



# Nursing Discharge Summary

**Patient Name:** \_\_\_\_\_ **MR#:** \_\_\_\_\_ **SOC Date:** \_\_\_\_\_

**D/C Date:** \_\_\_\_\_  With final nursing visit  Without final nursing visit

Date of Visit: \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_ Type of Visit:  SN  SN and Supervisory

Homebound Reason: \_\_\_\_\_

Vital Signs: T: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ BP: \_\_\_\_\_ R/L Sit/Stand/Lying

CV Status: \_\_\_\_\_

Resp: \_\_\_\_\_

Musculoskeletal: \_\_\_\_\_

Skin: \_\_\_\_\_ Pain: \_\_\_\_\_

Nutrition/Hydration: \_\_\_\_\_

Other: \_\_\_\_\_

**Skilled Interventions:**

Skilled Observation and Assessment  Diabetic Observation  Medication Teaching \_\_\_\_\_

Disease Process Teaching \_\_\_\_\_  Observation/Teaching Safety Factors  Observation/Teaching ER Plan

Discharge Teaching: \_\_\_\_\_

\_\_\_\_\_

**Analysis of Interventions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Discharge Reason:**

Goals Met  Hospitalization (Date: \_\_\_\_\_ ) Reason: \_\_\_\_\_

Transfer of Services to:  ECF  Hospice  Pt/Family Refused Care  Moved Out of Service Area  Expiration

**Services Provided:**

Nursing  Home Health Aide  MSW  Rehab Services:  PT  OT  SLP

**Services to Continue at Nursing Discharge:**  PT  OT  SLP  Home Health Aide

Primary discipline and continuing disciplines notified of nursing discharge

**Summary of Care/Goals Achieved:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Goals Not Met:** \_\_\_\_\_

**Functional Levels of Discharge:**  Alert  Oriented  Confused  Independent in ADL's  Continues to need assistance with ADL's

Assistive Device: \_\_\_\_\_  Other: \_\_\_\_\_

Patient/Family aware of discharge plan  Physician aware of discharge plan on (date): \_\_\_\_\_

Instructed to continue medical follow up with physician  Appointment with physician scheduled (date): \_\_\_\_\_

**RN Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_