____ BLOOD PRESSURE _____ PULSE _____ RESPIRATIONS	CRITERIA MET? YES	NO	COMMENTS
Vital signs stable			
Minimal pain, controlled by analgesics			
Swallow, cough, and gag reflex present			
Able to ambulate			
N/v/use, vomiting, dizziness minimal			
Absence of respiratory distress			
Alert and oriented			
Dressing checked			
Voided			
Patient / significant other given and understands discharge instruction sheet			
Responsible adult present to escort patient home			

PRESCRIPTIONS GIVEN FOR:	CALLED IN TO PHARMACY: Y N
DISCHARGED BY:	VIA: TIME: