

# ICU Patient Discharge Summary

## Patient Information

Name: \_\_\_\_\_

Age:

Hospital ID: \_\_\_\_\_

Sex:

Admission Date: \_\_\_\_\_

Discharge Date:

Attending Physician: \_\_\_\_\_

## Diagnosis

## Clinical Course in ICU

## Treatment Summary

## Investigations

## Condition at Discharge

## Medications at Discharge

Medication	Dosage	Frequency	Duration

## Instructions & Follow-up

Prepared By:

Date: