

# 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.)*