University of Maryland Medical Center

Discharge Instructions

PATIENT IDENTIFICATION

Important information to help you manage your continued care

MD	Name	Date	Time	Telephone
MD Appointment				
Clinic Appointment				
Other Referral				
Other Referral	Home Health Agency			
*Who to Call for problems (see special instruction sheet or p.2)				

Discharge Date _____ **Time** _____

D/C Location: ☐ Home ☐ Nursing Home
☐ Sub-acute ☐ Other _____
D/C Mode: ☐ Ambulatory ☐ Wheelchair
☐ Stretcher
Accompanied by: ☐ Family ☐ Friend ☐ Self
☐ Other
Transportation: ☐ Ambulance ☐ Car
☐ Taxi ☐ Bus ☐ Other

Medications	Amount to take (Tabs, Teaspoons, etc.)	How often	Reason	Special Considerations
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Pain Management Plan:/Special Considerations:

_____

_____

_____

_____

Who to call if ineffective:

_____

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Treatments/ Dressings/ Special Equipment	☐ Supplies given
Diet	☐ Resume usual diet ☐ *Diabetic ☐ *Low Salt ☐ *Low fat ☐ *Cardiac/Heart Healthy ☐ Other _____ ☐ Restrictions _____ *Instructions given by: ☐ Dietitian/Dietetic Technician ☐ RN
Activity	☐ Resume usual activity ☐ No heavy lifting ☐ No driving until MD visit ☐ Limit sexual activity until _____ ☐ Special equipment ☐ Other
Hygiene	☐ As before ☐ Tub bath ☐ May shower ☐ Sponge bath only ☐ Other _____
Education **WHEN TO CALL YOUR DOCTOR**	☐ Booklets and special instruction sheets reviewed with patient/significant other _____ _____ _____ _____ ***Call your Health Care Provider if you:*** _____ _____ _____ _____ _____ ☐ **See specialized pre-printed discharge form for additional instructions.**
Outcome	**Patient and or significant other verbalizes understanding of:** ☐ discharge instructions and follow-up plans ☐ medication regimen, action, side effects and food interaction ☐ how to manage pain and who to call if ineffective _____ ☐ prescriptions given ☐ labeled medications given
MD/DO/NP /PA	_____ Signature Date
RN	_____ Signature Date
Patient/Family	_____ Signature Date

White - Medical Records Yellow - Patient Copy Pink - Physican/Unit Copy