

**Cleveland Regional Medical Center
Discharge Instruction Sheet**

Patient Label _____

Discharge Diagnoses _____

Activity As tolerated Lifting restricted to _____ pounds
 May drive May not drive for _____ days
 Other Restrictions _____
 May return to work in _____ days

Wound Keep wound dry Change dressing _____ May shower
Care Home Health Regional Rehab – Date/Time _____ Ostomy/Supplies

Diet No Restriction Renal failure Low Salt
 Diabetic _____ calories Low Cholesterol (Healthy Heart diet)
 Other Copy of diet given from MicroMedex

Medications See Medication Form. Bring medicines and list to appointments.

Appointments
Doctor _____ Call today for appointment to be seen in _____ Days / Weeks
Telephone _____ Date _____ Time _____ AM PM

Doctor _____ Call today for appointment to be seen in _____ Days / Weeks
Telephone _____ Date _____ Time _____ AM PM

Doctor _____ Call today for appointment to be seen in _____ Days / Weeks
Telephone _____ Date _____ Time _____ AM PM

Other
 Faxed universal medication sheet and discharge instructions to physician's office with follow-up appointments

Referrals Home Health Rehabilitation Hospice Cardiac rehabilitation
 Other

Special Equipment/Specialty Instructions

Physician Signature _____ Date _____

Discharge/ MicroMedex Instructions Given _____

Discharge Date/Time: _____ Valuables returned N/A Yes
I have received and understand the above discharge instructions and information about my medicine I have been given or prescribed. I will arrange for follow-up care as instructed above.

Patient (or representative) Nurse Time