

TNO:

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Critical Care Discharge Form

CRITICAL CARE DISCHARGE INFORMATION

Date and time of ICU discharge:	<table border="1"> <tr> <td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td> <td></td><td></td> </tr> </table> DD/MMM/YYYY											<table border="1"> <tr> <td></td><td></td> <td>:</td> <td></td><td></td> </tr> </table> HH/MM			:		
		:															
Vital status on discharge	Alive <input type="checkbox"/> Dead <input type="checkbox"/>																
Discharge destination	Ward <input type="checkbox"/> Other hospital/care facility <input type="checkbox"/> Specify: _____ N/A – patient died <input type="checkbox"/>																

FORM COMPLETED BY:

Name (please print):		Date completed:	<table border="1"> <tr> <td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td> </tr> </table> DD/MMM/YYYY								
Signature:											