

Discharge Plan Of Care

Patient Name	:	Aswathi Vipin			Emirates ID	:	784-2543-5254612-1	
File No	:	1	DOB	:	1991-11-21	Nationality	:	Indian
Gender	:	Female	Doctor's Name	:	Opthalmology Doctor	Date	:	2024-01-20



File No. : 1
Name : Aswathi Vipin
Gender : Female
Date : 2024-01-20
Nationality : Indian

Date of Surgery : 1/10/2024 12:00:00 AM

Time of Surgery : 09:00

Type of Surgery :

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


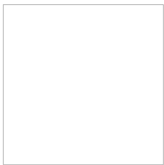
DISCHARGE PREPARATION

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

TIME	NURSES NOTES	NURSES SIGNATURE
09:00	<input type="checkbox"/> Post op medicine instruction given. <input type="checkbox"/> Follow up appointment given. Discharged via: <input type="checkbox"/> Ambulatory <input type="checkbox"/> Assistive device (wheelchair, cane, etc) Discharge to: <input type="checkbox"/> Home with family/companion	Opthalmology Doctor

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

Patient	Doctor
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Patient Name Aswathi Vipin Date 2024-01-20	Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45) Date 2024-01-20

