

Discharge Plan Of Care

Patient Name	:	Reshma Siya	Emirates ID	:	784-6478-3648736-8
File No	:	4	DOB	:	1995-05-21
Gender	:	Female	Doctor's Name	:	Ophthalmology Doctor
			Date	:	2024-02-28



File No. : 4
Name : Reshma Siya
Gender : Female
Date : 2024-02-28
Nationality : Other

Date of Surgery : 2/28/2024 12:00:00 AM

Time of Surgery : 00:00

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
00:00	<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	Ophthalmology Doctor

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

Patient	Doctor
---------	--------

	<div></div>
<div>Patient Name Reshma Siya Date 2024-02-28</div>	<div>Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45) Date 2024-02-28</div>

