

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: _____