				<i>ISTRUCT</i>	ION SHEET	
		DISCHARGE ME				
DRUG NAME	DOSAGE	TIME TO	BE TAKEN	SPE	SPECIAL NOTATIONS	
The Property Control of the Pr						
				-	•	
		DIET				
TYPE	O NO RESTR	ICTIONS O SPEC	CIAL INSTRUCTIONS.			
FOOD/DRUG INTERACTION S	SHEET GIVEN	O YES O NO	○ N/A			
		ACTIVIT	Ý			
O NO RESTRICTIONS	RESTRICTIONS AS	FOLLOWS O WA	ALKS WITH ASSISTAI	NCE O WAL	KER O CANE	
TRANSFERS WITH ASSIST	TANCE (	USES WHEELCHA	AIR	○ CRU	TCHES	
	en e					
		PPLIANCES/DEVICE	S/EQUIPMENT			
IST						
					O NONE NEEDED	
	SPECIAL IN:	STRUCTIONS/TREA	ATMENTS/PROCEDU	RES		
IST						
,		*********				
	DECTED DOLLOR D				<u> </u>	
) RELEASE OF UNUSED DI	RECTED DONOR B				O NONE NEEDED	
		APPOINTMI	ENIS			
O DR		WHERE	DA	ΓΕ Τ	IME	
LAB PROCEDURE						
OTHER (SPECIFY)					AND THE STATE OF T	
1 1 ,		O DATE:			· · · · · · · · · · · · · · · · · · ·	
i understand the	e above instructions	O PATIENT O OTHER	Physician	n's Signature If Re	quirod	
			rnysiciai	is olyhalule II He	quirea	
SIGNATURE OF PERSON	RECEIVING INSTR			s Signature/Title/D	Pate	
		PAT	TIENT ID			
If Other, State Re	elationship To Patier	nt l				

DISCHARGE INSTRUCTION SHEET

HMA NU000 10 (REV 12/97)

## DISCHARGE SUMMARY

DISCHARGE DATE TIME
DEATH DATE TIME PRONOUNCED 8Y
AUTOPSY O YES O NO BODY RELEASE SIGNED. O YES O NO O NA TO MORGUE O YES O NO TIME
FUNERAL HOME NOTIFIED O YES O NO FUNERAL HOME
COMMENTS
DISCHARGE VITAL SIGNS DATA
D/C V/S T P R BP O MD NOTIFIED IF TEMP. ELEVATED WITHIN LAST 24 HOURS
O MD NOTIFIED OF PRBP OUTSIDE OF NORMAL LIMITS
THE THE STATE OF T
NURSES ASSESSMENT OF PATIENT AT DISCHARGE/DISCHARGE NOTE
MENTAL STATUS O ALERT O ORIENTED O OTHER
PERSONAL O INDEPENDENT SELF CARE O NEEDS ASSISTANCE O DEPENDENT
ELIMINATION O CONTINENT O INCONTINENT LAST BM CATHETER O YES O NO
SKIN CONDITION O SURGICAL SITE O DRY & HEALING O OPEN O DRAINING DESCRIBE
O DRESSING DRY & INTACT DECUBITIS O
OTHER
HAS ALL PERSONAL BELONGINGS FROM UNIT O VALUABLES SLIP #
RECEIVED MEDICATIONS BROUGHT FROM HOME O YES O NO O NA O PRESCRIPTIONS O YES O NA
DISCHARGE DATA O REGULAR O TRANSFER O AMA
MODE OF DISCHARGE FROM UNIT O AMBULATORY O WHEELCHAIR O STRETCHER O OTHER
ACCOMPANIED BY
DISCHARGE TO O HOME O NURSING HOME O HOME HEALTH FACILITY O HOSPITAL
OTHER
MODE OF TRANSPORTATION O CAR O AMBULANCE O CAB O OTHER
SUMMARY OF HOSPITALIZATION PATIENT PROGRESS, NURSING CARE, STATUS OF UNRESOLVED PROBLEMS
SUMMARY OF PATIENT/SIGNIFICANT OTHERS KNOWLEDGE TO HEALTH/NURSING INSTRUCTIONS AND ABILITY TO CARE FOR SELF
NURSES SIGNATURE/TITLE/DATE