

Short Stay/ Day Surgery Discharge Checklist eForm

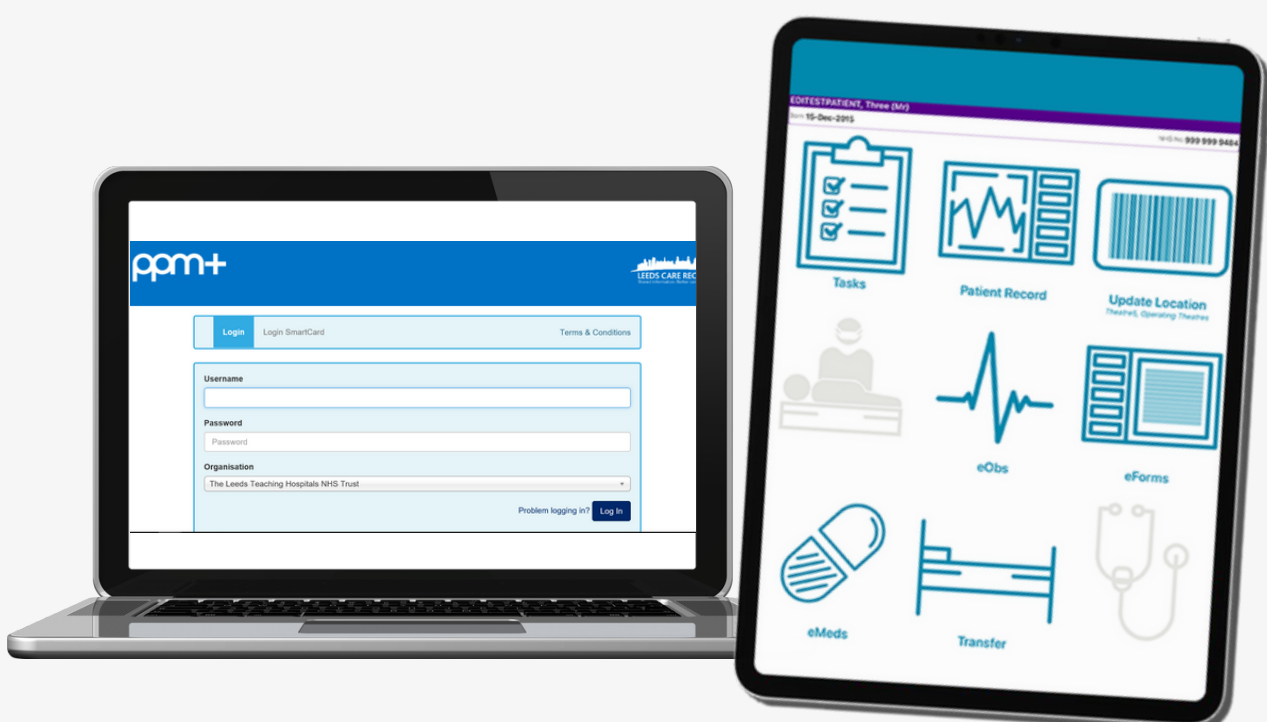
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Short-Stay / Day Surgery Discharge Checklist



Medical Assessment



Procedure Performed

Please specify the surgical procedure performed *

Discharge Checklist

Patient has been seen by the surgeon? *

No Yes N/A

Patient has stable vital signs within own normal limits? *

No Yes

Patient has had the IV cannula removed and documented? *

No Yes

Patient has the same level of mobility as pre-operatively? *

No Yes

Available now under **Clinical documents** on **PPM+ Desktop** and **eForms** on **PPM+ Mobile App**. By selecting the **star** you can favourite the form.