

**DISCHARGE FORM – SAVE THE CHILDREN – KERRY TOWN EBOLA TREATMENT CENTRE**

**DATE:** \_\_\_\_ / \_\_\_\_ / 2014  
DD / MM / YYYY

**PATIENT ID #:** KT- [ ] - [ ] [ ] [ ] [ ] [ ]  
KT-2 = Triage; KT-3 = Confirmed; KT-4 = morgue

**COMPLETE FORM IN WARD UPON DISCHARGE OR DEATH OF PATIENT**

**Final outcome:**  Deceased  Discharged  Transferred to other facility

*If Deceased*, date of death: \_\_\_\_ / \_\_\_\_ / 2014  
DD / MM / YYYY

*If Discharged*,

**Discharge type:**  By staff  Self-discharged  Removed by family  Unknown

**Did the patient have a confirmed negative test for Ebola?**  YES  NO

*If yes*,  never had Ebola (discharged from suspect ward)

OR

recovered from Ebola (discharged from recovery ward)

**Discharge medications provided?**

*If yes*, list medications \_\_\_\_\_

*If Transferred to other facility*,

**Reason for transfer:** \_\_\_\_\_

**Name of new facility:** \_\_\_\_\_

**District/town of new facility:** \_\_\_\_\_

**Discharge medications provided?**

*If yes*, list medications \_\_\_\_\_

**Form completed by (print name):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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2014-11-04  
Created by Shefali Oza ([shefalita@gmail.com](mailto:shefalita@gmail.com))  
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