

# ICU Discharge Protocol

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

## Overview

This letter serves as an overview of the discharge protocol for the Intensive Care Unit (ICU) for the above-named patient.

## Criteria for Discharge

- Stabilization of vital signs
- Improvement in clinical status
- Resolution of acute medical issues

## Discharge Process

1. Conduct a comprehensive assessment by the attending physician.
2. Ensure completion of all necessary documentation.
3. Review discharge medications and follow-up appointments with the patient/family.
4. Provide education on post-discharge care and warning signs.

## Follow-Up Care

Patients should be advised to follow up with their primary care physician within [Insert Timeframe].

Emergency contact information should be provided for any urgent concerns.

## Signature

Prepared by: [Insert Healthcare Provider Name]

Title: [Insert Title]

Hospital: [Insert Hospital Name]