Discharge Instructions

Why you were in the hospital	with possible or due to:	Admit date:	Discharge date - time: AM ☐ PM ☐

Diet: ☐ unrestricted ☐ coronary ☐ renal ☐ diabetic_____cal/day
☐ no added salt ☐ mechanical soft ☐ pureed ☐ fluids__liters/day

Return to work/school on: no restrictions. ☐ Light duty.

Driving: ☐ unrestricted. ☐ Restrictions discussed: resume after days. ☐ NO driving.

Lifting: ☐ unrestricted. ☐ Restriction is: NO lifting more than lbs for the next days.

Sex: ☐ unrestricted. ☐ Restrictions discussed: resume usual activity after days.

After care referred to:
- ☐ Self
- ☐ Family
- ☐ SNF
- ☐ Rehab

Other facility:

Call for an appointment with consultants:	Phone : Specialty	Schedule appointment in:
		week(s)
		week(s)
		week(s)

Educational material Provided
- ☐ Wound Care
- ☐ Postoperative care
- ☐ Physical Therapy
- ☐ Heart Failure
- ☐ Stroke
- ☐ Diabetes

BP: HR: RR: Weight: BMI: Temp: O2%:

Medication : Dose	Rx given	Medication : Dose	Rx given

Ordered at discharge or completed in hospital:
- ☐ ACE/ARB
- ☐ Beta blocker
- ☐ Aspirin
- ☐ Statin
- ☐ Home Health_____
- ☐ Home O2 ___L/min
- ☐ Foley
- ☐ Fluzone
- ☐ PICC
- ☐ Pneumovax
- ☐ Physical therapy
- ☐ Speech therapy
- ☐ Occupational therapy
- ☐ Cardiac Rehab
- ☐ Tetanus
- ☐ EF measured_____%

Anticoagulant_____

Testing ordered:

Other:

If you have any questions contact your primary care physician: _____

Nursing Date/Time

Physician Date/Time