



**ROYAL GOVERNMENT OF BHUTAN
NAME OF HCC
DZONGKHAG**

PRE DISCHARGE CHECKLIST

NAMEAGE/SEX.....WARD/BED NO.....
 HOSPITAL REG. NO:.....FINAL DIAGNOSIS.....
 Date and Time of Admission.....Date and Time of Discharge.....

Patient's vitals on Discharge:		Patient discharged to:	
Blood Pressure		a) Home:	
Pulse		b) Others:....	c) Expired
Respiration Rate		Patient Referred to:	
Temperature		a) JDWNRH	
GCS		b) Outside Country.....	

CHECKLIST	YES	NO	REMARKS
IV access removed			
Urinary catheter removed			
Dressing changed or removed			
NG tube removed			
Pending test/procedures/reported informed			
Discharge documents handed over to the patient			
Medication dose and frequency explained			
Medication safety/handling explained			
Follow up dates/ appointment explained			
Dietary requirement and restriction explained			
Fluid requirement and restrictions explained			
Excercise/activities and restrictions explained			
Wound care and sign of infection explained			
Visit to emergency/112 helpline explained			
Patiet discharged on Oestomy bag			
Patient discharged on domicillary oxygen			
Patient referred to higher health care			

Other relevant notes:

UNDERTAKING

I received all the information regarding discharge/referral, medications and all other follow ups in the language I can understand. All reports and discharge summery is handed over to me.

Signature:.....
 Name of Patient/Attendent:.....
 Date:.....

Signature:.....
 Name of the staff:.....
 Disignation:.....