

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