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

DR.'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