**Discharge Checklist**

* Type of appointment requested (using BMT discharge pool)
  + INJECTIONS (ex. Filgrastim and Neulasta)  
    Yes   
    No
  + LAB appointment   
    Yes   
    No
  + A follow-up visit with Provider (should be within 48 hours of discharge)

Yes   
No

* Date of Appointment requested \_\_\_\_\_\_\_
* Central line present

Yes   
No   
Date of last dressing change \_\_\_\_\_

* + - Appointment for dressing change requested

Yes   
No

* Outpatient chemotherapy appointments requested.
  + Verify with fellow and pharmacist if patient is due for any infusions within 1 week of discharge.
  + If requested, please specify date and for what \_\_\_\_\_\_\_\_
* Outpatient Procedure required
  + Lumbar Puncture  
    Yes  
    No
  + Bone Marrow Biopsy  
    Yes  
    No
* Specialty medications – need to be sent 2-3 days prior to discharge
  + Care coordination referral for discharge planning “other” – in comments place name of medication and pharmacy. (They will follow-up on prior authorization).
* Medications checked by BMT pharmacist
  + - Name of pharmacist \_\_\_\_\_\_\_\_
* Discharge instructions completed

BMT discharge completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_   
BMT APP reviewing discharge \_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_