Your Hospital's Logo Here

NURSING DISCHARGE SUMMARY

DATE:	TIME: (Military Time)

PATIENT IDENTIFICATION

DISCHARGE TO: ☐ Home ☐ Nursing Home
☐ Other (specify): _____

MODE: ☐ Ambulatory ☐ Wheelchair ☐ Stretcher

ACCOMPANIED BY: ☐ Spouse ☐ Other (specify): _____

Physical Assessment completed on date of discharge	☐ YES	☐ NO	
Patient / Family knowledge assessed prior to discharge	☐ YES	☐ NO	
Patient / Family teaching completed	☐ YES	☐ NO	
Equipment discussed (if "Yes", describe below):	☐ YES	☐ NO	☐ N / A
Prescription for medications	☐ YES	☐ NO	☐ N / A
Discharge Instruction Sheet completed	☐ YES	☐ NO	
Prescription discussed with patient and/or family	☐ YES	☐ NO	

Status / condition of any wounds / ostomy appliances / other equipment (describe below):

_____

_____

ADDITIONAL PROGRESS NOTES: Summarize below any active problems

DATE	TIME	

***** For call backs, an addendum using Progress Notes may be used, labeled with patient's name, MR #, and noted as *late entry*. Call HIM immediately for record pick-up.**

PART OF THE MEDICAL RECORD