DISCHARGE ASSESSMENT/PATIENT INSTRUCTIONS

Copy to Patient

DIET:
☐ PATIENT/SIGNIFICANT OTHER TAUGHT DIET
DATE:________
☐ PATIENT/SIGNIFICANT OTHER UNDERSTANDS DIET
DATE:________

REFERRALS:
☐ HOME HEALTH ☐ SOCIAL SERVICES ☐ SITTER
☐ MEALS ON WHEELS ☐ MENTAL HEALTH
☐ APPROPRIATE DEVICES AT HOME

DRIL'S APPOINTMENT
DATE________ TIME________ CALL FOR APPT.________

COUNTY HOSPITAL

MEDICATIONS (List all medicines - new and old)

NAME | DOSE | TIMES TO TAKE | INSTRUCTIONS

☐ PATIENT/SIGNIFICANT OTHER TAUGHT PURPOSE, PRECAUTIONS, AND POSSIBLE SIDE EFFECTS OF MEDICATION.
DATE:________ COMMENTS:________

☐ PATIENT/SIGNIFICANT OTHER CAN VERBALIZE TEACHING OF MEDICATIONS.

☐ PATIENT'S HOME MEDICATIONS RETURNED TO PATIENT.

☐ FOOD/DRUG INTERACTION SHEETS GIVEN: LIST NAME AND DATE:

WOUND CARE:
☐ PATIENT/SIGNIFICANT OTHER TAUGHT WOUND CARE. DATE

☐ PATIENT/SIGNIFICANT OTHER UNDERSTANDS AND CAN DEMONSTRATE WOUND CARE. DATE

DESCRIBE ANY IRRITATED/BROKEN AREAS ON SKIN

☐ NONE

TREATMENT/ACTIVITY

DESCRIBE ANY TREATMENTS ORDERED

☐ PATIENT/SIGNIFICANT OTHER CAN VERBALIZE TREATMENTS/ACTIVITIES. DATE

☐ NONE

ELIMINATION

DESCRIBE ANY INSTRUCTIONS ON BOWEL/BLADDER ELIMINATION PROGRAM

☑ PATIENT/SIGNIFICANT OTHER CAN VERBALIZE BOWEL/BLADDER PROGRAM. DATE

☑ RETURNED VALUABLES TO PATIENT

EDUCATIONAL PROGRAM ORDERED | DATE TAUGHT | PATIENT CAN VERBALIZE TEACHING

OTHER INSTRUCTIONS:

NURSE'S SIGNATURE DATE COMPLETED PATIENT'S SIGNATURE DATE