**Additional information to be included in standard hospital discharge summary for patients being discharged from A&E/ Admissions Unit with Diabetic Foot Disease**

**Investigations ordered:**

**□ Swab**

**□ X-ray**

**□ MRI**

**□ Doppler**

**□ Other**

**Antibiotics at the time of discharge:**

□ This patient is not being discharged on antibiotics

□ This patient is being discharged on oral ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………with a stop/ review (delete as appropriate) date of \_\_/\_\_/\_\_.

To be reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / NA □

□ This patient is being discharged on intravenous

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… to be administered by the Out Patient Antibiotic Team with a stop/ review (delete as appropriate) date of\_\_/\_\_/\_\_ .

To be reviewed by: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / NA □

**Contact details for Foot MDT:**

**Name: Designation:**

**Tel: Fax: Email:**

**Follow up has been arranged in:**

□ Diabetic foot clinic/ MDT Foot clinic in ………………....

□ Diabetes Clinic in …………………….....

□ Orthopaedic clinic in ……………….....

□ Vascular foot clinic in ………………….

**Actions for GP:**