

# Intensive Care Unit Patient Discharge Summary

## Patient Information

Name

Age

Sex

Hospital Number

Date of Admission

Date of Discharge

ICU Stay (Days)

## Diagnosis

## Reason for ICU Admission

## Clinical Course in ICU

## Current Status at Discharge

## Medications on Discharge

## Instructions / Follow Up

Prepared By

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**Designation**

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**Date**

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**Signature**

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