

Return to custody from the Emergency Department

DATE/TIME OF ADMISSION / / : :

DATE/TIME OF DISCHARGE / / : :

Name of patient	Admission Observations
	Temp
	Pulse
	Resp Rate
	Blood Pressure
	BM NEWS

Medication Given

Date	Medication	Dose	Time	Signed by

Discharge Medication

Discharge Advice / Follow up Treatment

ECG, Observation Chart, Bloods, Other (please circle)

Original copy to Police
 Scan to Reception