



HOSPITALIZATION CHECKLIST: AFTER DISCHARGE

CHECKLIST

Client Name: _____

Instructions: Staff to initial each area as completed. Document any comments related to the completion of each task in the space provided. Forward or file completed Checklist according to agency protocol.

To Be Completed by Staff Accompanying the Individual Home

- ___ 1. Discuss any new orders or recommendations with the individual, answer questions, and offer support as necessary at a level appropriate to the individual's comprehension.
- ___ 2. Take the individual home and make sure timely administration of food, fluids, medications, and hygiene is provided as necessary and as appropriate per doctor's orders, the type of procedures performed, and the individual's level of alertness.
- ___ 3. Notify the nurse/supervisor or other personnel per agency policy of the individual's return home and discuss any new orders or recommendations and upcoming appointments/procedures.
- ___ 4. Take prescriptions to the pharmacy or deliver per agency policy. Be sure you have a copy of the prescription for the individual's medical record.
- ___ 5. Make sure there is a method to follow up whether needed medications or supplies are delivered in a timely manner and what action is needed in the event they are not, including notifying the prescriber/health care provider.
- ___ 6. Make sure the needed equipment is available as ordered/recommended.
- ___ 7. Purchase supplies necessary to implement treatments/recommendations.
- ___ 8. Transcribe any medication orders to the Medication Administration Record (MAR) per agency policy.
- ___ 9. Make sure the transcription is double checked by another staff person as soon as available.
- ___ 10. Transcribe all orders for monitoring and observation, treatments, and notifications to a treatment sheet so that all staff is aware of the supports that are required for the individual's health issue.
- ___ 11. Make sure the transcription is double checked by another staff.



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C H E C K L I S T

- ___ 12. Mark any new appointments or scheduled procedures on the individual’s daily calendar.
- ___ 13. Write down events during and after discharge per agency protocol, including any necessary incident reports.
- ___ 14. File all written and typed information received from the hospital per agency policy.

Comments:

Staff Completing: _____ Date: _____



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C H E C K L I S T

To Be Completed by Health Care Coordinator/Qualified Intellectual/Developmental Disabilities Professional/ Case Manager within 24 Hours of Discharge

- ___ 1. Designated person communicates outcome of the hospitalization with the support team.
- ___ 2. Support team addresses and resolves any issues/barriers regarding implementation of recommendations.
- ___ 3. Provide staff training as necessary for new treatments and/or medications prior to assigning staff to take care of the individual.
- ___ 4. Complete revisions to the risk plan as necessary, including plans for following up on the individual's status until problem resolves or stabilizes.
- ___ 5. Support team reviews, updates, and modifies the individual's daily activity and positioning schedule as needed to allow for any recuperation period.

Comments:

Staff Completing: _____ Date: _____