

Clements Discharge Checklist

Day of Admission

- Where did the patient come from?
 - Home (Independent) or Home (Caretaker)
 - Shelter
 - Assisted Living or Nursing Home
- Is there a primary caregiver or others who may support 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 (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 (includes Social Work) for: Home Health services, DME, Home O2, Tube feeds, IV antibiotics, wound vac
- PT/OT: Bottom of note will state either >3hrs or <3hrs of rehab and list DME recs
- VAT Team Referral: PICC vs Midline (if patient needs outpatient IV meds)
- Can send certain expensive meds (Entresto, Eliquis, SGLT2) to Pharmacy and see how much it would cost the patient
- For Diabetic Patients: can order Diabetes kit inpatient and place diabetic teaching by nurse order. Check in with patient on progress.
- Anticoagulation: Lovenox teaching or oral med education
- Wound Care: dressing supplies, wound vac
- Follow-up: Consider what outpatient referrals they need or move up future appointments- message Patient Navigator to arrange appointments

1 Day Prior to/Morning of Discharge: What may cause patient to bounce back?

- Transportation for discharge
- Medication Reconciliation (bedside with patient or with primary caregiver, ask patients if they need any med refills and preferred pharmacy)
- Follow up: close the loop with consultants, order labs
- Discharge Instructions: counsel patients at bedside
- Discharge summary: Should be completed within 24 hours of discharge time, or prior to leaving for a facility