Suggested Elements for a Discharge Checklist

Patient Name: ___________________________  Physician Name: ___________________________

Admission Date: _______________________  Discharge Date: ____________________________

Primary Diagnosis: ______________________  Secondary Diagnoses: ______________________

Procedure(s): _____________________________

_____ Interpreter needed for patient with language/culture barrier

Please check when task is completed.

Patient Education

_____ Educate patient and/or family members about diagnoses, disease, and procedure(s).

_____ Educate patient and/or family members about follow-up care for procedure(s), if indicated.

_____ Provide patients with procedure and/or disease-specific educational materials.

_____ Reconcile discharge medication list.

_____ Educate patient and/or family members about the prescribed medications including medication administration, drug action, and side effects.

_____ Provide written material for prescribed medications with all information noted above.

Services to Provide

_____ Review pending test results and instruct patient about whom to call for results.

_____ Schedule follow-up appointments with physicians and/or specialists as indicated.

_____ Provide referrals for services ordered by physician (i.e., physical therapy, occupational therapy).

Lifestyle Modifications

_____ Provide written discharge instructions that include the following:

   _____ Activity level

   _____ Diet

In Case of an Emergency

_____ Educate patient about signs and symptoms that may develop, and when to call the physician or seek emergency medical care by calling 911.

Miscellaneous

_____ Perform a physical assessment to ensure that intravenous lines and other access ports are removed.

_____ Give prescriptions to the patient.

_____ Ask the patient and/or family members if they have any questions or concerns related to the patient’s care.

_____ To assess understanding of the discharge instructions, ask the patient and/or family members to give a brief (30 seconds) summary of discharge instructions.

Discharge Nurse Name: _______________________

Signature: ___________________________  Date: __________________

This form is provided as a sample only and is not meant to be used as is.

For more information, visit http://www.psa.state.pa.us.

This information has been adapted from:
Care at discharge—a critical juncture for transition to posthospital care.

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