

Outreach Services of Indiana

HOSPITALIZATION CHECKLIST: PREPARING FOR DISCHARGE

Client Name: _____

Instructions: Staff to take form to the hospital and date & 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 Designated Provider Contact Person

- _____ 1. **If at any time there is a concern regarding the care of the person or the status of the person's health, notify the hospital personnel and your supervisor, nurse or guardian of your specific concerns.**
- _____ 2. During admission establish a contact person who can give an update on the person's status while at the hospital. This may be a nurse, case manager, or social worker.
- _____ 3. Discuss who the discharge planner will be and set up contact or meeting time.
- _____ 4. Inform the provider contact person/healthcare coordinator (HCC) and guardian/healthcare representative of the hospital contact person and discharge planner's information.
- _____ 5. Discuss with the hospital contact person the best time of day to call for information and visit the person. Explain that someone will be calling or visiting periodically to follow the person's progress and treatment course. Encourage the hospital staff to call for any problems, questions or concerns.
- _____ 6. Share with the discharge planner the person's current living situation and supports such as nursing presence, direct support staff or family caregiver presence, house mates, and available transportation.
- _____ 7. Discuss the need for a verbal report to be provided to the HCC prior to formal discharge.
- _____ 8. Share information with the discharge planner as needed regarding the person's home physical environment such as shared bedroom, no shower, presence of stairs, bathroom set up and location etc.
- _____ 9. Alert the discharge planner of the need for the HCC to be informed in a timely manner of any new orders or treatments that may continue after discharge.
- _____ 10. Discuss the need to receive **detailed written instructions** for any new medications or treatments on the discharge instructions.

- _____ 11. Discuss the need to receive **detailed written instructions** regarding what to watch for, what to expect, any restrictions and other recommendations for the management of the health issue on the discharge instructions.
- _____ 12. Discuss the need for prescriptions for new medication and/or treatment orders.
- _____ 13. Discuss the reason for any new medications and whether there are any special instructions related to the use of the medication including times to administer, methods of administration and anticipated side effects.
- _____ 14. Discuss when any new medications should begin.
- _____ 15. Ensure any medications that are to be discontinued have specific orders for the discontinuation.
- _____ 16. Discuss whether any monitoring/observation is necessary and what would prompt a call or follow up appointment to the healthcare provider.
- _____ 17. Discuss who to call for problems and what numbers to call.
- _____ 18. Discuss whether any specific training and/or equipment are necessary.
- _____ 19. Discuss the need for any new equipment (oxygen, adaptive equipment etc) or transportation (ambulance) to be arranged/obtained prior to the day of discharge.
- _____ 20. Discuss whether any follow up procedures or appointments are necessary.
- _____ 21. Inquire how the results of any tests and any physician dictations will be obtained and/or communicated. Encourage hospital staff to provide copies of anything available at time of discharge.

Comments: _____

Staff Completing: _____ Date: _____

To Be Completed by Person Escorting Individual Home

1. Read all discharge orders and recommendations back to the healthcare provider to ensure they are legible and understood.
2. Prior to leaving discuss when last food and fluid intake occurred, last urine void, last BM and if any medications or treatments were given that day including time of administration and ensure this information is written on the discharge instruction.
3. **If there are concerns regarding the status of the person and you are uncomfortable taking the person home, communicate your concerns to hospital personnel and explain the reasons why. Contact the guardian/healthcare representative and/or provider contact person if you have concerns. Do take the person home until concerns are resolved.**

Comments: _____

Staff Completing: _____ Date: _____

Outreach Services

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As a service for persons supporting individuals with intellectual/developmental disabilities, BQIS/ Outreach developed the Outreach Fact Sheet Library. The information provided is designed to enhance the understanding of the topic and does not replace other professional or medical instructions or individually developed plans. For more fact sheets and information, please visit DDRSOutreach.IN.gov.



Indiana Family & Social Services Administration
Division of Disability & Rehabilitative Services
Bureau of Quality Improvement Services

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