

# Discharge Plan Of Care

Patient Name	:	sai krishna	Emirates ID	:	784-8666-6666666-7
File No	:	8	DOB	:	1996-09-25
Nationality	:	Other			
Gender	:	Male	Doctor's Name	:	Ophthalmology Doctor
Date	:	2024-04-23			



File No. : 8  
Name : sai krishna  
Gender : Male  
Date : 2024-04-23  
Nationality : Other

Date of Surgery : 4/23/2024 12:00:00 AM  
Time of Surgery : 00:00  
Type of Surgery : wer

## 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
00:00	<input type="checkbox"/> Post op medicine instruction given. <input type="checkbox"/> Follow up appointment given. <b>Discharged via:</b> <input type="checkbox"/> Ambulatory <input type="checkbox"/> Assistive device (wheelchair, cane, etc) <b>Discharge to:</b> <input type="checkbox"/> Home with family/companion	Ophthalmology Doctor

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

Patient	Doctor
	<div></div>

<div>Patient Name</div> <div>sai krishna</div> <div>Date</div> <div>2024-04-23</div>	<div>Doctor Name</div> <div>Opthalmology Doctor - Opthalmology (Oph45)</div> <div>Date</div> <div>2024-04-23</div>
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