

# Discharge Plan

Patient name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Admission date: \_\_\_\_\_ Discharge date: \_\_\_\_\_

Primary diagnosis: \_\_\_\_\_

## Discharge plan

### I. Assessment and goals

*(Summarize the patient's medical condition, functional abilities, support systems, and recovery goals.)*

### II. Discharge destination

*(Specify whether the patient will be discharged to their home or another healthcare facility.)*

### III. Medication management

*(List the patient's prescribed medications and dosages, and provide instructions for proper administration.)*

**IV. Medical equipment and supplies**

*(Identify any required medical equipment, assistive devices, or supplies the patient needs.)*

**V. Home health services**

*(Detail the types and frequency of home health services the patient will receive, such as nursing care or physical therapy.)*

**VI. Follow-up appointments and communication**

*(Schedule follow-up appointments with healthcare providers and outline communication protocols among the care team.)*

**VII. Patient and caregiver education**

*(Describe the education and training provided to the patient and their caregivers to ensure proper care and support during recovery.)*