**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 \_\_\_\_\_\_\_\_\_