Clements Discharge Guidance

Day of admission:

- ☐ Where did the patient come from?
  - Home (Independent)
  - Home (Caretaker)
  - Shelter
  - Assisted Living or Nursing Home
- ☐ Is there a primary caregiver or others who may support the dispo plan?
- ☐ Where is the patient going or returning to?
- ☐ Does the patient have insurance?
- ☐ What are triggers for this hospitalization and barriers for this patient's ongoing healthcare? (ex. diet counseling, weight scale)
- ☐ Admission Med Rec
  - Should review with patient or primary caregiver.

Few days prior to discharge: What is necessary to be done prior to discharge and what may delay discharge?

- ☐ Care Coordinator Referral for:
  - Home Health services
    - Home infusion: IV antibiotics, TPN need to be set up 2-3 days prior to discharge
  - DME:
    - Would try to order as soon as recommended by PT/OT, at least 1-2 days prior to the anticipated day of discharge.
  - Home O2:
    - Must have documented oxygen requirement via walking oximetry test with RT within 48 hours of discharge to qualify
    - Care Coordinator will arrange for O2 delivery at bedside before discharge
  - SNF placement, LTAC referrals
- ☐ PT/OT: Bottom of note states patient can tolerate either >3hrs (acute rehab needed) or may tolerate
  - If you think patient would benefit from IPR, place PMR consult.
  - Attending needs to sign DME order
  - Ask patient daily about getting out of bed (fall risk indicators by color, outside patient door)
- ☐ VAT Team Referral: PICC vs Midline (if patient needs outpatient IV meds)
- ☐ Nutrition Consult: tube feeds, TPN
- ☐ Send certain expensive meds (Entresto, Eliquis, SGLT2, fidaxomicin) to Pharmacy and see how much it would cost the patient (can e-prescribe in Discharge tab and put "Pharmacy price check" in comments and call pharmacy)
- ☐ Patients w/Diabetes: can order "Initiate Inpatient Diabetes Education, New to Insulin Education", but educate patient yourself and follow up with patient about insulin education
- ☐ For Diabetic foot ulcer patients (seen by podiatry):
  - For wound vac, this should be started early in the discharge process. Can take time to get to bedside.
- ☐ Anticoagulation: Lovenox teaching or oral med education

- ☐ Make sure outpatient referrals are placed and if you need to move up future appointment message Patient Navigator to arrange appointments.

1 Day Prior to or Morning of Discharge:

- ☐ Transportation- Do they have a ride?
- ☐ Ensure you have checked with consultants to close loop and see if referral needed and what follow up requested
- ☐ Medication Reconciliation
    - Be sure to run by your senior and/or pharmacist
    - Controlled substance prescribing
    - If going to facility, select “No Print” for medications.
    - Ask patients if they need any med refills and preferred pharmacy.
        - Note: some pharmacies are closed on weekends and if they do not have insurance, outside pharmacy will not usually cover cost
- ☐ Discharge instructions for the patient (keep in mind varying levels of literacy).
    - Do not put medication changes in Discharge Instructions- it is included in the AVS.
    - Geriatric patients: Will they have trouble reading instructions printed out in small size font?
- ☐ Make sure BMP, other lab orders, and outpatient referrals are ordered for follow-up in Med Rec- (Send in-basket message to “P Nav” for any appointments to be scheduled)
- ☐ Pending labs- Maintain follow-up list, have plan for notification

After discharge

- ☐ Discharge summary – intended for other physicians to read to determine next steps in patient’s care (does not need to be done before patient leaves unless they are going to another facility). Should be completed within 24 hours of discharge time.