

Discharge Planning for ICU Patient

Date: [Insert Date]

To: [Patient's Name]

From: [Healthcare Provider's Name]

Re: Discharge Planning

Dear [Patient's Name],

We are pleased to inform you that you are being prepared for discharge from the Intensive Care Unit (ICU). Our team has been closely monitoring your progress and believes that you are ready to transition to continuing care.

Discharge Summary:

- **Discharge Date:** [Insert Discharge Date]
- **Current Condition:** [Brief summary of patient's condition]
- **Medications:** [List medications prescribed, dosages, and instructions]
- **Follow-up Appointments:** [List any follow-up appointments and recommendations]
- **Home Care Instructions:** [Specific care instructions for recovery at home]

Please feel free to reach out to our care team if you have any questions or concerns post-discharge. It is important to follow the prescribed care plan and attend all follow-up visits to ensure a smooth recovery.

Wishing you a speedy recovery,

[Healthcare Provider's Signature]

[Healthcare Provider's Title]

[Healthcare Institution Name]

[Contact Information]