



## ALAGANG PINOY TAGUBILIN (INTENSIVE CARE UNIT)

HRN: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Patient's Name : \_\_\_\_\_  
Date Admitted : \_\_\_\_\_ Date Discharged: \_\_\_\_\_  
Attending Physician/s : \_\_\_\_\_  
Discharge Diagnosis : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Condition on Discharge:	<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Stretcher	<input type="checkbox"/> Per Watchers Arm
Destination:	<input type="checkbox"/> Home	<input type="checkbox"/> Transfer	<input type="checkbox"/> HAMA	
Instructions Given To:	<input type="checkbox"/> Patient	<input type="checkbox"/> Family	<input type="checkbox"/> Others, Pls Specify: _____	
Instructed By:	<input type="checkbox"/> Physician	<input type="checkbox"/> Nurse		
Diet:	<input type="checkbox"/> No Restrictions	<input type="checkbox"/> Special Diet, Pls. Specify: _____		

Medications (Generic / Brand Name)	Dose	Frequency	Timing	Duration	Special Instruction/s
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Health Teachings/ Home Care/ Treatment:	Frequency	Timing	Special Instruction/s
<input type="checkbox"/> Bedbath (Pagligo).			
<input type="checkbox"/> Perineal Care (Paglimpyo sa kinatawo ug pag ilis ug diaper).			
<input type="checkbox"/> Suctioning (Pagkuha sa plema/ laway).			
<input type="checkbox"/> NGT (Nasogastric) Feeding (Pagpakaon pinaagi sa tubo).			
<input type="checkbox"/> Turning to sides / Patient positioning (Saktong pag-posisyon/pagtakilid).			
<input type="checkbox"/> Tracheostomy Care (Paglimpyo sa Tracheostomy Tube).			
<input type="checkbox"/> Wound Care / Dressing (Paglimpyo/Pag-atiman sa samad) .			
<b>Other Special Instructions:</b>			

**Follow-up check up instructions:**

Laboratory/ies:

<input type="checkbox"/> FBS	<input type="checkbox"/> Urinalysis	<input type="checkbox"/> Serum Electrolytes
<input type="checkbox"/> Complete Blood Chem	<input type="checkbox"/> Fecalysis	<input type="checkbox"/> CBC
<input type="checkbox"/> Others: _____		

Date of Follow-up: \_\_\_\_\_

Need to bring:

<input type="checkbox"/> Alagang Pinoy Tagubilin	<input type="checkbox"/> Laboratory Results
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Date and Time (Petsa ug Oras): \_\_\_\_\_ Explained by (Nagsaysay): \_\_\_\_\_

Signature over Printed Name  
SCU Nurse

\_\_\_\_\_  
Signature over Printed Name of Patient/Legal Representative

\_\_\_\_\_  
Signature over Printed Name  
Attending Physician

Relationship to Patient (Relasyon sa Pasyente)