Worcestershire **NHS**
Acute Hospitals NHS Trust

ICU Discharge Summary

Patient Details:

Patient Name:	Incredible Hulk (#Callme:)		D.O.B: Age on Admission:	28/08/1980 42 years
Address	Random Street Random town RAN DOM		NHS No:	7654365436
			Hospital No:	65643434653654
GP Name:	Roger Bannister		Practice Code:	

Next of Kin Details:

NOK Name:	NOK Phone:	NOK Relationship:
NOK Name	Phone: Random NOK number Mobile: Random NOK mobile	Sister
Second NOK Name	Phone: Second NOK phone Mobile:	Second NOK relationship

Admission Details:

ICU Location:	Alexandra ICU
Accepting ICU Consultant:	Cowley, Nicholas
Specialty Consultant:	Dutta

Creating a Discharge Letter in ICCA Quick Flowchart

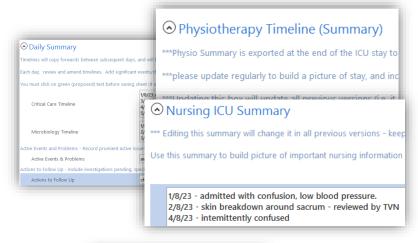Complete normal day to day documentation (summaries feed the discharge document

Physiotherapy Timeline (Summary)

***Physio Summary is exported at the end of the ICU stay to

***please update regularly to build a picture of stay, and inc

***Updating this box will update all previous versions (i.e. it

Nursing ICU Summary

*** Editing this summary will change it in all previous versions - keep

Use this summary to build picture of important nursing information

1/8/23 - admitted with confusion, low blood pressure.
2/8/23 - skin breakdown around sacrum - reviewed by TVN
4/8/23 - intemittently confused

Daily Summary

Timelines will copy forwards between subsequent days, and will

Each day, review and amend timelines. Add significant events/c

You must click on green (proposed) text before saving sheet (it w

Critical Care Timeline

Microbiology Timeline

Active Events and Problems - Record prominent active issue

Active Events & Problems

Actions to Follow Up - include investigations pending, spec

Actions to Follow Up

When patient is deemed medically fit for step down from ICU, **add discharge document set** (in add documents) – (Nurses or Doctors can do this)

Add Documents

All | Sets

Admission Documents
Daily Documents
Discharge Documents
Unit management documents

Discharge

17/08/2023

Discharge Summary Form (c...

Check & Send to EPR
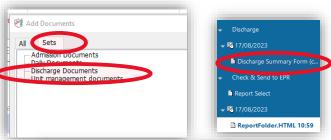
Report Select

17/08/2023

ReportFolder.HTML 10:59

Complete *discharge summary form* in ICCA (content of this will populate discharge word document (both nursing and junior medical staff)

Discharge | Discharge Summary Form (complete BEFORE generating DC Word Doc)   15/08/2023 15:52

Fields below pulled from other documents: You can modify them as you wish to appear on discharge document. Click on each field (green) to confirm and edit (then save). If fields empty - reload defaults in tab above.

Reason for Admission	urosepsis for investigation and vasopressors
Past Medical History	
Past Surgical History	lap chole
Critical Care Timeline	1/8/23 Admitted with urosepsis, CT KUB identifed R ureteric stone, Started on Coamox 3/8/23 Weaned from vasopressors 4/8/23 delirium 5/8/23 Mobilising, awaiting stent
Microbiology Timeline	1/8/23 Admitted on D3 coamoxiclav. Added gentamicin 2/3/23 Grew coliform in blood 3/8/23 coliform in urine culture
+ Clinical Trials	Trial: GenOMICC Date Recruited: 22/06/2023 10:58 Details: tgh
Active Events & Problems	awaiting stenting
Actions to Follow Up	chase urologists re: date for stent

Record any important clinical examination findings

Examination	

Check escalation plan for ICU is appropriate for ward:

Escalation Plan	none
CPR Status	For CPR
+ Plan if deteriorates following ICU Di...	

Nursing & MDT Summary & Recommendations

Review and add to the following fields
Summary documents pulled from MDT teams daily documents - check still relevant and modify accordingly for discharge document

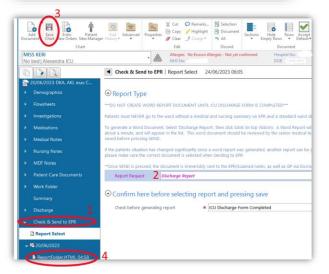| Nursing ICU Summary	1/8/23 - admitted with confusion, low blood pressure. 2/8/23 - skin breakdown around sacrum - reviewed by TVN 4/8/23 - intemittently confused
Physio ICU Summary	2/8/23 - initial assessment performed - plan to passive 4/8/23 - increasing leg strength, mobilising with one
Dietician ICU Summary	3/8/23 - assessed on ICU - refeeding risk NG feed - regimen __
SALT ICU Summary	salt summary

When above completed, **generate word discharge letter** in 'check and send to EPR' by selecting Report type (e.g. discharge report) and then clicking save chart (in usual place).

Check & Send to EPR | Report Select   24/06/2023 06:05

Report Type

DO NOT CREATE WORD REPORT DOCUMENT UNTIL ICU DISCHARGE FORM IS COMPLETED

Patients must NEVER go to the ward without a medical and nursing summary on EPR and a standard ward d

To generate a Word Document, Select 'Discharge Report', then click SAVE (in top ribbon). A Word Report wil about a minute, and will appear in the list. This word document should be reviewed by the senior medical te saved before pressing SEND.

If the patients situation has changed significantly since a word report was generated, another report can be g please make sure the correct document is selected when Sending to EPR.

***Once SEND is pressed, the document is irreversibly sent to the EPR/Scanned notes, as well as GP via Docma

Report Request   Discharge Report

Confirm here before selecting report and pressing save

Check before generating report   ★ ICU Discharge Form Completed

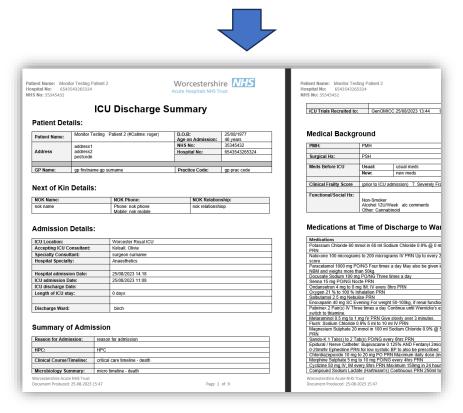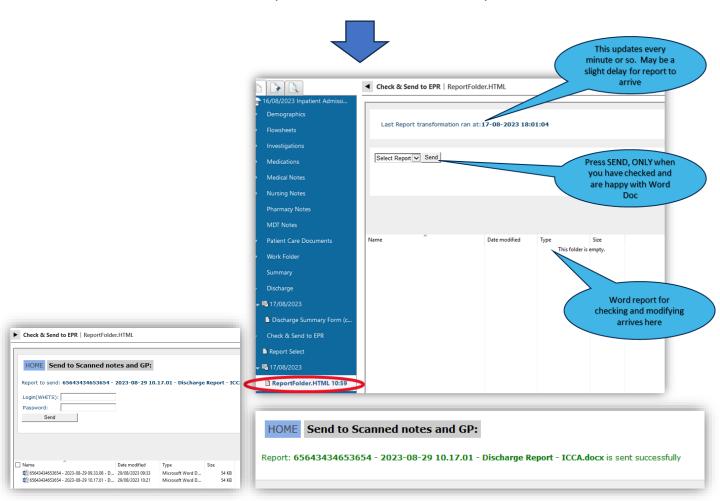Report Select
20/06/2023
ReportFolder.HTML 04:58

A word report is generated in less than a minute and found with a timestamp within 'check & send to EPR' tab, and should be **reviewed and modified** by senior medical staff (just modify/add text and click save as usual in a word document).
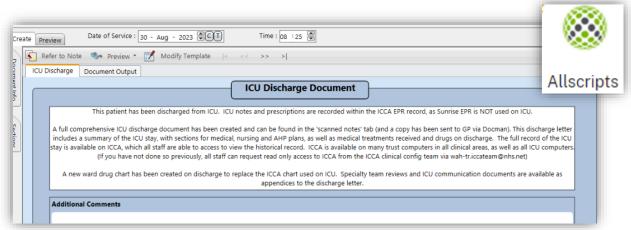

When senior medical staff happy with Word Discharge Report, this is submitted by clicking on **'SEND' button**, which sends report to Scanned notes, and patients GP via Docman
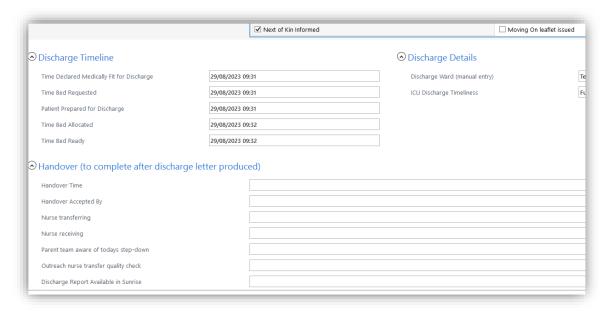

This updates every minute or so. May be a slight delay for report to arrive

Press SEND, ONLY when you have checked and are happy with Word Doc

Word report for checking and modifying arrives here

A copy of the letter can be printed out for bedside handover if the bedspace nurse desires

As Sunrise doesn't support document import yet, and the Discharge letter can only be sent to scanned notes, as a work around, an 'ICU Discharge' document must also be created in Sunrise – this is a simple document with fixed text pointing staff to where the ICU discharge Word Report can be found (in Evolve/scanned notes).

When discharge is complete, nurse must **complete the final section of the discharge report** within ICCA, where the time of handover etc is documented for audit purposes.

(Note – Discharge from ICCA occurs automatically on transfer using the PAS system (senior nurses/ward clerks can do this) – do not use ICCA to discharge the patient).

ICU Discharge – Checklist:

- Word Report Discharge Letter Completed and 'Sent' to scanned notes

- Sunrise 'ICU discharge' form created to flag location of ICU Discharge letter in scanned notes

- Ward Prescription chart written

- Final demographic detail added to ICCA discharge form (time of transfer/handover checklist etc)

- PAS administrator to transfer patient location