

Discharge Plan Of Care

Patient Name	:	Alston Rebello	Emirates ID	:	784-1991-2906159-3
File No	:	17	DOB	:	1996-06-20
Nationality	:	Indian			
Gender	:	Male	Doctor's Name	:	Ophthalmology Doctor
Date	:	2024-02-17			



File No. : 17
Name : Alston Rebello
Gender : Male
Date : 2024-02-17
Nationality : Indian

Date of Surgery : 2/15/2024 12:00:00 AM

Time of Surgery : 02:30

Type of Surgery : xcvcvcbcb

PRE-OPERATIVE CHECK-LIST

LEVEL OF CONSCIOUSNESS/MENTAL STATUS

- ☒ Fully awake and alert
☐ Drowsy
☐ Oriented
☒ Others (please specify)

AMBULATION

- ☒ Independent with steady gait
☒ Gait unsteady and assistance required
☐ Non ambulatory; bed ridden/wheelchair-bound
☒ Other

DISCHARGE INSTRUCTIONS

- ☐ Physician order sheet reviewed
☒ Written discharge instruction reviewed and given
☐ Post op teaching given
☐ LASIK/LASEK/CCL kit given


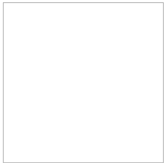
DISCHARGE PREPARATION

- ☒ Patient's gown removed and redressed with supervision
☐ Valuables returned and identified by the patient
☒ Prescription reviewed and given

TIME	NURSES NOTES	NURSES SIGNATURE
02:30	<input type="checkbox"/> Post op medicine instruction given. <input type="checkbox"/> Follow up appointment given. bghbghghfg Discharged via: <input type="checkbox"/> Ambulatory <input type="checkbox"/> Assistive device (wheelchair, cane, etc) Discharge to: <input checked="" type="checkbox"/> Home with family/companion	Ophthalmology Doctor

Sign here, only if all of your questions have been answered to your satisfaction

Patient	Doctor
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<div>Patient Name Alston Rebello</div> <div>Date 2024-02-17</div>	<div>Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45)</div> <div>Date 2024-02-17</div>

