**Children’s Major Trauma Discharge Sheet**

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| --- | --- | --- | --- |
| **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.** |  |
| **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.** |  |
| **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** |  |