# HOME CARE DISCHARGE SUMMARY



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# **Home Care Discharge Summary**

#### **Patient Information:**

Upon discharge, it is essential to accurately document the patient's information for future reference. This section should include vital details such as [PATIENT NAME], [DATE OF BIRTH], [GENDER], [HOME ADDRESS], [CONTACT NUMBER], [EMERGENCY CONTACT INFORMATION], and any relevant medical history.

#### **Patient Details**

Name: [PATIENT NAME]

Date of Birth: [DATE OF BIRTH]

Gender: [GENDER]

Address: [HOME ADDRESS]

Contact Number: [CONTACT NUMBER]

Emergency Contact: [EMERGENCY CONTACT INFORMATION]

#### Care Plan:

A comprehensive care plan is crucial to ensure continuity of care post-discharge. This section outlines the [PATIENT NAME]'s care plan, including medication instructions, follow-up appointments, dietary restrictions, and any additional recommendations.

#### Medication Instructions

- [MEDICATION NAME]: Dosage: [DOSAGE], Frequency: [FREQUENCY], Duration: [DURATION]
- [MEDICATION NAME]: Dosage: [DOSAGE], Frequency: [FREQUENCY], Duration: [DURATION]

#### Follow-up Appointments

- Date: [DATE]

# **Sample Discharge Summary Home Health**

Maureen Knechtel, Maureen A. Knechtel

#### **Sample Discharge Summary Home Health:**

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Bureau,1990 Geriatrics Models of Care Michael L. Malone, Marie Boltz, Jonny Macias Tejada, Heidi White, 2024-05-30 Following the success of the previous edition the second edition of Geriatrics Models of Care is the definitive resource for systems based practice improvement for the care of older adults Several new models of care have been published in the last eight years new outcomes have emerged to better understand the impact of existing models and with the rise of the Age Friendly Health Systems movement promoting organized efforts to prepare our health care settings for older individuals is of more importance than ever The second edition is organized based on the practice setting along a continuum of care hospital transitions from hospital to home outpatient settings and the emergency department This book also highlights long term care models which is an important part of the continuum of care for older Americans Further this edition features models that address the needs of vulnerable populations This new section will describe a spectrum of programs for older adults who have Alzheimer's disease or Parkinson's disease Other models describe best practices for older adults undergoing surgery or those who want to remain functioning independently in their home A defining feature of this book is that each chapter follows a standard template 1 the challenge which led to the model 2 the patient population served 3 core components of the intervention 4 the role of interdisciplinary health professionals 5 evidence to support the intervention 6 lessons learned in the implementation and dissemination of the model 7 implications for family caregivers and communities particularly underserved and diverse communities and 8 how each model will provide care across the continuum during an entire episode of care In addition each chapter features a call out box with practical tips for implementing the model Federal Register Competency in Home Care Terasa Astarita, Gayle Materna, Cynthia Blevins, 1998 Competency in Home Care .2013-12 doesn't just describe the standards of practice it gives you the resources to meet them it provides practical authoritative quidance for creating effective staff development plans designing orientation programs that get caregivers up to speed immediately establishing performance criteria for every position in the home care continuum and ensuring ongoing competency Plus you get powerful insights into the growth of modern home care The role of competency programs in staff recruitment and retention and how to get it done in any organization regardless of background makeup or affiliation

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