

ICU Discharge Transition Letter

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

As you prepare for your transition from the Intensive Care Unit (ICU) to a skilled nursing facility or home, we want to ensure that you and your caregivers are fully informed and prepared for this next step in your recovery.

Summary of Care in ICU

You have received comprehensive care for [insert condition or illness], and we are pleased to report that you are now ready to continue your recovery in a less intensive setting.

Discharge Date

Your planned discharge date is [insert date]. Please make arrangements for your transportation and any accompanying support that you may need.

Continuing Care Plan

- Medication: [List medications with dosages and instructions]
- Follow-up Appointments: [List important follow-up appointments]
- Home Health Services: [If applicable, specify any needed services]

Signs to Monitor

Please be vigilant for any of the following symptoms post-discharge: [list symptoms]. If you experience any concerning symptoms, do not hesitate to seek immediate medical attention.

Contact Information

If you have any questions or need assistance during your transition, please contact [insert healthcare provider's contact information] or your primary care physician.

We are committed to supporting your recovery and wish you the best as you move forward on this journey.

Sincerely,

[Your Name]

[Your Title]

[Healthcare Facility Name]