

Patient and Family Discharge Checklist

For patients and their caregivers preparing to leave the hospital

Pa	ıti	ρ	nt	· /	la	m	ρ	•
10	ll	ᆫ		1	ıa		ᆫ	

Reason for Admission:

Dear Patient,

You and your family members play a crucial role in our discharge planning team. Throughout your stay, our team will work with you to plan and prepare so that you are comfortable in managing your health when you leave. Use this checklist as a





Next Steps

Be sure to express your personal preferences to the care team when discussing next steps.
Where will I be going after discharge? (Discuss any options that are available to you.)
□ I have made arrangements for my job.
□ I have made arrangements to secure a caregiver(s).
□ I have learned what services I can get from my health insurance or Medicare.
□ I know how much I'll have to pay for my hospital bill(s).
Who will be assisting me after I leave the hospital? (Write down the name and contact information for your caregiver(s)).
Managing Your Health After Discharge
Ask the following questions of your care team to ensure you have a good understanding of the things
you'll be responsible for in managing your health after leaving the hospital:
What problems or side effects should I watch for? How often do these complications occur?
How can I amount to feel in the coming days?
How can I expect to feel in the coming days?
If I experience pain, what should I do? What kind of pain medications can I take?
Do I need to follow a special diet at home? What foods should I avoid? Can I drink alcohol?
Do Friedd to follow a special diet at frome: what foods should f avoid: Oar f drifft alcohor:
What activities should I avoid after leaving the hospital?

How should I care for my incision or dressing? (Ask staff to show you how to perform any tasks, like changing dressing or giving a shot, that you'll be required to do after leaving the hospital. Show the staff

When can I drive again? __

When can I return to work, school, etc.?

When can I take a shower and/or bath? ______
Is it okay for me to climb stairs? ______



how to do it after their instructions.
Will I need medical equipment when I leave the hospital? Who will arrange for this? List the telephone number for the best person/organization to call with questions about medical equipment.
□ I understand how to use the medical equipment I'll need after leaving the hospital. (Ask for demonstrations or instructions if needed.)
Follow-Up Care
Be sure to express your personal preferences when discussing the following follow-up care issues.
Will I need to go to another inpatient health care setting? Why? How long will I be there?
Will I need outpatient therapy? What kind? How will it be scheduled? Where will it take place?
When should I return for a follow-up appointment? Who will this appointment be with?
Will any follow-up testing be required? What kind? Where? When?
If I have an urgent issue after I leave the hospital, who should I call?
If I have general questions about my recovery after I leave the hospital, who should I call?
How will I get to doctor's appointments, pick up prescriptions after I leave the hospital?



Medications

Should I continue taking the medications I am currently taking? Will I need to take any other drugs? What is the purpose for taking each medication that I'll need after I leave the hospital?

Medications I'm Currently Taking

Medication	Dosage	Frequency/Time of Day	Purpose	Possible Side Effects

Additional Medications I'll Need after Leaving the Hospital

Medication	Dosage	Frequency/Time of Day	Purpose	Possible Side Effects

 $\hfill\Box$ I know how to get the medicines I need.



Questions for Your Social Worker

□ Ask to speak with your social worker if you and your family are struggling to cope with your illness, injury, etc. Gather information about available support groups and other coping resources.

□ Ask your social worker if you have any questions about what your insurance will cover. Discuss options for help with the cost of your care.

Discharge Plan

□ I have received a written discharge plan.



Patient Notes

List any additional information that you'll want to reference when managing your health after leaving the hospital.



Important Contact Information

List the names and phone numbers of doctors, pharmacies, home medical equipment companies, testing facilities, etc. that you'll need to reference after leaving the hospital.

Name	Phone Number	Notes