Affix Patient Label

CRITERIA LED DISCHARGE

NHS
Brighton and Sussex University Hospitals
NHS Trust

Patient Name

Ward Name

PART A: MEDICAL REVIEW (to be completed by Consultant)

Diagnosis: ....

....

....

Estimated Date of Discharge (EDD) on admission

☐ I agree for this patient to be discharged once the milestones in part B and C are met.

☐ Please do not discharge until medical team review for the following reason (s): ....

....

Name: .... Signature .... Time/date: ....

PART B: Specific patient Mulitdisciplinery (MDT) discharge criteria (to be completed by MDT)

MDT agreed specific milestones	Name	Designation	Contact	Tick when met
Responsible person:	*CLD competent staff member*			

PART C: Patient criteria Met

PART C: Patient criteria Met	Y/N	Name	Signature
All observations within normal range ***All milestones met***			
	If no, refer to Senior Medical Clinician		
Discharge checklist completed			

Reason patient not discharged using CLD protocol:

....

I confirm that the criteria I parts B and C have been met and are achieved:

Name .... Designation: ....

Signature: .... Date/time: ....