

Needs	Date	Day <u>1</u>			Date	Day <u>  </u>			Date	Day <u>  </u>			Signature
		L	P	O		L	P	O		L	P	O	
<b>Nutritional Guidance</b>												Dietician	
<input type="checkbox"/> Diet instructions for patients at Nutritional risk	3/10	P	OD	V	05/10	P	OD	V				Gayathri	
<input type="checkbox"/> Diet advice for home					05/10	P	W	V				Gayathri	
<b>Discharge Planning</b>												Nurse / Doctor	
<input type="checkbox"/> Self care					05/10	P	DD	V				AD	
<input type="checkbox"/> Follow up						P	OD	V				AD	
<input type="checkbox"/> Reporting concerns													
<input type="checkbox"/> Immunizations													
<input type="checkbox"/> Parenting education													
<input type="checkbox"/> Others													
<b>Risk Factor Reduction</b>												Nurse / Doctor	
<input type="checkbox"/> Smoking cessation													
<input type="checkbox"/> Weight control													
<input type="checkbox"/> Exercise													
<input type="checkbox"/> Hypertension													
<input type="checkbox"/> Other risks													

LEARNER (L) - P - Patient, M - Mother, F - Father, S - Spouse other patient (State Relationship)  
PROCESS (P) - OD - Oral Discussion, D - Demonstration, W - Written Material  
OUTCOME (O) - RD - Return Demonstration, V - Verbalized Understanding

Written material given and explained (if any):

patient discharged with IV cannula

Reports Given:

	Given	Pending	NA		Given	Pending	NA
Discharge Summary	<input checked="" type="checkbox"/>			Diet Advice			
ECG Report				CT Scan Report			
Doppler Report				CT Scan Film			
X-Ray Report				ECHO Report			
X-Ray Film				Ultrasound Report			
Compact Disc				Any other report			

Name of Attendant / Patient Dr. M. Lohar Signature NK  
Name of Discharge Nurse: Nileshtha Emp ID: W330r Signature W33  
Name of Doctor Dr. Sidha Altar Emp ID: 01001 Signature SW