

Needs	Date	Day 1			Date	Day			Date	Day			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	03/10	P	OD	V					Goyal
<input type="checkbox"/> Diet advice for home					03/10	P	W	V					Goyal
<b>Discharge Planning</b>													Nurse / Doctor
<input type="checkbox"/> Self care					03/10	P	W	V					✓
<input type="checkbox"/> Follow up						P	W	V					✓
<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 discharge with IV cannulae

Reports Given:

Given	Pending	NA	Given	Pending	NA
Discharge Summary	✓		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. Lalwani Signature M. Lalwani  
 Name of Discharge Nurse: Nileshtha Emp ID: W3307 Signature Nileshtha  
 Name of Doctor Dr. Sridevi Atta Emp ID: S8861 Signature Sridevi Atta