**Children’s Major Trauma Discharge Sheet**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** |  | **DOB:** | |  | |
| **Address:** |  | | | | |
| **Date of accident:** | **Click here to enter a date.** | **List of injuries:** | |  | |
| **Referrals:** | **Date referred** | **Plan:** | | | |
| **Choose an item** | **Click or tap to enter a date.** |  | | | |
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| **Choose an item** | **Click or tap to enter a date.** |  | | | |
| **Choose an item** | **Click or tap to enter a date.** |  | | | |
| **Other:** |  |  | | | |
| **Discharge Medication:** |  | | | | |
| **Psychological support:** | **Choose an item.**  **Choose an item.**  **Choose an item.** | | | | |
| **Concussion advice:** | **Choose an item.**  **Choose an item.**  **Choose an item.** | | | | |
| **Equipment required:** | **Choose an item**  **Choose an item**  **Choose an item**  **Choose an item**  **Choose an item**  **Choose an item** | | | | |
| **Walking Advice:** | **Choose an item** | | | | |
| **Walking short distances:** | **Choose an item** | **Walking long**  **distances:** | | **Choose an item** | |
| **Stairs:** | **Choose an item.** | **Transferring:** | | **Choose an item.** | |
| **Recommendations for school:** | **Return to school Choose an item**  **with the following recommendations**  **Choose an item.**  **Choose an item.**  **Choose an item.**  **Choose an item.**  **Choose an item.**  **Choose an item.**  **Choose an item.**  **Choose an item.** | | | | |
| **Key contact name** |  | | **Telephone Number** | |  |