Intensive Care Unit Discharge Summary Form

Patient Information

Name

Patient ID

Date of Birth

Gender

Admission & Discharge Details

ICU Admission Date

Time

ICU Discharge Date

Time

Diagnosis

Primary Diagnosis

Comorbidities

ICU Stay Course

Summary of ICU Course

Procedures / Interventions

Details

Medications at Discharge

List

Consultations

Specialist Consultations (if any)

Recommendations

Follow-up & Recommendations

Doctor's Details

Consultant Name

Signature

Date