

**DISCHARGE CHECKLIST**

**HEALING PROCESS**

WHAT TO EXPECT \_\_\_\_\_  
 FROM THE HEALING PROCESS \_\_\_\_\_  
 FROM THE MEDICATION GIVEN \_\_\_\_\_

	CONDITION	ACTION
WHAT IS A CONCERN	_____	_____
WHAT IS AN EMERGENCY	_____	_____

**NEEDED ASSISTANCE**

	YES	NO	ARRANGED BY
HOME CARE	_____	_____	_____
NURSE	_____	_____	_____
PHYSICAL THERAPIST	_____	_____	_____
OCCUPATIONAL THERAPIST	_____	_____	_____

**CARE ADVISE**

WHAT TO EAT \_\_\_\_\_  
 WHAT TO AVOID \_\_\_\_\_  
 ACTIVITIES TO AVOID \_\_\_\_\_  
 ACTIVITIES TO PROMOTE HEALING \_\_\_\_\_

CONTACT NUMBERS	NAME	NUMBER
24 HR CONTACT NUMBER	_____	_____
PRIMARY CARE PROVIDER	_____	_____
ATTENDING FROM HOSPITAL STAY	_____	_____
NURSE FROM HOSPITAL STAY	_____	_____
CASE MANAGER	_____	_____
PHARMACIST	_____	_____

**NEEDED CARE FOR**

BATHING _____	TRANSFERRING _____	MEDICATIONS _____
DRESSING _____	WALKING _____	MANAGING SYMPTOMS _____
EATING _____	TRANSPORT _____	HOUSEHOLD CHORES _____
PERSONAL HIGENE _____	LAUNDRY _____	SPECIAL EQUIPMENT _____
GROOMING _____	COOKING _____	FINANCES _____
TOILETING _____	SHOPPING _____	

**SIGNS TO WATCH FOR**

BLEEDING	FEVER	BLOOD PRESSURE	BED SOARS	WEIGHT LOSS
SWELLING	TEMPERATURE	BLOOD SUGAR LEVELS	REDNESS	ANXIETY
DRAINAGE FROM INCISION	SHORTNESS OF BREATH	LOW URINE OUTPUT	RASHES	DEPRESSION
CONFUSION	RAPID BREATHING	PAINFUL URINATION	PALE SKIN	INSOMNIA

<b>SPECIAL TECHNIQUES FOR</b>		<b>PROVIDED BY</b>
DRESSING	_____	_____
BED SOARES PREVENTION	_____	_____
PROVIDE PILLS	_____	_____
INJECTIONS	_____	_____
SPECIAL EQUIPMENT	_____	_____
WOUND TREATMENT	_____	_____

<b>EQUIPMENT REQUIERED</b>	<b>UNTIL WHEN</b>	<b>PROVIDER</b>	<b>PHONE</b>
_____	_____	_____	_____
_____	_____	_____	_____

<b>DISCHARGE TO A FACILITY</b>	<b>NAME &amp; TYPE</b>
FOR HOW LONG	_____
CHECK INSURANCE COVERAGE	_____

<b>FOLLOW -UP WITH</b>	<b>PHONE NUMBER</b>	<b>SCHEDULED BY</b>	<b>DATE</b>	<b>WHERE</b>	<b>TRANSPORTATION</b>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

<b>MEDICATION</b>	<b># PILLS</b>	<b>DOSE (MGR.)</b>	<b>HOW TO TAKE</b>	<b>UNTIL WHEN</b>	<b>PURPOSE</b>	<b>PRESCRIBING DR.</b>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

<b>RESOURCES FOR</b>	<b>NAME</b>	<b>CONTACT</b>
MEAL DELIVERIES	_____	_____
TRANSPORTATION SERVICES	_____	_____
PUBLIC AGENCIES	_____	_____
IN-HOME SUPPORTIVE AGENCIES	_____	_____
MEDICAL EQUIPMENT	_____	_____
NON-FOR PROFIT ORGANIZATIONS	_____	_____