

Intensive Care Unit Discharge Summary

Patient Name: _____

Hospital Number: _____

Age/Gender: _____

Date of Admission: _____

Date of Discharge: _____

ICU Admission Date: _____

ICU Discharge Date: _____

Referring Dept/Doctor: _____

Diagnosis at Admission

Reason for ICU Admission

Summary of ICU Stay

Treatment/Procedures Undertaken

Course in ICU

Current Status at Discharge from ICU

Medications at Discharge

Instructions / Follow-up Plans

Consultant/Doctor's Name & Signature