

# Discharge Planning Checklist

Patient information	
Patient name:	Contact information:
Patient ID:	Admission date:
Expected discharge date:	
Primary diagnosis:	

For medical professionals preparing patients and their caregivers to leave a hospital, nursing home, or other care setting:

- Complete this checklist throughout the patient's stay.
- Engage with the patient and their caregiver in discussions about each item.
- Check the box next to each item once completed.
- Use the notes column to record essential details like specific patient needs and actions.
- Skip items that do not apply to the patient's situation.

Patient health evaluation	
Action item	Notes
<input type="checkbox"/> Record names and contact information of team members involved in post-discharge care.	
<input type="checkbox"/> Discuss potential post-discharge complications and management plans with the patient and caregiver.	
<input type="checkbox"/> Update the "List of medications" with all current and discontinued medications, verifying with the patient.	
<input type="checkbox"/> Confirm with the patient which medications to continue after discharge.	
Recovery and support	
Action item	Notes
<input type="checkbox"/> Discuss post-discharge care options and express preferences.	

Action item	Notes
<input type="checkbox"/> Discuss necessary medical equipment and its coverage.	
<input type="checkbox"/> Assess ability to perform daily activities and request help if needed: bathing, dressing, stairs, etc.	
<input type="checkbox"/> Learn and demonstrate necessary medical tasks (e.g., changing bandages).	
<input type="checkbox"/> Discuss emotional coping with illness with a social worker.	
<input type="checkbox"/> Clarify insurance coverage and potential out-of-pocket costs.	
<input type="checkbox"/> Provide written discharge instructions and health status summary.	
<b>Home care requirements</b>	
Action item	Notes
<input type="checkbox"/> Evaluate home environment suitability for patient's needs.	
<input type="checkbox"/> Determine the level of caregiving required at home.	
<input type="checkbox"/> Arrange home care services if needed (e.g., nursing, physical therapy).	
<b>Diet and activity instructions</b>	
Action item	Notes
<input type="checkbox"/> Provide specific dietary instructions tailored to patient's health condition.	
<input type="checkbox"/> Outline recommended physical activities and any restrictions.	

Action item		Notes	
<input type="checkbox"/> Educate on signs that require adjustment in diet or activity level.			
For the caregiver			
Action item		Notes	
<input type="checkbox"/> List questions about the discharge process and patient needs.			
<input type="checkbox"/> Determine the ability to provide necessary patient care.			
<input type="checkbox"/> Discuss training needs for patient care tasks.			
<input type="checkbox"/> Obtain prescriptions and special diet instructions in advance.			
Rights and resources			
Action item		Notes	
<input type="checkbox"/> Tackle rights for appeal if discharged too soon.			
<input type="checkbox"/> Explore community resources for support post-discharge.			
<input type="checkbox"/> Review options for Medicare-covered care facilities and services.			
List of medications			
Drug name	Purpose	Dose	When to take it

**Appointments needed to do****Additional notes****Healthcare professional information****Name:****License ID number:****Signature:****Date:**