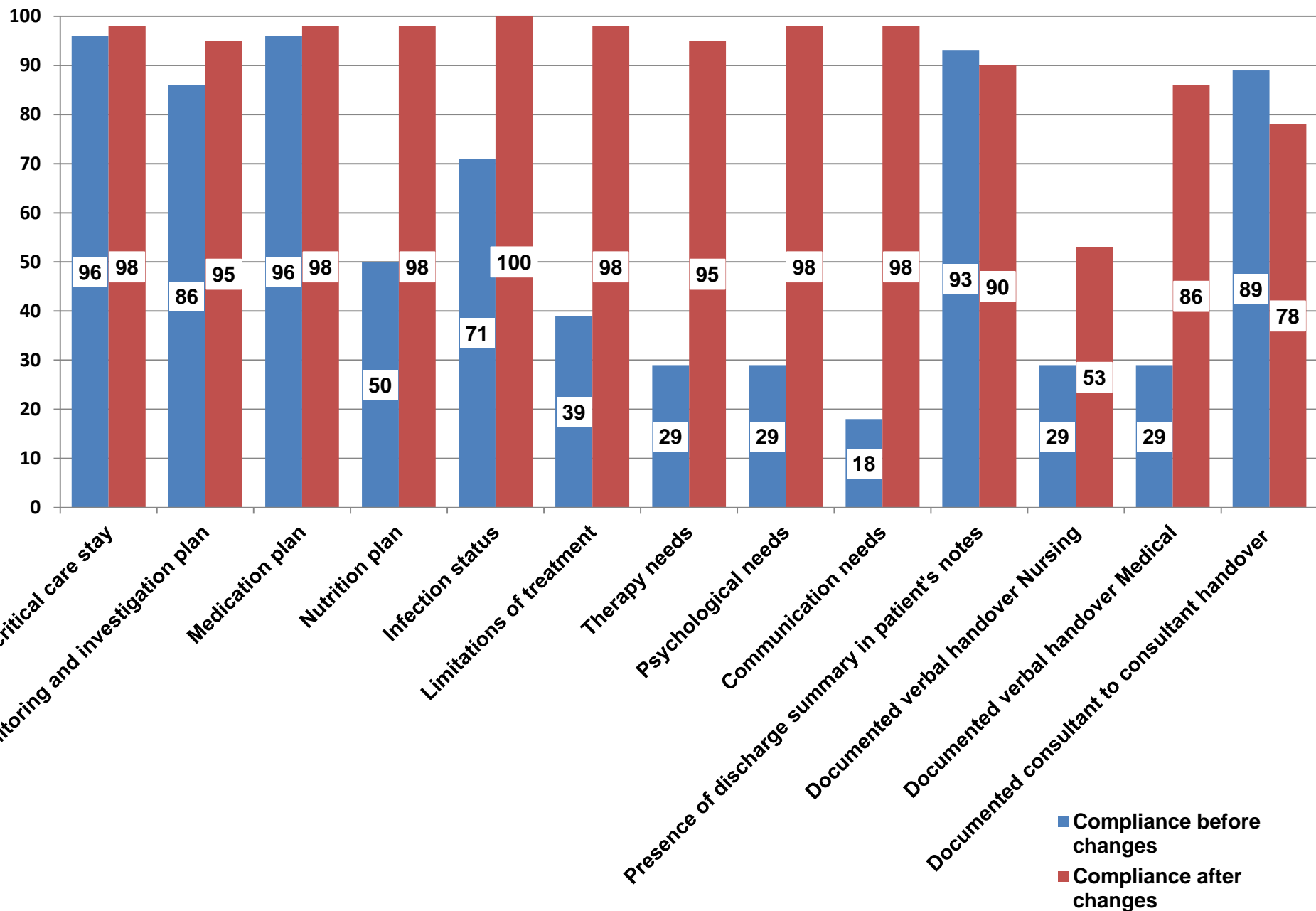


Percentage of Compliance Before and After Changes to Discharge Summary Template



ITU Discharge Summary		Ward :	
Discharging ITU Dr & bleep		Date/time	
Accepting ward Dr		Date/time	
Follow up ITU Dr		Date/time	

Discharging ITU Consultant:

Diagnosis on Admission:

Background:

Admission:

Investigations:

ITU admission details:

Ongoing issues:

Duration of ITU stay (days):

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Ongoing investigations:
Recommended monitoring observations:
Call back triggers:

Allergies:
Current Regular Medications:

Drug	Dose	Route	Freq	Duration

Infection Summary		Status MRSA?	N	Clostridium Difficile?	N				
		Ongoing treatment?	N	Ongoing Isolation essential?	N				
Invasive Device	Site	Date Placed	Removal Date	Sample	Date	Organism grown	Antibiotics Prescribed	Treatment Duration	

Time of ITU ward discharge-	Between 2200-0700-Fill out Critical incident Form
	Form completed Yes No

	Yes (please give details)	No (if not please state why)	ITU Cons aware	Primary Team aware	Discussed with patient/family
Limitations of Treatment					
DNAR status stated					
Appropriate for Readmission to ITU					

Medical verbal handover completed & documented in notes? Y/N
Ward doctor's name & job:
Bleep:
Team:

Nursing handover completed and recorded in notes? Y/N
Name of ITU nurse on discharge:

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Specific health needs	Plan for ITU d/c in (delete as appropriate)
Emotional and psychological	AMTS on discharge 1-10 [], Known diagnosis dementia/cognitive impairment [Y/N], Suspected/known delirium on discharge from ITU? [Y/N] Known psychiatric diagnosis? [Y/N] Requires psych follow-up on ward? [Y/N],
Language/communication needs	Requires translator [Y/N], Able to communicate verbally [Y/N] Safe swallow [Y/N] Requires SALT follow-up on wards? [Y/N]
Physio/rehab	Functional status <u>before admission</u> : walking [], stick/frame [], wheelchair [], bedbound [] Lives in: own home [], sheltered accommodation [], residential/nursing home [] Requires physio follow-up on wards? [Y/N]
Nutritional	Is fed via: oral route [], NG [], PEG [], parenteral [], other [], Has specific conditions/diseases that affect nutrition eg. IBD? [Y/N] Requires dietician follow-up on wards? [Y/N]

Date	Na	K	Ur	Cr	Hb	WCC	Plt	CRP

Tracheostomy care bundle required:
