

*** * PROPERTY OF PATIENT * ***

Discharge Checklist

Check off each item as it is completed. Put paperwork in envelope for patient to take home.

General Preparation for Leaving the Hospital

NOTES

	Advise patient and caregiver** of discharge date and time of 11 a.m.
	Arrange transportation
	Appropriate clothing for leaving the hospital is available
	House key available; food at home; utilities turned on

Patient & Caregiver Education

	Discuss diagnoses, disease processes, and procedures
	Discuss follow-up care
	Review tests and advise whom to call for results
	Provide diagnosis-specific educational materials
	Discuss signs & symptoms that may develop and when to call physician vs. 911
	Reconcile new medications with old medications
	Discuss medications, including administration, drug action and side effects; provide written prescriptions

Service Items

	Schedule follow-up appointment(s) with appropriate physician(s) Physician/date/time: _____
	Arrange for services ordered by physician (e.g. PT, OT, oxygen, wound care) Services: _____
	Notify previous community-based service providers (e.g. Medicaid HCBS) of discharge Provider: _____
	Confirm start date for new community-based service providers Provider: _____
	Arrange for special equipment and supplies Equipment/supplies: _____
	Provide patient/caregiver training for use of equipment ordered
	Determine if home modifications are needed Modifications: _____

Lifestyle Modifications

	Provide written instructions concerning activity level
	Provide written instructions concerning dietary guidelines

Miscellaneous

	Assess understanding of discharge instructions; ask the patient and caregiver to give a brief summary of instructions; address any questions or concerns
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**The caregiver may include, but is not limited to, a family member, friend or neighbor.